DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2019

Administration for Community Living

Justification of Estimates for Appropriations Committees

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I am pleased to present the Administration for Community Living's (ACL) FY 2019 President's Budget request, totaling $1.8 billion. The request maintains funding for many of ACL programs.

ACL's request supports the priorities outlined by the President. It maintains high impact and focus on the mission and purpose of ACL, while assuring cost controls and the efficiency and effectiveness of services. In addition, ACL's request creates flexibility for states to allocate resources to meet state-specific challenges and better serve the needs of their communities.

ACL improves the lives of older adults and people with disabilities through services, research, and education. ACL also strengthens communities, which benefit when everyone is able to contribute. To support its mission, ACL works in close partnership with state and local governments, tribes, industry, and nonprofit organizations to help older adults and people with disabilities live as independently as possible, with equal opportunities to earn a living, go to school, choose where to live, and make decisions about their lives.

People overwhelmingly prefer living in the community to living in institutional settings, and in most cases, supporting people as they remain in the community is significantly less expensive than institutional care. ACL remains committed to this mission. This budget will allow us to continue serving older adults and people with disabilities, and increase the responsiveness our programs to the needs within individual states.

Lance Robertson
Administrator and Assistant Secretary for Aging

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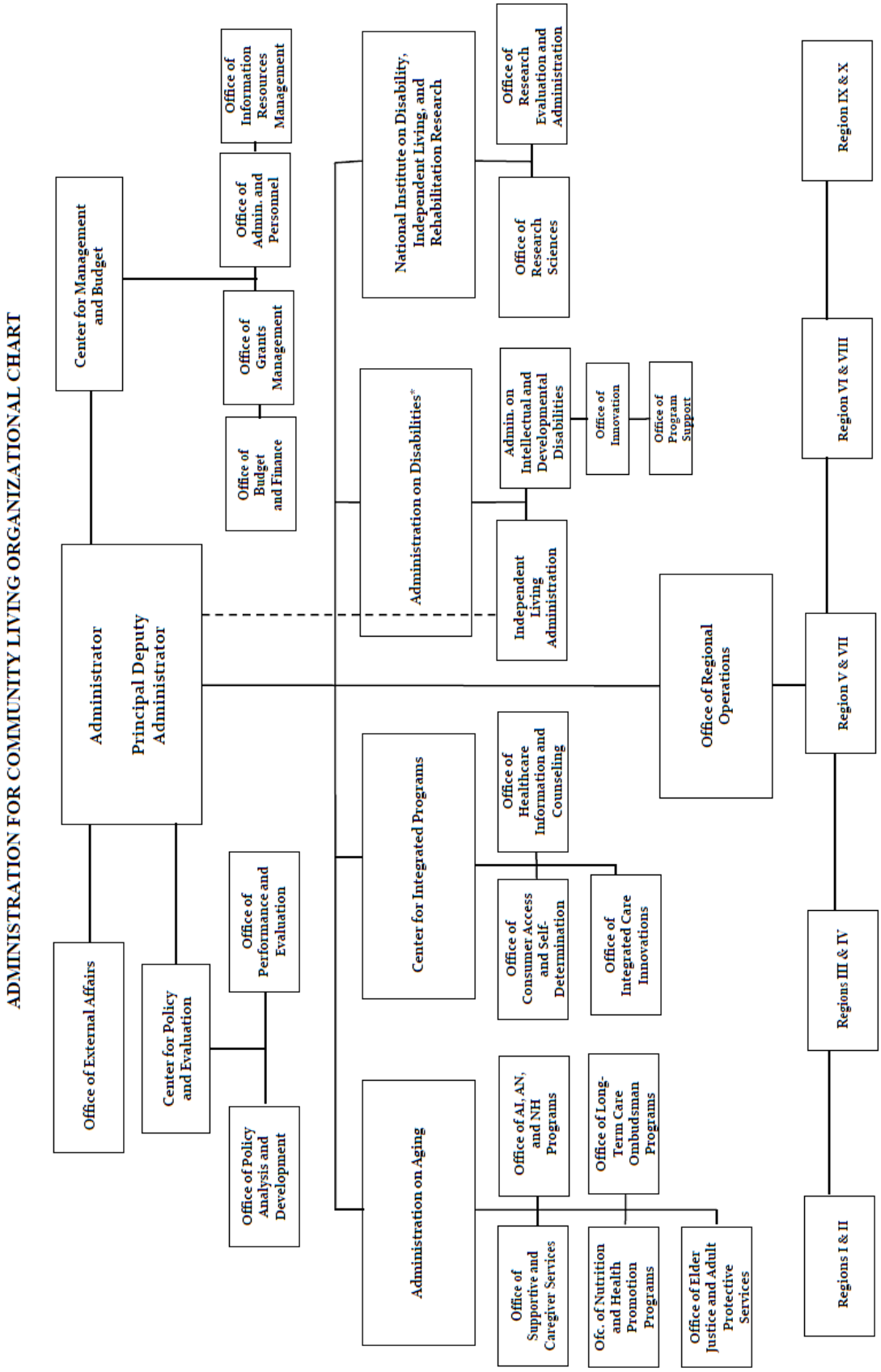

*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dual role, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and reports directly to the Administrator in carrying out the functions of the Director of Independent Living consistent with Section 701A of the Rehabilitation Act.

Introduction and Mission

The Administration for Community Living (ACL) works with states, localities, tribal organizations, nonprofit organizations, businesses, and families to help older adults and people with disabilities live independently, with equal opportunities to earn a living, go to school, choose where to live, and make decisions about their lives. ACL's programs provide services that directly support people with disabilities, older adults, families and caregivers to make this possible. In most cases, these services and supports are significantly less expensive than institutional care, which most often is funded by Medicaid. In addition, ACL invests in research, innovation and education to improve the quality and availability of these services and advocates for older adults and people with disabilities.

This is critical given the growth in the segments of the population that these programs serve:

- The U.S. population over age 60 is projected to increase by 13 percent between 2016 and 2020, from 68.7 million to 77.6 million.[1]

- According to the U.S. Census Bureau, in 2010, there were 56.7 million Americans living with disabilities. Of these, more than 12 million required assistance with activities of daily living or instrumental activities of daily living.[2]

- Studies indicate that individuals with developmental disabilities comprise between 4 and 5 million individuals.[3]

- The number of seniors age 65 and older with severe disabilities – defined as three or more limitations in activities of daily living – that are at greatest risk of nursing home admission, is projected to increase from 4.5 million individuals in 2016 to over 5 million (15 percent increase) by the year 2020.[4]

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[1] U.S. Census Bureau, "2014 National Population Projections," Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060. Released December 2014, http://www.census.gov/population/projections/data/national/2014/downloadablefiles.html. Accessed 02 January 2018. U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2016. Released June 2017, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk. Accessed 02 January 2018.

[2] U.S. Census Bureau, "Americans with Disabilities: 2010," Issued July 2012, https://www.census.gov/content/dam/Census/library/publications/2012/demo/p70-131.pdf. Accessed 21 August 2014.

[3] Extrapolated from Developmental Disabilities Assistance and Bill of Rights Act of 2000, Section 101(a)(1) (see https://acl.gov/Programs/AIDD/DDA_BOR_ACT_2000/p2_tI_subtitleA.aspx) and U.S. Census Bureau, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016.

[4] Ibid and Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [data tables 2.5a and 2.6a].

http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables-Items/2013CNP.html
Accessed 02 January, 2018.

Meeting the long-term support needs of these populations can place tremendous strain on families, and if families become overwhelmed by the challenges of caregiving, the costs of providing this care will fall on other, more costly, government resources. For example, a 2014 Rand Corporation study found that the care provided by informal (family and friend) caregivers of elderly adults has an estimated economic value of $522 billion.[5] Maintaining funding for community-based services and supports, including supports for family caregivers, is therefore critical to delaying, reducing, or eliminating reliance upon institutional residential services, a more expensive and less preferable option.

[5] The *Opportunity Costs of Informal Elder-Care in the United States.* Rand Corporation. http://www.rand.org/pubs/external_publications/EP66196.html.

Overview of Budget Request

ACL helps millions of Americans live independently and fully participate in society, including going to school, working, living in the community, and making daily decisions about life. To support its mission, ACL advocates across the federal government for older adults and people with disabilities, as well as families and caregivers; funds supportive services that are provided primarily by networks of community-based organizations; and invests in training, education, research and innovation.

The FY 2019 discretionary request for ACL is $1,781,181,000 a decrease of -$171,582,000 below the FY 2018 Annualized Continuing Resolution level. The FY 2019 Budget request generally maintains the majority of ACL's programs at the FY 2018 Annualized Continuing Resolution Level. The Budget prioritizes direct services such as senior meals, caregiver support, and Centers for Independent Living. The Budget also prioritizes flexibility for States and Tribes to direct funding to activities that are most needed in their communities, and consolidates programs for efficiency.

Increasing Flexibility for States and Tribes

- Increased Authority to Transfer Funds between Programs: ACL is requesting to expand existing transfer authorities to give States and Tribes maximum flexibility to transfer funding between four Older Americans Act programs. These are: Home- and Community-Based Services, Nutrition Programs, Family and Caregiver Services and Preventive Health Services. This will provide States and Tribes the flexibility to allocate funding to best address their individual challenges.

- Consolidating Preventive Health Services Activities: ACL proposes consolidating the Chronic Disease Self- Management Education (CDSME) and the Falls Prevention Program into the Preventive Health Services Program. This will allow States to expand on or shrink existing CDSME and Falls Prevention programs in order to best meet the challenges within their State. This newly consolidated program would provide states the flexibility to target funding to the greatest areas of need in their communities, increasing the ability of States' to focus resources where they are most needed.

Consolidation for Efficiencies and Other Reductions

- Assistive Technology – Alternative Financing Grants: The Budget eliminates the $2 million Alternative Financing Grant Competition, which is no longer authorized by the Assistive Technology Act. ACL's Assistive Technology State grant program already includes alternative financing activities as an allowable activity, giving States the option to make decisions to best meet their own needs.

- Limb Loss Resource Center and Paralysis Resource Center: Other HHS grant programs provide services and resources to people with all types of disabilities. Savings from eliminating these programs total $9.1 million.

- Consolidating Alzheimer's Programs: ACL continues consolidation of the Alzheimer's Disease Initiative – Specialized Supportive Services, Alzheimer's Disease Supportive Services, and the National Alzheimer's Call Center, into a single Alzheimer's Disease Program. The single program allows for greater flexibility by centralizing funding into a single program.

- State Health Insurance Program (SHIPs): The Budget eliminates funding for SHIPs. However it does shift targeted mandatory funding for the MIPPA program to discretionary funding in ACL. MIPPA funding provides grants to states for outreach activities targeted to low income and rural populations to provide beneficiary education and enrollment assistance for Medicare.

- National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR): The FY 2019 Budget proposes to consolidate targeted HHS research programs within the National Institutes of Health (NIH), including NIDILRR as a new National Institute. The reorganization will improve efficiency by enabling NIDILRR to benefit from the NIH research infrastructure, the largest at HHS.

- Additional Reductions: ACL proposes to reduce funding for State Councils on Developmental Disabilities, Projects of National Significance and Independent Living programs by -$29.9 million. ACL will work with grantees/States to identify ways to leverage additional resources through efficiencies and economies of scale.

Conclusion

Most people who are aging or who have significant disabilities can live in their own homes or in other independent settings if they have access to the help they need. For many, this help comes through the community-based services and supports provided by ACL's programs. In most cases, providing these services and supports is significantly less expensive than the cost of institutional care, which is often borne by Medicaid. ACL remains committed to its central mission of supporting people with disabilities and older adults at a fiscally responsible level. Expanding both Federal and State flexibilities allows ACL and its State and Tribal partners to best support individuals to live independently, and fully integrate into their communities.

The FY 2019 Budget request includes a new general provision (Section 217) that, while applicable to HHS as a Department, addressed an area of particular concern to NIDILRR, as well as to other ACL programs. Within the Department, the provision would simplify the accounting processes used when one Operating Division (OPDIV) has agreed to issue and manage a grant on behalf of a second OPDIV. This general provision would allow HHS to use the reimbursable processing features within the accounting system, rather than the more cumbersome execution process currently used.

This provision would also enable an HHS OPDIV to collaborate in the same way with an outside Department for the purpose of making grants or cooperative agreements. Currently, the lack of specific authority precludes collaboration. The new proposed language would provide HHS OPDIVs with the authority to transfer funds via reimbursable agreements from one agency to another for the purposes of making grants, allowing NIDILRR to collaborate on a wider scale (e.g., with the Department of Veteran's affairs on research projects to address the needs of disabled veterans). NIDILRR had such authority when it was part of the Department of Education. The same language was included in the FY 2018 request as well.

Overview of Performance

ACL facilitates achievement of its mission through improvements in the analysis and availability of performance data while also enhancing the rigor of program evaluations. ACL program activities have a fundamental common purpose: to develop and support a comprehensive, coordinated, and cost-effective system of long-term services and supports that help older adults and people with disabilities maintain their health and independence in their homes and communities. This purpose led ACL to focus on the following performance goals: 1) improving consumer outcomes and delivery systems; 2) effectively targeting services to at-risk populations; 3) improving program efficiency; and 4) promoting rights and preventing abuse of older adults and people with disabilities. Each performance goal represents activities spanning across ACL programs. Progress toward achievement is tracked using a number of performance measures. Taken together, the performance goals and their corresponding measures are designed to reflect ACL's goals and objectives and in turn measure success in accomplishing ACL's mission.

Performance Highlights

An analysis of ACL's program performance trends through FY 2016 illustrates that ACL programs continue to help individuals remain independent and in the community. Most performance measures and indicators have been maintained or steadily improved. Following are some key successes that are indicative of the potential of ACL and the Aging and Disability Networks to meet demographic and fiscal challenges.

ACL programs improve consumer outcomes and delivery systems. Consumers report that services contribute in an essential way to maintaining their independence and they express a high level of satisfaction with these services. In 2016, over 97 percent of OAA transportation clients and nearly 94 percent of caregivers rated services good to excellent. To help ensure the continuation of these trends, ACL uses various mechanisms to promote innovative service-delivery models for state and local program entities that show promise for generating measurable improvements in program activities. Quality indicators are consistently high and are expected to meet or exceed targets in FY 2019.

ACL programs reach at-risk populations and target services to help individuals remain independent and in the community. For example, older adults who have three or more impairments in Activities of Daily Living (ADL) are at a high risk for nursing home entry. Increasing services to this population is one proxy for nursing home delay and diversion. In FY 2005, one-third of home-delivered nutrition clients lived with three or more ADL impairments and by FY 2016 the

proportion grew to nearly 42 percent, a 26 percent increase. The FY 2019 performance budget includes ten core performance indicators supporting ACL's commitment to improving client outcomes and program quality. While some indicators experience year-to-year variation, all indicators have trended in the desired direction and the vast majority meet or exceed targets annually.

ACL programs are efficient. The Aging and Disability Networks are providing high-quality services and doing so in a prudent and cost-effective manner. In FY 2016 the Aging Network served over 8,800 people per million dollars of OAA Title III funding. The result is a 17 percent increase over baseline. State Councils on Development Disabilities have achieved a similar increase in efficiency of 19 percent. For FY 2019, ACL's efficiency indicators are expected to consistently meet or exceed targets.

ACL programs effectively address complaints of abuse, neglect, or violation of rights. The Developmental Disabilities Protection and Advocacy program (PADD) grantees are highly successful at meeting the needs of complainants. The annual performance measure of the percentage of individuals who have their complaint of abuse, neglect, discrimination, or other human or civil rights corrected compared to the total assisted demonstrates the rate of successful benefits accruing from the program. The rate of success has been consistently over 80 percent and trending upward since FY 2011. In FY 2016, the target was exceeded with over 88 percent of consumers having their complaint corrected.

Program Evaluation and Research

In addition to robust performance measurement strategies, ACL employs rigorous program evaluation methods including longitudinal data collection and matched comparison groups. ACL is engaged in multiple program research and evaluation efforts. Examples of these efforts include:

- The OAA Title III-C Nutrition Services program (NSP) evaluation: A report of the process evaluation is available at: https://www.acl.gov/sites/default/files/programs/2017-02/NSP-Process-Evaluation-Report.pdf. The cost study report is available at: https://www.acl.gov/sites/default/files/programs/2017-05/NSP-Meal-Cost-Analysis_v2.pdf. The interim outcome study report is available at: https://www.acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf. The final report, which includes a comparison of healthcare utilization among meal recipients and comparison group members, is expected to be completed by the spring of 2018.

- The data collected to date provide information crucial for program operations and also show that the OAA Title III-C Nutrition Services Program (NSP) is meeting its stated goals. The program provides appropriate supportive services that are responsive to local community and individuals' needs. For example, since the last evaluation was conducted in 1995, 15 percent more providers offer weekend meal service and almost 15 percent more sites provide specialized meal choices to meet the health needs of recipients. With nearly two-thirds of meal providers offering non-nutrition services to promote the well-

being of older Americans, the program is able to provide a continuum of care for older individuals and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. The program is using federal funds efficiently as the federal expenditure is $1.88 per home-delivered meal and $3.52 per congregate meal, but the evaluation research showed that if all costs are accounted for, the value of the meal is actually $11.06 for a home-delivered meal, and $10.69 for a congregate meal.

- The evaluation of the Title III-E National Family Caregiver Support Program (NFCSP): the process evaluation was completed in March 2016. The final report is available at: https://www.acl.gov/sites/default/files/programs/2017-02/NFCSP_Final_Report-update.pdf. Consumer-level data collection will be conducted from 2016 through 2018 with an outcome-evaluation report to follow.

- Based on the information collected to date, the program offers high-quality services to assist older individuals in avoiding institutions and does so in an efficient manner. The Federal program is filling an important service gap as 55 percent of current programs reported that, prior to the NFCP funding, they did not have a caregiver program. The program is using federal funds efficiently as approximately 40 percent supplement their programs using volunteers. Programs also frequently rely on partnerships to expand the scope and reach of their services, including organizations such as the Alzheimer's Association (61 percent) and Aging and Disability Resource Centers/No Wrong Door systems (52 percent). Additionally, 42 percent responded that healthcare providers are among the three most important partners for administering their program.

- The evaluation of the Long-Term Care Ombudsman Program (LTCOP): A contract was awarded for a process evaluation in September 2015 for the purpose of better understanding how the program operates at the federal, state, and local levels independently and in conjunction with each other. The first round of data collection is complete and a second round is scheduled to begin in early 2018. The final report is expected in fall 2018. A separate contract was awarded for an outcome evaluation in September 2017. The outcome evaluation will gather data on: 1) the efficacy of the LTCOP in carrying out core functions of the program; 2) the long-term impacts for various stakeholders; 3) what system advocacy among Ombudsmen looks like; and 4) effective Ombudsmen practices. This evaluation is scheduled to run through March 2021.
- The evaluation of the OAA Title VI Tribal Grant Program: An evaluability assessment was conducted in FY 2015. The study examined the program characteristics of Title VI grantees' nutritional, supportive, and caregiver support services to assess the feasibility of, and best approaches for, formal evaluation of the Title VI Program. The final report is available at: https://www.acl.gov/sites/default/files/programs/2017-02/EA-of-TitleVI-v2.pdf. The results of that report are being implemented in a multi-year program evaluation that began in September 2016.

- ACL's Partnerships in Employment (PIE) Systems Change Grants evaluation: This six-year evaluation was initiated in 2011 and is ongoing. The purpose is to inform ACL and its partners how best to support competitive, integrated employment systems for individuals with intellectual and developmental disabilities. Accomplishments to date point to success in achieving project objectives, including enactment of employment-first legislation and the adoption or implementation policy recommendations.

- ACL's Evaluation for Model Approaches for Enhancing the Quality, Effectiveness, and Monitoring of Home and Community-Based Services for Individuals with Developmental Disabilities grantees began in September 2017. The grant program funds the development of innovative models for communities to support the quality of life of individuals with intellectual and developmental disabilities. The evaluation will measure the extent to which the models are able to achieve this as well as assessing whether successful models can be replicated in other sites and are scalable nationally, and whether the models are sustainable. The evaluation may also inform future ACL funding approaches.

- ACL's Community of Practice Supporting Families Evaluation was initiated in September 2017. It will provide a retrospective look at the extent to which previous Communities of Practice grantees were able to implement the Life Course Framework (LCF). The evaluation will examine the effect of the community of practice model on grantees' ability to build capacity across and within states to create policies, practices, and systems to better assist and support families that include a member with an intellectual or developmental disability (I/DD) across the lifespan. The evaluation will focus on identifying the key components of the LCF that contribute to states' successful outcomes for improving supports for families with members with I/DD, how use of the framework effects policies and practices in the services delivery system, and lessons from grantees that can be used to improve the framework. Evaluation products are expected to include performance measures that can be used by ACL and communities implementing the framework to objectively measure their outcomes.

ACL's Internal Program Performance Management Strategy

ACL employs a program performance management strategy with multiple components. This includes collaboration with other agencies and organizations, enhanced partnerships between Aging and Disability Networks, technical assistance, and senior leadership's involvement in performance management. All of these efforts are expected to yield performance improvements.

Developmental disability programs under ACL have implemented a quality-review system (QRS). The QRS uses a three-tiered model to review program compliance, outcomes, and fiscal operations. Results of reviews are used to target and coordinate technical assistance. These tiers involve: 1) annual standardized review for all grantees; 2) periodic in-depth review involving a team of reviewers; and 3) customized monitoring for programs at risk in terms of compliance and performance. ACL's Older Americans Act Title III and Title VII state formula grant programs continue development of a formula grant monitoring framework. This framework combines

assessments of grantee's progress toward program goals and objectives with identification of risk or instances of fraud, waste, and abuse.

In addition to grant monitoring activities, there is a rigorous process in which each program within ACL develops Program Funding Plan Memoranda for senior management review and approval. The Memoranda detail the proposed discretionary grant and procurement activities for the program and justify each proposed activity consistent with ACL's mission and performance measures. ACL is implementing enhancements to this process, including formal reviews of Funding Opportunity Announcements (FOAs) to ensure alignment with ACL's policy priorities. This process will also establish more rigorous requirements for grantees. All FOAs will indicate that measurable performance metrics including measurable outcomes (that demonstrate value of the program) must be identified on the grant application and included on all progress reports. All grant programs will require an unbiased evaluation of the program. Ongoing funding may be based on progress reports to ensure that government funds are used effectively and efficiently. ACL will continue to explore and implement new and innovative ways to assess program performance, justify program investments, and evaluate cost effectiveness of programs and services nationally.

ACL senior management is directly engaged in performance management activities through grants and procurement planning. Senior leadership has established processes for use of performance data for management decision-making, including a quarterly discretionary dashboard, bi-weekly reports for the Administrator/Assistant Secretary, quarterly reviews of operating budgets, quarterly managers' meetings, and bi-weekly center director meetings. By establishing a culture where performance improvement is expected and by working collaboratively with our grantee partners toward this goal, the Aging Services and Disability Networks will demonstrate solid performance.

All Purpose Table

Administration for Community Living

(Dollars in Thousands)

Health & Independence for Older Adults	Final /1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2018 +/- FY 2019
Home & Community-Based Supportive Services	349,426	347,846	350,224	2,378
Nutrition Services	833,284	832,064	837,753	5,689
Congregate Nutrition Services (non-add)	*449,313*	*447,284*	*450,342*	3,058
Home-Delivered Nutrition Services (non-add)	*226,823*	*225,798*	*227,342*	1,544
Nutrition Services Incentive Program (non-add)	*157,148*	*158,982*	*160,069*	1,087
Preventive Health Services	19,802	19,713	24,848	5,135
Chronic Disease Self-Management Education [PPHF]/2	8,000	7,223	--	(7,223)
Elder Falls Prevention [PPHF]/2	5,000	4,515	--	(4,515)
Native American Nutrition & Supportive Services	31,136	30,996	31,208	212
Aging Network Support Activities	9,938	9,893	8,998	(895)
Holocaust Survivor Assistance {non-add}	*2,494*	*2,500*	*2,495*	*(5)*
Subtotal, Health & Independence for Older Adults	1,256,586	1,252,250	1,253,031	781

Caregiver & Family Support Services	Final /1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2018 +/- FY 2019
Family Caregiver Support Services	150,240	149,563	150,586	1,023
Native American Caregiver Support Services	7,539	7,505	7,556	51
Alzheimer's Disease Program/3	--	--	19,490	19,490
Alzheimer's Disease Supportive Services Program/3	4,789	4,767	--	(4,767)
Alzheimer's Disease Initiative -- Specialized Supportive Services [PPHF]/3.	10,500	9,480	--	(9,480)
Lifespan Respite Care	3,352	3,337	3,360	23
Subtotal, Caregiver & Family Support Services	176,420	174,652	180,992	6,340

Protection of Vulnerable Adults	Final /1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2018 +/- FY 2019
Long-Term Care Ombudsman Program	15,848	15,777	15,855	78
Prevention of Elder Abuse & Neglect	4,762	4,741	4,773	32
Senior Medicare Patrol Program/HCFAC /4	*18,000*	*18,000*	*18,000*	--
Elder Rights Support Activities	13,847	13,780	11,874	(1,906)
Elder Justice {non-add}	*9,981*	*9,932*	*8,000*	*(1,932)*
Subtotal, Protection of Vulnerable Adults	52,457	52,298	50,502	(1,796)

All Purpose Table - Continued

Administration for Community Living

(dollars in thousands)

Disability Programs, Research & Services	Final /1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2018 +/- FY 2019
State Councils on Developmental Disabilities	72,833	72,504	56,000	(16,504)
Developmental Disabilities Protection and Advocacy	38,645	38,471	38,734	263
University Centers for Excellence in Developmental Disabilities	38,530	38,357	32,546	(5,811)
Projects of National Significance	9,977	9,932	1,050	(8,882)
Independent Living/5	100,951	100,496	95,997	(4,499)
Limb Loss Resource Center	2,494	2,483	--	(2,483)
Paralysis Resource Center	6,682	6,655	--	(6,655)
Traumatic Brain Injury/5	9,300	9,258	9,321	63
National Institute on Disability, Independent Living, and Rehab. Research	103,731	103,264	--	(103,264)
Subtotal, Disability Programs, Research & Services	383,143	381,420	233,648	(147,772)

Program	Final /1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2018 +/- FY 2019
Aging and Disability Resource Centers	6,105	6,077	6,119	42
State Health Insurance Assistance Program	47,115	46,795	--	(46,795)
Voting Access for People with Disabilities (HAVA)	4,952	4,929	4,963	34
Assistive Technology	33,922	33,769	31,939	(1,830)
Alzheimer's Disease Initiative--Communications Campaign [PPHF]/3	4,200	3,792	--	(3,792)
Medicare Improvements for Patients and Providers Act [TRA/BBA]/6	34,913	37,500	37,500	--
Aging and Disability Resource Centers {non-add}	*4,655*	*5,000*	*5,000*	--
Area Agencies on Aging {non-add}	*6,983*	*7,500*	*7,500*	--
National Center for Benefits Outreach and Enrollment {non-add}	*11,172*	*12,000*	*12,000*	--
State Health Insurance Assistance Program {non-add}/5	*12,103*	*13,000*	*13,000*	--
Subtotal, Consumer Information, Access & Outreach	131,207	132,862	80,521	(52,341)
Program Administration	39,971	39,791	37,987	(1,804)
Subtotal, Program Level	2,039,784	2,033,273	1,836,681	(196,592)

All Purpose Table - Continued

Administration for Community Living

(dollars in thousands)

Less: Funds From Mandatory Sources	Final /1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2018 +/- FY 2019
HCFAC Funds for Senior Medicare Patrol Program /4	*(18,000)*	*(18,000)*	*(18,000)*	--
Prevention & Public Health Fund	(27,700)	(25,010)	--	*25,010*
Medicare Improvements for Patients and Providers Act 6	*(34,913)*	*(37,500)*	--	*37,500*
Aging and Disability Resource Centers	*(4,655)*	*(5,000)*	--	*5,000*
Area Agencies on Aging {non-add}	*(6,983)*	*(7,500)*	--	*7,500*
National Center for Benefits Outreach and Enrollment {non-add}	*(11,172)*	*(12,000)*	--	*12,000*
State Health Insurance Assistance Program {non-add}/5	*(12,103)*	*(13,000)*	--	*13,000*
Total, Discretionary Budget Authority	1,959,170	1,952,763	1,818,681	(134,082)
Total FTE	196	187	155	-32

1/ Reflects FY 2017 required and permissive transfers and recissions
2/ In FY 2017, and under the FY 2018 CR these programs were paid for out of the Prevention and Public Health Fund.
3/Funding for Alzheimer's programs is being consolidated into the Alzheimer's Disease program.
4/ The FY 2017 enacted appropriation states that SMP/HCFAC is to be "fully funded" out of discretionary HCFAC appropriations to the Centers for Medicare & Medicaid Services based on the Secretary of HHS's determination of the amount needed to provide full. funding. The FY 2018 amount serves as a placeholder for FY 2018 pending final decisions on the amount by the Secretary of HHS.
5/ Funding is currently appropriated to the Centers for Medicare and Medicaid Services (CMS) directly and transferred to ACL via an Intra-Departmental Delegation of Authority (IDDA).
6/ Funding shown reflects request to shift source of funding in FY 2019 from discretionary to mandatory.

Appropriations Language

For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 ("OAA"), titles III and XXIX of the PHS Act, sections 1252 and 1253 of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, title XX-B of the Social Security Act, the Developmental Disabilities Assistance and Bill of Rights Act, parts 2 and 5 of subtitle D of title II of the Help America Vote Act of 2002, the Assistive Technology Act of 1998, title VII (and section 14 with respect to such title) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities, $1,781,181,000, together with $37,500,000 to be transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund, to remain available until expended to carry out such section 119: Provided, That amounts appropriated under this heading may be used for grants to States under section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective: Provided further, That of amounts made available under this heading to carry out sections 311, 331, and 336 of the OAA, up to one percent of such amounts shall be available for developing and implementing evidence-based practices for enhancing senior nutrition: Provided further, That notwithstanding any other provision of this Act, funds made available under this heading to carry out section 311 of the OAA may be transferred to the Secretary of Agriculture in accordance with such section: Provided further, that none of the funds made available under this heading may be used by an eligible system (as defined in section 102 of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10802)) to continue to pursue any legal action in a Federal or State court on behalf of an individual or group of individuals with a developmental disability (as defined in section 102(8)(A) of the Developmental Disabilities and Assistance and Bill of Rights Act of 2000 (20 U.S.C. 15002(8)(A)) that is attributable to a mental impairment (or a combination of mental and physical impairments), that has as the requested remedy the closure of State operated intermediate care facilities for people with intellectual or developmental disabilities, unless reasonable public notice of the action has been provided to such individuals (or, in the case of mental incapacitation, the legal guardians who have been specifically awarded authority by the courts to make healthcare and residential decisions on behalf of such individuals) who are affected by such action, within 90 days of instituting such legal action, which informs such individuals (or such legal guardians) of their legal rights and how to exercise such rights consistent with current Federal Rules of Civil Procedure: Provided further, That the limitations in the immediately preceding proviso shall not apply in the case of an individual who is neither competent to consent nor has a legal guardian, nor shall the proviso apply in the case of individuals who are a ward of the State or subject to public guardianship.

Appropriations Language Analysis

Administration for Community Living

Language Provision	Explanation
For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 ("OAA"), titles III and XXIX of the PHS Act, sections 1252 and 1253 of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, title XX-B of the Social Security Act, the Developmental Disabilities Assistance and Bill of Rights Act, parts 2 and 5 of subtitle D of title II of the Help America Vote Act of 2002, the Assistive Technology Act of 1998	Sets out the budget authority for the Aging and Disability Services Programs appropriation.
For carrying out….title VII (and section 14 with respect to such title) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities	Consistent with the proposed transfer of NIDILRR to NIH (authorized by title II of the Rehabilitation Act of 1973), the reference to title II of the Rehabilitation Act of 1973 is deleted.
Together with $37,500,000 to be transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund, to remain available until expended to carry out such section 119:	Consistent with the shift to request discretionary funding for the Medicare enrollment assistance programs described in section 119 of MIPPA.
Provided, That amounts appropriated under this heading may be used for grants to States under section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective:	Limits use of funding provided for the Preventive Health Services program to programs and activities which have been proven to be evidence-based and effective.
Provided further, That of amounts made available under this heading to carry out sections 311, 331, and 336 of the OAA, up to one percent of such amounts shall be available for developing and implementing evidence- based practices for enhancing senior nutrition:	Adds back enacted FY 2017 appropriations language that allows ACL to use up to 1% of its appropriations for nutrition innovation demonstrations designed to develop and implement evidence-based practices that enhance senior nutrition.
Provided further, That notwithstanding any other provision of this Act, funds made available under this heading to carry out section 311 of the OAA may be transferred to the Secretary of Agriculture in accordance with such section:	Allows for transfer of Nutrition Services Incentives (NSIP) funding to USDA to provide reimbursement for commodities elected by States or Tribes in lieu of part or all of their NSIP allocation.

Language Provision	Explanation
Provided further, that none of the funds made available under this heading may be used by an eligible system (as defined in section 102 of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10802)) to continue to pursue any legal action in a Federal or State court on behalf of an individual or group of individuals with a developmental disability (as defined in section 102(8)(A) of the Developmental Disabilities and Assistance and Bill of Rights Act of 2000 (20 U.S.C. 15002(8)(A)) that is attributable to a mental impairment (or a combination of mental and physical impairments), that has as the requested remedy the closure of State operated intermediate care facilities for people with intellectual or developmental disabilities, unless reasonable public notice of the action has been provided to such individuals (or, in the case of mental incapacitation, the legal guardians who have been specifically awarded authority by the courts to make healthcare and residential decisions on behalf of such individuals) who are affected by such action, within 90 days of instituting such legal action, which informs such individuals (or such legal guardians) of their legal rights and how to exercise such rights consistent with current Federal Rules of Civil Procedure:	Identifies the purpose for which funds can be used
Provided further, That the limitations in the immediately preceding proviso shall not apply in the case of an individual who is neither competent to consent nor has a legal guardian, nor shall the proviso apply in the case of individuals who are a ward of the State or subject to public guardianship.	Identifies the limitations that are not applicable to listed individuals.

Amounts Available for Obligation

Administration for Community Living

General Fund Discretionary Appropriation:	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Appropriation (L/HHS, Ag, or, Interior)	1,919,000,000	1,919,000,000	1,818,681,000
Across-the-board reductions (-.6791%)	--	-13,031,931	--
Secretary's Transfer	-4,390,000	--	--
Subtotal, adjusted appropriation	1,914,610,000	1,905,968,069	1,818,681,000
Transfer of Funds to Department of Agriculture 1/	-2,553,916	-2,752,453	--
Total, Discretionary Appropriation	1,912,056,084	1,903,215,616	1,818,681,000

Mandatory Appropriation:	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
BA Transfer (PPACA) from Prevention Funds	27,700,000	25,010,000	--
Appropriation (TRA/MACRA) MIPPA 2/3/	24,500,000	24,500,000	--
Sequestration of MIPPA Funding	1,690,500	--	--
Subtotal, mandatory appropriation	50,509,500	49,510,000	0

Offsetting collections from:	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Trust Funds: HCFAC HI 4/	18,429,568	18,000,000	18,000,000
Trust Funds: SHIPs HI/SMI	47,115,000	46,795,042	--
Subtotal, offsetting collections	65,544,568	64,795,042	18,000,000
Unobligated balance, lapsing	751,685	--	--
Total obligations	2,027,358,467	2,017,520,658	1,836,681,000

1/ Funding transferred to the Department of Agriculture is included within the Nutrition Services Incentives Program. Discretionary appropriations on this table will therefore differ by this amount from amounts listed on ACL's APT.
2/ MIPPA Funding excludes $13,000,000 in each year directly appropriated to CMS for MIPPA-SHIP and then made available to ACL through an Intra-Departmental Delegation of Authority.
3/ MIPPA funding is being requested in FY 2019 as discretionary funding.
4/ Amounts for FY 2018 and FY 2019 are placeholders pending Secretarial decisions on the amount needed to fully fund the program. Appropriations language first included in FY 2016 directs the Secretary to fully fund this program from CMS discretionary appropriations for the HCFAC program. FY 2017 amount includes carryover.

Total estimated budget authority	1,952,763
(Obligations)	1,952,763
2019 President's Budget Total estimated budget authority	1,818,681
(Obligations)	1,818,681
Net Change	134,082

Summary of Changes

Administration for Community Living

(Dollars in thousands)

Increases	FY2019 PB FTE	FY 2019 PB BA	FY 2019 +/- FY 2018 FTE	FY 2019 +/- FY 2018 BA
A. Built-in:	-	-	-	-
Subtotal, Built-in Increases	-	-	-	-
A. Program: Home and Community-Based Services	-	350,224	-	2,378
Nutrition Services	-	837,753	-	5,689
Preventive Health Services	-	24,848	-	5,135
Native American Nutrition and Supportive Svcs	-	31,208	-	212
Family Caregiver Support Services	-	150,586	-	1,023
Native American Caregiver Support Svcs	-	7,556	-	51
Alzheimer's Disease Program	-	19,490	-	19,490
Lifespan Respite Services	-	3,360	-	23
Long-Term Care Ombudsman Program	-	15,855	-	78
Prevention of Elder Abuse and Neglect	-	4,773	-	32
DD Protection and Advocacy	-	38,734	-	263
Traumatic Brain Injury	1.6	9,321	0	63
Aging and Disability Resource Centers	-	6,119	-	42
Voting Access for People with Disabilities	-	4,963	-	34
Medicare Imp. for Patients & Providers Act.	-	-	6	37,500
Subtotal, Program Increases 1/	-	1,504,790	6	72,013
Total Increases	-	1,504,790	6	72,013

Summary of Changes - Continued

Administration for Community Living

(Dollars in thousands)

Decreases	FY2019 PB FTE	FY 2019 PB BA	FY 2019 +/- FY 2018 FTE	FY 2019 +/- FY 2018 BA
Program Administration	136.6	37,987	-31.4	(1,804)
Subtotal, Built-in Decreases	-	37,987	-31.4	(1,804)
A. Program: Aging Network Support Activities	0.4	8,998	0	(895)
Alzheimer's Disease Supportive Services Program	-	0	-	(4,767)
Elder Rights Support Activities	2.7	11,874	0	(1,906)
State Councils on Developmental Disabilities	-	56,000	-	(16,504)
University Centers for Excellence in DD	-	32,546	-	(5,811)
Projects of National Significance	-	1,050	-	(8,882)
Independent Living	0.8	95,997	0	(4,499)
Limb Loss Resource Center	-	0	-	(2,483)
Paralysis Resource Center	-	0	-	(6,655)
NIDILLRR	-	0	-	(103,264)
State Health Insurance Assistance Program...	0.0	0	-5.0	(46,795)
Assistive Technology	-	31,939	-	(1,830)
Subtotal, Program Decreases	3.5	238,404	-5.0	(204,291)
Total Decreases	-	276,391	-36.4	(206,095)
Net Change 1/	-	-	-30.4	(134,082)

1/ Excludes FTE and dollars from mandatory programs (MIPPA and HCFAC in FY 2018 and HCFAC)

Budget Authority by Activity

Administration for Community Living

(Dollars in thousands)

Health & Independence for Older Adults	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Home & Community-Based Supportive Services	349,426	347,846	350,224
Nutrition Services	833,284	832,064	837,753
Preventive Health Services	19,802	19,713	24,848
Native American Nutrition & Supportive Services	31,136	30,996	31,208
Aging Network Support Activities	9,938	9,893	8,998
Subtotal, Health & Independence for Older Adults	1,243,586	1,240,512	1,253,031

Budget Authority by Activity - Continued

Administration for Community Living

(Dollars in thousands)

Caregiver & Family Support Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Family Caregiver Support Services	150,240	149,563	150,586
Native American Caregiver Support Services	7,539	7,505	7,556
Alzheimer's Disease Program/1	--	--	19,490
Alzheimer's Disease Supportive Services Program/1	4,789	4,767	--
Lifespan Respite Care	3,352	3,337	3,360
Subtotal, Caregiver & Family Support Services	165,920	165,173	180,992

Protection of Vulnerable Adults	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Long-Term Care Ombudsman Program	15,848	15,777	15,855
Prevention of Elder Abuse & Neglect	4,762	4,741	4,773
Elder Rights Support Activities	13,847	13,780	11,874
Subtotal, Protection of Vulnerable Adults	34,457	34,297	32,502

Disability Programs, Research & Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
State Councils on Developmental Disabilities	72,833	72,504	56,000
Developmental Disabilities Protection and Advocacy	38,645	38,471	38,734
University Centers for Excellence in Developmental Disabilities	38,530	38,357	32,546
Projects of National Significance	9,977	9,932	1,050
Independent Living	100,951	100,496	95,997
Limb Loss Resource Center	2,494	2,483	--
Paralysis Resource Center	6,682	6,655	--
Traumatic Brain Injury	9,300	9,258	9,321
National Institute on Disability, Independent Living, and Rehab. Research	103,731	103,264	--
Subtotal, Disability Programs, Research & Services	383,143	381,419	233,648

Budget Authority by Activity - Continued

Administration for Community Living

(Dollars in thousands)

Protection of Vulnerable Adults	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Long-Term Care Ombudsman Program	15,848	15,777	15,855
Prevention of Elder Abuse & Neglect	4,762	4,741	4,773
Elder Rights Support Activities	13,847	13,780	11,874
Subtotal, Protection of Vulnerable Adults	34,457	34,297	32,502

Disability Programs, Research & Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
State Councils on Developmental Disabilities	72,833	72,504	56,000
Developmental Disabilities Protection and Advocacy	38,645	38,471	38,734
University Centers for Excellence in Developmental Disabilities	38,530	38,357	32,546
Projects of National Significance	9,977	9,932	1,050
Independent Living	100,951	100,496	95,997
Limb Loss Resource Center	2,494	2,483	--
Paralysis Resource Center	6,682	6,655	--
Traumatic Brain Injury	9,300	9,258	9,321
National Institute on Disability, Independent Living, and Rehab. Research	103,731	103,264	--
Subtotal, Disability Programs, Research & Services	383,143	381,419	233,648

Budget Authority by Activity - Continued

Administration for Community Living

(Dollars in thousands)

Consumer Information, Access & Outreach	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Aging and Disability Resource Centers [Discretionary]	6,105	6,077	6,119
State Health Insurance Assistance Program	47,115	46,795	--
Voting Access for People with Disabilities (HAVA)	4,952	4,929	4,963
Assistive Technology	33,922	33,769	31,939
Medicare Improvements for Patients and Providers Act/2	--	--	37,500
Subtotal, Consumer Information, Access & Outreach	92,094	91,571	80,521
Program Administration	39,971	39,791	37,987
Total, Discretionary Budget Authority	**1,959,171**	**1,952,763**	**1,818,681**
Total FTE	*196*	*187*	*161*

1/ Funding for Alzheimer's programs is being consolidated into the Alzheimer's Disease program.
2/ The Budget requests discretionary funding for MIPPA in FY 2019; in prior years funding was provided/requested as mandatory funding.

Authorizing Legislation

Administration for Community Living

Services	FY 2018 Amount Authorized	FY 2018 Annualized CR	FY 2019 Amount Authorized	FY 2019 President's Budget
1) Home and Community-Based Supportive Services OAA Section 303 (a)(1)	364,456,847	347,845,629	372,196,069	350,224,000
2) Nutrition Services OAA Section 303 (b)(1)(2), 311(e)	874,637,011	832,063,818	893,084,162	837,753,000
3) Preventive Health Services OAA Section 361	20,803,107	19,713,212	21,244,860	24,848,000
4) Chronic Disease Self Management Education: OAA Section 411	NA	NA	NA	-
5) Falls Prevention: OAA Section 411	NA	NA	NA	-
6) National Family Caregiver Support Program OAA Section 303 (e)	157,564,066	149,563,370	160,791,658	150,586,000
7) Native American Nutrition and Supportive Services: OAA Sections 643	32,601,843	30,996,066	33,269,670	31,208,000
8) Native American Caregiver Support Program: OAA Section 631	7,879,982	7,504,687	8,041,398	7,556,000
9) Alzheimer's Disease Program OAA Section 411	NA	NA	NA	19,490,000
10) Long-Term Care Ombudsman Program: OAA Section 702(a).	16,621,101	15,777,125	16,961,573	15,855,000

Authorizing Legislation – Continued

Administration for Community Living

Services	FY 2018 Amount Authorized	FY 2018 Annualized CR	FY 2019 Amount Authorized	FY 2019 President's Budget
11) Prevention of Elder Abuse and Neglect: OAA Section 702(b)	4,994,178	4,740,587	5,096,480	4,773,000
12) Elder Rights Support Activities OAA Sections 201, 202, and 411, 751, and 752, as amended. Social Security Act, Title XX-B, Section 2042.	12,424,234	13,779,782	12,678,736	11,874,000
13) Aging Network Support Activities: OAA Sections 202, 215 and 411	10,422,587	9,893,355	10,636,086	8,998,000
14) Alzheimer's Disease Demonstration Grants Public Health Services Act Section 398	Expired	4,767,403	Expired	-
15) Lifespan Respite Care Lifespan Respite Care Act of 2006 and Public Health Service Act Title XXIX	Expired	3,337,182	Expired	3,360,000
16) Program Administration: OAA Section 216 (a)	40,063,000	39,790,932	40,063,000	37,987,000
17) Aging and Disability Resource Centers OAA Sections 216 (b)(4)	6,402,551	6,077,446	6,533,703	6,119,000

Authorizing Legislation – Continued

Administration for Community Living

Services	FY 2018 Amount Authorized	FY 2018 Annualized CR	FY 2019 Amount Authorized	FY 2019 President's Budget
18) State Health Insurance Assistance Program: Omnibus Budget Reconciliation Act of 1990 Section 436	Expired	46,795,042	Expired	-
20) State Councils on Developmental Disabilities DD Act Section 129(a)	Expired	72,504,257	Expired	56,000,000
21) Protection and Advocacy DD Act Section 145	Expired	38,470,957	Expired	38,734,000
22) University Centers for Excellence in Developmental Disabilities DD Act Section 156.	Expired	38,356,738	Expired	32,546,000
23) Projects of National Significance DD Act Section 163	Expired	9,932,090	Expired	1,050,000
24) Voting Assistance for People with Disabilities Help America Vote Act Section 291.	Expired	4,929,296	Expired	4,963,000

Authorizing Legislation – Continued

Administration for Community Living

Services	FY 2018 Amount Authorized	FY 2018 Annualized CR	FY 2019 Amount Authorized	FY 2019 President's Budget
25) Paralysis Resource Center Public Health Services Act Sections 311 and 317(k)(2)	N/A	6,654,500	N/A	-
26) National Institute on Disability, Independent Living, and Rehabilitation Research 4/Rehabilitation Act of 1973 201	116,860,000	103,263,940	119,608,000	-
27) Independent Living Rehabilitation Act of 1973, Title VII, Parts B, C, and Chapter 2Independent Living State Grants Section 714	25,714,000	22,722,636	26,319,000	17,841,000
Independent Living Centers for Independent Living Section 727	88,013,000	77,773,231	90,083,000	78,156,000
28) Assistive Technology (AT) AT Act (including but not limited to Section 4-6)	Expired	33,769,106	Expired	31,939,000
29) Limb Loss Resource Center Public Health Services Act, Title III	N/A	2,483,023	N/A	-

Authorizing Legislation – Continued

Administration for Community Living

Services	FY 2018 Amount Authorized	FY 2018 Annualized CR	FY 2019 Amount Authorized	FY 2019 President's Budget
30) Traumatic Brain Injury Reauthorization Act of 2014 Traumatic Brain Injury State Grants	5,500,000	9,257,701	5,500,000	9,321,000
Traumatic Brain Injury Reauthorization Act of 2014 Traumatic Brain Injury Protection and Advocacy	3,100,000	9,257,701	3,100,000	9,321,000
31) Medicare Improvements for Patients and Providers Act/1Aging and Disability Resource Centers	5,000,000	5,000,000	5,000,000	5,000,000
Area Agencies on Aging	7,500,000	7,500,000	7,500,000	7,500,000
National Center for Benefits Outreach and Enrollment	12,000,000	12,000,000	12,000,000	12,000,000
State Health Insurance Assistance Program	13,000,000	13,000,000	13,000,000	13,000,000
Total Request Level	-	$1,990,263,111	-	$1,818,681,000

Unfunded Authorizations	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
Legal Assistance OAA Section 702 (b)	4,994,178	0	5,096,480	0

1/ Funding in FY 2018 was provided of mandatory appropriations. Discretionary funding is being requested in FY 2019.

Appropriations History Table

Administration for Community Living

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2010 /1	1,491,343,000	1,530,881,000	1,495,038,000	1,516,297,000
FY 2010 Transfer	--	--	--	-224,298
Subtotal	--	--	--	1,516,072,702
FY 2011	1,624,733,000	1,651,178,000	1,659,383,000	1,500,323,000
FY 2011 Rescission	--	--	--	-3,000,646
Subtotal	--	--	--	1,497,322,354
FY 2012 /2	2,237,944,000	1,471,324,000	1,534,701,000	1,473,703,000
FY 2012 Rescission	--	--	--	-2,785,299
Subtotal	--	--	--	1,470,917,701
FY 2013 /3	1,978,336,000	N/A	1,708,105,000	1,645,291,724
FY 2013 Rescission	--	--	--	-3,290,583
FY 2013 Sequestration	--	--	--	-82,768,046
FY 2013 Transfers	--	--	--	-6,133,066
Subtotal	--	--	--	1,553,100,029
FY 2014 /4	2,094,755,000	N/A	1,716,664,000	1,662,258,000
FY 2014 Transfers	--	--	--	-6,433,605
Subtotal	--	--	--	1,655,824,395
FY 2015 /5	2,062,279,000	N/A	1,676,152,000	1,673,256,000
FY 2015 Transfers	--	--	--	-2,549,334
Subtotal	--	--	--	1,670,706,666
FY 2016 /6	2,104,976,000	1,944,358,000	1,861,089,000	1,964,850,000
FY 2016 Transfers	--	--	--	-2,214,429
Subtotal	--	--	--	1,962,635,571

Appropriations History Table – Continued

Administration for Community Living

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2017 /7	1,993,294,000	1,981,275,000	1,935,435,000	1,966,115,000
FY 2017 Transfers	--	--	--	-6,943,916
Subtotal	--	--	--	1,959,171,084
FY 2018 /8,9	1,851,449,000	2,237,224,000	1,966,115,000	1,952,763,111
FY 2019	1,818,681,000	--	--	--

1/ Includes $2,544,103,000 in FY 2010 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 110-19.
2/ Includes $2,025,445 in FY 2012 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursant to Public Law 112-74.
3/ Includes $2,542,042 in FY 2013 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursant to Public Law 113-6
4/ Includes $2,391,605 in FY 2014 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursant to Public Law 113-76.
5/ Includes $2,549,334 in FY 2015 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursant to Public Law 113-235.
6/ Includes $2,214,429 in FY 2016 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursant to Public Law 114-113.
7/ Includes $2,553,916 in FY 2017 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-31.
8/ House Allowance includes $300 million for the Senior Community Service Employment Program currently administered by the Department of Labor.
9/ Appropriation is the annualized Continuing Resolution Level.

Appropriations Not Authorized by Law

Administration for Community Living

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2018 1/
Alzheimer's Disease Supportive Services: PHSA Section 398	FY 2002	Such Sums	$11,483,000	$4,767,403
Lifespan Respite Care: Lifespan Respite Care Act of 2006	FY 2011	$94,810,000	$2,495,000	$3,337,182
State Health Insurance Assistance Programs: Omnibus Budget Reconciliation Act of 1990	FY 1996	$10,000,000	N/A	$46,795,042
Developmental Disabilities Assistance and Bill of Rights Act	FY 2007	Such Sums	$155,115,000	$159,264,042
Voting Access for People with Disabilities: Help America Vote	FY 2005	$17,410,000	$13,879,000	$4,929,296
Elder Justice / Adult Protective Services: Social Security Act, Title XX-B	FY 2014	$129,000,000	$0	$9,932,000
The Assistive Technology Act of 2004	FY 2010	Such Sums	$25,000,000	$33,769,106

1/ FY 2018 Appropriations based on Annualized CR levels.

Health and Independence for Older Adults

Summary of Request

ACL's Health and Independence for Older Adults programs, provide a foundation of supports that assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive institutional care. These programs include home and community-based supportive services, nutrition services (meals in both congregate settings and those delivered to seniors in their homes), and preventive health.

The U.S. population over age 60 is projected to increase by 13 percent between 2016 and 2020, from 68.7 million to 77.6 million.[6] In addition, the number of seniors age 65 and older with severe disabilities (defined as 3 or more limitations in activities of daily living), who are at greatest risk of nursing home admission, is projected to increase by 15 percent over the same period.[7] Health and Independence for Older Adults programs are vital to helping seniors remain in their homes and communities at a lower cost than institutional services, for as long as possible. For example, 65 percent of congregate and 92 percent of home-delivered meal recipients reported that the meals allowed them to continue living in their own homes.[8] Additionally, 55 percent of seniors using transportation services rely on them for the majority of their trips to doctors' offices, pharmacies, meal sites, and other critical daily activities that help them to remain in the community.[9]

Currently States can transfer up to 30 percent of their funding for Nutrition and Home and Community-Based Supportive Services (HCBSS) between these programs, and up to 40 percent of Nutrition funding between the two Nutrition programs. In FY 2019, to provide States with maximum flexibility, ACL is proposing a new general provision to add additional funding flexibility by giving States the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Family Caregivers Support Services between any of these programs to achieve the funding distribution that best addresses their individual State's unique needs.

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[6] U.S. Census Bureau, "2014 National Population Projections," Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060. Released December 2014, http://www.census.gov/population/projections/data/national/2014/downloadablefiles.html. Accessed 02 January 2018. U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2016: Released June 2017, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk. Accessed 02 January 2018.

[7] Ibid and Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population Data from the 2013 Medicare Current Beneficiary Survey. [data tables 2.5a and 2.6a]. http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables-Items/2013CNP.html. Accessed 02 January 2018.

[8] 2017 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

[9] Ibid.

ACL's FY 2019 funding request for Health and Independence for Older Adults programs is $1,253,031, a reduction of $481,000 below the FY 2018 Annualized Continuing Resolution level. For FY 2019, specific program requests include:
$350,224,000 for Home and Community-Based Supportive Services (HCBSS), which is an increase of $2,378,000 over the FY 2018 Annualized Continuing Resolution. HCBSS provides grants to States to fund a broad array of low cost services that enable seniors to remain in their homes for as long as possible, including adult day care, transportation, case management, personal care services, chore services, and physical fitness programs. These services also aid caregivers, who might otherwise have to be even more intensively relied upon to provide care for their loved ones, taking more time away from their work and other family responsibilities.

- $837,753,000 for Nutrition programs, including Congregate Nutrition, Home-Delivered Nutrition and the Nutrition Services Incentives Program. The FY 2019 request is an increase of $5,689,000 above the FY 2018 Annualized Continuing Resolution for these programs. In FY 2019, the Nutrition Services programs will help 2.4 million older adults receive the meals they need to stay healthy and decrease their risk of disability, and institutionalization, the requested funding level would support over 221.6 million meals.

- $24,848,000 for Preventive Health Services, $5,136,000 over the FY 2018 Annualized Continuing Resolution level. ACL proposes consolidating the Chronic Disease Self-Management Education (CDSME) program and the Falls Prevention program into the Preventive Health Services program at this higher funding level. This newly consolidated program would provide states the flexibility to target funding to the greatest areas of need in their communities, increasing the ability of States to focus resources where they are most needed.

- $31,208,000 for Native American Nutrition and Supportive Services, which is consistent with the FY 2018 Annualized Continuing Resolution Level. These funds will provide approximately 5.5 million meals and over 1 million rides for Native American seniors to critical daily activities such as meal sites, medical appointments, and grocery stores.

- $8,998,000 for Aging Network Support Activities, which is a decrease of -$895,000 below the FY 2018 Annualized Continuing Resolution Level and reflects the consolidation of the Alzheimer's Call Center into the Alzheimer's Disease Program line. Aging Network Support Activities funds competitive grants and contracts for ongoing activities which help seniors and their families obtain information about their care options and benefits; and which provide technical assistance to assist States, Tribes, and community providers of aging services to carry out their mission to help older people remain independent and live in their own homes and communities.

Outcome and Outputs Table:

Health and Independence for Older Adults

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
1.1 For Home and Community-based Services including Nutrition and Caregiver services increase the number of clients served per million dollars of Title III OAA funding. (Efficiency)	FY 2016: 8,885 clients Target: 8,700 clients (Target Exceeded)	8,800 clients	8,900 clients	+100 clients
2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome)	FY 2016: 63.6 weighted average Target: 63 weighted average (Target Exceeded)	63.25 weighted average	63.6 weighted average	+0.35 weighted average
3.3 The percentage of OAA clients served who live in rural areas is at least 15% greater than the percent of all US elders who live in rural areas. (Outcome)	FY 2016: 35.4% Target: 26.2% (Target Exceeded)	26.2%	26.2%	Maintain
3.6 The percentage of OAA clients served who live in poverty is 150% greater than the percent of all U.S. elders living below the poverty level. (Outcome)	FY 2016: 32.9% Target: 24.75% (Target Exceeded)	25.68%	24.6%	-1.08

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Home and Community-Based Supportive Services

Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 19 +/- FY 18
Home and Community-Based Services	$349,426	$347,846	$350,224	+$2,378

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 303 (a)(1) of the Older Americans Act of 1965, as amended

FY 2019 Older Americans Act Authorization.....$364,456,847

Allocation Method.....Formula Grant

Program Description and Accomplishments:

The Home and Community-Based Supportive Services (HCBSS) program, established in 1973, provides formula grants to states and territories based on their share of the population age 60 and over to fund a broad array of low cost services that enable seniors to remain in their homes for as long as possible. Programs like HCBSS serve seniors holistically. While each service is valuable in and of itself, it is often the combination of supports that, when tailored to the needs of the individual, ensures that clients can remain in their own homes and communities instead of entering nursing homes or other types of institutional care.

In addition, the services funded by this program – particularly adult day care, personal care, and chore services – also aid caregivers, who otherwise might have to be even more intensively involved with the care of their loved ones, taking time away from work and their other family responsibilities and further straining family budgets. Many of these caregivers are doubly challenged, as members of the so-called "sandwich generation," by the need not only to care for their older loved ones, but also to provide assistance to their adult children.

The services provided to seniors through the HCBSS program include access services such as transportation, case management, and information and referral; in-home services such as personal care, chore, and homemaker assistance; and community services such as adult day care and physical fitness programs. In addition to these services, the HCBSS program also funds multi-purpose senior centers, which coordinate and integrate services for the elderly.

While age alone does not determine the need for these long-term services and supports, statistics show that both disability rates and the use of long-term supports increase with advancing age. Among those aged 85 and older, 55.7 percent are unable to perform one or more critical activities

of daily living and require long-term support[10]. Data also show that over 92 percent of seniors have at least one chronic condition and 76 percent have at least two.[11] Providing a variety of supportive services that meet the diverse needs of these older individuals is crucial to enabling them to remain healthy and independent in their homes and communities, and therefore avoid unnecessary, expensive nursing home care.

Core OAA formula grant programs like HCBSS currently reach more than one in six seniors[12], serving nearly a half million seniors in their own communities who meet the disability criteria for nursing home admission[13] and helping to keep them from joining the 1.9 million seniors who live in institutional settings.[14] Nationally, 25 percent of individuals 60 and older live alone[15], and in FY 2016, 43 percent of OAA consumers were individuals who live alone.[16] Living alone is a key predictor of nursing home admission, and HCBSS services are critical to their ability to remain at home, especially for those who do not have an informal caregiver to assist with their care. Research has also shown that childless seniors who live in a State with higher home and community-based service expenditures had significantly lower risk of nursing home admissions.[17]

Services provided by the HCBSS program in FY 2016 include:

- *Transportation Services* provided nearly 23.7 million rides to doctor's offices, grocery stores, pharmacies, senior centers, meal sites, and other critical daily activities (Output C).[18]

- *Personal Care, Homemaker, and Chore Services* provided nearly 40.8 million hours of assistance to seniors unable to perform activities of daily living (such as eating, dressing, or bathing) or instrumental activities of daily living (such as shopping or light housework) (Output D).[19]

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[10] Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [data table 2.5a]. http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables-Items/2013CNP.html. Accessed 02 January 2018.

[11] Ibid.

[12] ACL'S OAA State Performance Report, FY 2016.

[13] Ibid

[14] Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2013]. http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables-Items/2013CNP.html. Accessed 02 January 2018.

[15] Administration for Community Living, https://agid.acl.gov/DataGlance/. Data-at-a-Glance: American Community Survey (ACS) Public Use Microdata Sample (PUMS) 1-Year Files (2015), accessed 02 January, 2018.

[16] ACL'S OAA State Performance Report, FY 2016

[17] Muramatsu, Naoko. "Risk of Nursing Home Admission Among Older Americans: Does States' Spending on Home and Community-Based Services Matter?" May 2007. Journal of Gerontology: Psychological Sciences.

[18] ACL'S OAA State Performance Report, FY 2016

[19] Id

- *Adult Day Care/Day Health* provided over 10.5 million hours of care for dependent adults in a supervised, protective group setting during some portion of a twenty-four hour day (Output E).[20]

- *Case Management Services* provided over 3.6 million hours of assistance in assessing needs, developing care plans, and arranging services for older persons or their caregivers (Output F).[21]

Continuing ACL's commitment to provide services to those in most need nearly 48 percent of riders on OAA-funded transportation are mobility impaired, meaning they do not own a car, or if they do own a car, they do not drive, and are not near public transportation.[22] Many of these individuals cannot safely drive a car, as nearly 73 percent of transportation riders have at least one of the following chronic conditions that could impair their ability to navigate safely:[23]

- 65 percent of riders had a doctor tell them they had vision problems (including glaucoma, macular degeneration or cataracts);[24]

- 14 percent have had a stroke;[25]

- 5 percent have Alzheimer's disease or another type of dementia;[26]

- 3 percent have epilepsy;[27]

- 2 percent have Multiple Sclerosis;[28] and

- 2 percent have Parkinson's disease.[29]

Of the transportation participants, 96 percent take daily medications, with over 15 percent taking 10 to 20 medications daily.[30] Data from ACL's National Surveys of OAA Participants show that services such as transportation are providing these seniors with the assistance and information they need to help them remain at home. For example, 55 percent of seniors using transportation services

[20] Id

[21] Id

[22] 2017 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

[23] Id

[24] Id

[25] Id

[26] Id

[27] Id

[28] Id

[29] Id

[30] Id

rely on them for the majority of their transportation needs and would otherwise be homebound, while over 82 percent of clients receiving case management reported that, as a result of the services arranged by the case manager, they were better able to care for themselves.[31] In addition, a study published in the Journal of Aging and Health shows that the services provided by the HCBSS program, what the article calls "personal care services," are the critical services that enable frail seniors to remain in their homes and out of nursing home care.[32]

Funding History:

Funding for Home and Community-Based Supportive Services over the past ten years is as follows:

FY 2010 .....$368,290,000
FY 2011 .....$367,611,000
FY 2012 .....$366,916,000
FY 2013 .....$347,724,297
FY 2014 .....$347,724,000
FY 2015 .....$347,724,000
FY 2016 .....$347,724,000
FY 2017 .....$349,426,000
FY 2018 Annualized CR $347,845,629
FY 2019 President's Budget $350,224,000

Budget Request:

The FY 2019 request for Home and Community-Based Supportive Services is $350,224,000, is an increase of $2,378,000 over the FY 2018 Annualized Continuing Resolution. At the proposed FY 2019 funding level ACL estimates that the program will support 10.3 million hours of adult day care for older adults; 22.5 million rides for activities such as visiting the doctor, the pharmacy, or grocery stores; and 45.5 million hours of assistance to seniors who are unable to perform daily activities. These estimates take into account State, local, and private funding streams that also support these activities.

The strength of the Older Americans Act is that it gives States the ability to define needs from the bottom up and the flexibility to direct funding accordingly to best meet the needs of their communities. These programs have strong partnerships with State and local governments, philanthropic organizations, and private donors that contribute funding. States typically have

[31] Id

[32] Chen, Ya Mei and Elaine Adams Thompson. Understanding Factors That Influence Success of Home- and Community-Based Services in Keeping Older Adults in Community Settings. 2010. Journal of Aging and Health. V. 22: 267. Available: http://jah.sagepub.com/cgi/content/abstract/22/3/267.

leveraged resources of 2 or 3 dollars for every OAA dollar, significantly exceeding the programs' match requirements.[33]

Currently States can transfer up to 30 percent of their funding for Nutrition and HCBSS between these programs, and up to 40 percent of Nutrition funding between the Nutrition programs. In FY 2019, ACL is proposing a new general provision that would provide additional funding flexibility, and give States the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to best address their individual State's unique needs.

Outputs and Outcomes Table:

Home and Community-Based Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
1.1 For Home and Community-based Services including Nutrition and Caregiver services increase the number of clients served per million dollars of Title III OAA funding. (Efficiency)	FY 2016: 8,885 clients Target: 8,700 clients (Target Exceeded)	8,800 clients	8,900 clients	+100 clients
2.9b Maintain at 90% or higher the percentage of transportation clients who rate services good to excellent. (Outcome)	FY 2016: 97% Target: 90% (Target Exceeded)	90%	90%	Maintain
2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome)	FY 2016: 63.6 weighted average Target: 63 weighted average (Target Exceeded)	63.25 weighted average	63.6 weighted average	+0.35 weighted average

[33] ACL'S OAA State Performance Report, FY 2016

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
3.3 The percentage of OAA clients served who live in rural areas is at least 15% greater than the percent of all US elders who live in rural areas. (Outcome)	FY 2016: 35.4% Target: 26.2% (Target Exceeded)	26.2%	26.2%	Maintain
3.6 The percentage of OAA clients served who live in poverty is 150% greater than the percent of all U.S. elders living below the poverty level. (Outcome)	FY 2016: 32.9% Target: 24.75% (Target Exceeded)	25.68%	24.6%	-1.08

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output C: Transportation Service Units *(Output)*	FY 2016: 23.7 M	22.9 M	22.5 M	-0.4
Output D: Personal Care, Homemaker and Chore Services units *(Output)*	FY 2016: 40.8 M	43.6 M	45.5 M	+1.9
Output E: Adult Day Care/Day Health units *(Output)*	FY 2016: 10.6 M	10.3 M	10.3 M	Maintain
Output F: Case Management Services units *(Output)*	FY 2016: 3.7 M	3.5 M	3.5 M	Maintain

Note: For presentation within the budget, ACL highlighted specific measures that are most directly related to Home and Community-Based Supportive Services; however multiple performance outcomes are impacted by this program because ACL's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives.

Grant Awards Tables:

Home and Community-Based Supportive Services Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$6,200,409	$6,149,414	$6,191,460
Range of Awards	$217,014 - $33,831,124	$215,229 - $33,492,814	$216,701 - $34,227,076

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Home and Community-Based Supportive Services (CFDA 93.044)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	5,286,709	5,233,842	5,181,504	(52,338)
Alaska	1,736,115	1,721,836	1,733,609	11,773
Arizona	6,936,367	6,945,445	7,194,411	248,966
Arkansas	3,425,288	3,391,035	3,357,125	(33,910)
California	33,831,124	33,492,814	34,227,076	734,262
Colorado	4,713,557	4,717,465	4,886,567	169,102
Connecticut	4,309,094	4,266,003	4,223,343	(42,660)
Delaware	1,736,115	1,721,836	1,733,609	11,773
District of Columbia	1,736,115	1,721,836	1,733,609	11,773
Florida	24,715,567	24,468,411	24,581,363	112,952
Georgia	8,496,385	8,461,586	8,764,900	303,314
Hawaii	1,736,115	1,721,836	1,733,609	11,773
Idaho	1,736,115	1,721,836	1,733,609	11,773
Illinois	14,210,793	14,068,685	13,927,998	(140,687)
Indiana	6,777,591	6,709,815	6,642,717	(67,098)
Iowa	4,168,738	4,127,051	4,085,780	(41,271)
Kansas	3,358,672	3,325,085	3,291,834	(33,251)
Kentucky	4,638,742	4,592,355	4,546,431	(45,924)
Louisiana	4,692,188	4,645,266	4,598,813	(46,453)
Maine.	1,736,115	1,721,836	1,733,609	11,773
Maryland	5,730,772	5,673,464	5,641,168	(32,296)
Massachusetts	8,031,575	7,951,259	7,871,746	(79,513)
Michigan	11,012,313	10,902,190	10,793,168	(109,022)
Minnesota	5,380,738	5,326,931	5,349,259	22,328
Mississippi	3,201,939	3,169,920	3,138,221	(31,699)
Missouri	6,964,495	6,894,850	6,825,902	(68,948)
Montana	1,736,115	1,721,836	1,733,609	11,773
Nebraska	2,245,310	2,222,857	2,200,628	(22,229)
Nevada	2,696,093	2,700,099	2,796,886	96,787
New Hampshire	1,736,115	1,721,836	1,733,609	11,773

PROGRAM/CFDA NUMBER: Home and Community-Based Supportive Services (CFDA 93.044)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	10,041,037	9,940,627	9,841,221	(99,406)
New Mexico	2,065,826	2,047,025	2,120,403	73,378
New York	23,758,307	23,520,724	23,285,517	(235,207)
North Carolina	9,661,736	9,607,792	9,952,193	344,401
North Dakota	1,736,115	1,721,836	1,733,609	11,773
Ohio	13,518,024	13,382,844	13,249,016	(133,828)
Oklahoma	4,185,770	4,143,912	4,102,473	(41,439)
Oregon	4,253,413	4,228,106	4,379,667	151,561
Pennsylvania	17,493,327	17,318,394	17,145,210	(173,184)
Rhode Island	1,736,115	1,721,836	1,733,609	11,773
South Carolina	5,049,895	5,050,181	5,231,210	181,029
South Dakota	1,736,115	1,721,836	1,733,609	11,773
Tennessee	6,614,031	6,547,891	6,641,902	94,011
Texas	21,079,481	21,031,216	21,785,101	753,885
Utah	2,002,579	2,005,844	2,077,746	71,902
Vermont	1,736,115	1,721,836	1,733,609	11,773
Virginia	7,694,882	7,617,933	7,872,598	254,665
Washington	6,749,725	6,746,199	6,988,024	241,825
West Virginia	2,713,561	2,686,425	2,659,561	(26,864)
Wisconsin	6,252,199	6,189,677	6,127,780	(61,897)
Wyoming	1,736,115	1,721,836	1,733,609	11,773
Subtotal, States	340,527,338	337,735,086	340,123,379	2,388,293
American Samoa	462,103	457,482	452,907	(4,575)
Guam	868,057	860,918	866,804	5,886
Northern Mariana Islands	217,014	215,229	216,701	1,472
Puerto Rico	4,280,343	4,237,540	4,195,165	(42,375)
Virgin Islands	868,057	860,918	866,804	5,886
Subtotal, States and Territories	347,222,912	344,367,173	346,721,760	2,354,587
Undistributed 1/	2,203,088	3,478,456	3,502,240	23,784
TOTAL	**349,426,000**	**347,845,629**	**350,224,000**	**2,378,371**

1/ Program Support –Includes funds for Older Americans Act statutory requirements, including program evaluation and disaster assistance; and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to States.

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Nutrition Services

Nutrition	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Congregate Nutrition	$449,313	$447,284	$450,342	+$3,058
Home Delivered	$226,823	$225,798	$227,342	+$1,544
Nutrition Services Incentive Program 1/	$157,148	$158,982	$160,069	+$1,087
Total:	$833,284	$832,064	$837,753	+$5,689

*BA is in thousands of dollars, FTE is a whole number.

1/ Includes $2,553,916 that was transferred to USDA to pay for State elections of commodities.

Authorizing Legislation: Sections 311, 331 and 336 of the Older Americans Act of 1965, as amended

FY 2019 Older Americans Act Authorization.....$893,084,162

Allocation Method.....Formula Grant

Program Description and Accomplishments:

Nutrition Services help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of community settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation. These services occur in all 50 states, the District of Columbia, and five territories through a network of more than 5,000 local nutrition service providers.[34] Nutrition Services currently include:

- Congregate Nutrition Services (Title III-C1): Provides funding for the provision of meals and other related services in a variety of community settings (e.g. senior centers, churches community centers, congregate dining facilities, school cafeterias, restaurants, farmers markets, hospital cafeterias, etc.) which help older individuals remain healthy and prevents the need for more costly medical interventions. Established in 1972, the program also presents opportunities for social engagement, health promotion activities, nutrition education, nutrition counseling and meaningful volunteer and social engagement roles, all of which contribute to participants' overall health and well-being. ***Congregate Nutrition***

[34] ACL'S OAA State Performance Report, FY 2016

Services **provided 79.4 million meals to nearly 1.6 million seniors in a variety of community settings in FY 2016.[35]**

- Home-Delivered Nutrition Services (Title III-C2): Provides funding for the delivery of meals and related services to frail seniors who are home-bound. Established in 1978, home-delivered meals are often the first in-home service that an older adult receives and are often the primary access point for other home- and community-based services. In addition to providing a meal, this program helps frail home-bound seniors combat isolation and maintain contact with the outside world. Home-delivered meals also represent an essential service for some caregivers who also receive meals, helping them maintain their own health and well-being while caring for their loved ones. ***Home-Delivered Nutrition Services*** **provided 145.5 million meals to over 868,000 individuals in FY 2016.[36]**

- Nutrition Services Incentive Program (Title III-A): Provides a secondary source of funding that must be used exclusively to provide meals, but which can be applied to either congregate or home-delivered meals. Recipients can elect to receive part or all of their grants as commodities from the U.S. Department of Agriculture if they determine that doing so will enable them to better meet the needs of older adults. Six States and five tribes elected to spend just over $2.5 million on commodities (including $132,415 assessed by USDA as administrative expenses) in FY 2017.

Formula grants for congregate nutrition services and home-delivered nutrition services are allocated to states and territories based on their share of the population age 60 and over. Nutrition Services Incentive Program (NSIP) grants are provided to states, territories, and eligible tribal organizations based on the number of meals served in the prior fiscal year. The meals provided through these programs fulfill the standards set by the current Dietary Guidelines for Americans.

Nutrition services assist over 2.4 million (2016)[37] diverse participants with characteristics that place them at higher risk for health care interventions as well as institutionalization. For example:

- The percentage of home-delivered meal recipients with severe disabilities (3+ ADL) was 41 percent in 2016.[38] This level of disability is frequently associated with nursing home admission, and demonstrates the extreme frailty of a significant number of home-delivered meal clients. Approximately 71 percent of home-delivered meal recipients have annual incomes at or below $20,000.[39] Nearly 61 percent of recipients of home-delivered meals and 53 percent of participants in congregate meals report these meals as half or more of their food intake for the day.[40]

[35] Id

[36] Id

[37] Id

[38] Id

[39] 2017 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

- The prevalence of multiple chronic conditions is higher among congregate and home-delivered meal program participants than for the general Medicare population. In fact, data from ACL's National Survey of OAA Participants indicate that about 47 percent of congregate and 64 percent of home-delivered participants have six or more chronic health conditions. About 21 percent of congregate and 40 percent of home-delivered participants take over six medications per day and some take as many as 20 medications.[41]

  At the same time, most common chronic conditions such as hypertension, heart disease, diabetes, and osteoporosis are related to nutrition as a primary prevention, risk reduction, or treatment modality. Therefore, the provision of healthy meals, access to lifestyle modification programs, and evidence-based advice such as nutrition education and counseling are important to helping these older individuals avoid more serious medical care.

- About 15 percent of people who participate in congregate meal programs and 54 percent of home-delivered participants need help in getting outside the house, thus limiting their ability to shop for food themselves.[42]

- About 47 percent of congregate participants and 58 percent of home-delivered participants live alone.[43] Living alone is a risk factor for social isolation, poorer health, and nursing home placement.

Data show that Nutrition Services are effective in helping older adults improve their nutritional intake and remain at home. For example, 81 percent of congregate meal participants and 79 percent of home-delivered meal participants say they eat healthier meals due to the programs, and 65 percent of congregate meal participants and 92 percent of home-delivered meal recipients say that the meals enable them to continue living in their homes.[44] Eighty-eight percent of home-delivered meal clients rate service as good to excellent.[45]

In addition, states that invest more in delivering meals to older adults' homes have lower rates of "low-care" seniors (defined as residents who have the functional capacity to live in a less care-intensive environment) living in nursing homes, after adjusting for several other factors.[46] For every $25 per year per older adult that states spend on home-delivered meals, they reduce their percentage of low-care nursing home residents compared to the national average by 1 percent.[47]

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[40] Id
[41] Id
[42] Id
[43] Id
[44] Id
[45] Id
[46] Thomas, K & Mor, V. The Relationship between Older Americans Act Title III State Expenditures & Prevalence of Low-Care Nursing Home Residents. Health Services Research. 12.3.12. http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12015/abstract

Funding History:

Comparable funding for Nutrition Services over the past ten years is as follows:

FY 2010 .....$819,353,000
FY 2011 .....$817,835,000
FY 2012 .....$816,289,000
FY 2013 .....$768,310,870
FY 2014 .....$811,191,000
FY 2015 .....$814,657,000
FY 2016 .....$834,753,000
FY 2017 .....$833,284,084
FY 2018 Annualized CR.....$832,064,000
FY 2019 President's Budget $837,753,000

Budget Request:

The FY 2019 request for Nutrition Services is $837,753,000, which is an increase of $5,689,000 above the FY 2018 Annualized Continuing Resolution. This represents only a portion of the total funding for meals programs.[48] Combined with these state and local contributions, the request is projected to provide approximately 221.6 million meals to more than 2.4 million older Americans in a variety of community settings. In FY 2019, the Nutrition programs are expected to continue to provide home-delivered meals that clients rate as good to excellent, ensuring that clients continue to receive high quality services.

Currently, States can transfer up to 30 percent of their funding for Nutrition and HCBSS between these programs, and up to 40 percent of Nutrition funding between the congregate and home-delivered programs. ACL is proposing a new general provision to build on existing flexibility and give States the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to best address their individual State's needs.

Program Evaluation

An evaluation of the OAA Title III-C Nutrition Services program (NSP) is ongoing; a report of the process evaluation is available at: https://www.acl.gov/sites/default/files/programs/2017-

[47] Id.

[48] J. Ziegler et al. Final Report: Older Americans Act Nutrition Programs Evaluation: Meal Cost Analysis. Sept 25, 2015

02/NSP-Process-Evaluation-Report.pdf and the cost study report is available at: https://www.acl.gov/sites/default/files/programs/2017-05/NSP-Meal-Cost-Analysis_v2.pdf

The data collected to date provide information crucial for program operations and also show that the OAA Title III-C Nutrition Services Program (NSP) is meeting its stated goals. The program provides appropriate supportive services which are responsive to local community and individuals' needs. For example, since the last evaluation was conducted in 1995, 15 percent more providers offer weekend meal service and almost 15 percent more sites provide specialized meal choices to meet the health needs of recipients. With nearly two-thirds of meal providers offering non-nutrition services to promote the well-being of older Americans, the program is a key component of a continuum of care that makes it possible for older adults to continue living in the community.

The program also is using federal funds efficiently; the federal expenditure is $1.88 per home delivered meal and $3.52 per congregate meal, but when all costs are included, the value of the meal is actually $11.06 for a home-delivered meal and $10.69 for a congregate meal.

Evaluation results are consistent with annual performance data that indicate the programs help participants to live independently in the community; eat healthier foods, improve their health and achieve or maintain a healthy weight. If the nutrition program were not available, sizeable percentages of participants (61 percent of home-delivered meal participants and 42 percent of congregate meal participants) indicated they would skip meals or eat less.

Outcomes and Outputs Table:

Nutrition Services

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2018 Target**	**FY 2019 Target**	**FY 2019 Target +/-FY 2018 Target**
1.1 For Home and Community-based Services including Nutrition and Caregiver services increase the number of clients served per million dollars of Title III OAA funding. (Efficiency)	FY 2016: 8,885 clients Target: 8,700 clients (Target Exceeded)	8,800 clients	8,900 clients	+100 clients
2.9a Maintain at 90% or higher the percentage of clients receiving home delivered meal who rate services good to excellent. (Outcome)	FY 2016: 88% Target: 90% (Target Not Met)	90%	90%	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome)	FY 2016: 63.6 weighted average Target: 63 weighted average (Target Exceeded)	63.25 weighted average	63.6 weighted average	+0.35 weighted average
3.3 The percentage of OAA clients served who live in rural areas is at least 15% greater than the percent of all US elders who live in rural areas. (Outcome)	FY 2016: 35.4% Target: 26.2% (Target Exceeded)	26.2%	26.2%	Maintain
3.5 Increase the percentage of older persons with severe disabilities who receive home-delivered meals. (Outcome)	FY 2016: 41.3% Target: 45% (Target Not Met)	42.4%	42.4%	Maintain
3.6 The percentage of OAA clients served who live in poverty is 150% greater than the percent of all U.S. elders living below the poverty level. (Outcome)	FY 2016: 32.9% Target: 24.75% (Target Exceeded)	25.68%	24.6%	-1.08

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output G: Number of Home-Delivered meals served *(Output)*	FY 2016: 145.5 M	145.8 M	146.3 M	+0.5
Output H: Number of Congregate meals served *(Output)*	FY 2016: 79.4 M	76.3 M	75.3 M	-1
Outputs G & H: Total Number of Meals *(Output)*	FY 2016: 224.9 M	222.1 M	221.6 M	-0.5

Note: For presentation within the budget, ACL highlighted specific measures that are most directly related to Nutrition Services, however multiple performance outcomes are impacted by this program because ACL's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives.

Grant Awards Tables:

Congregate Nutrition Programs Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$7,961,029	$7,895,444	$7,949,510
Range of Awards	$278,636 - $45,370,530	$276,341 - $45,273,225	$278,233 - $45,873,334

Home-Delivered Nutrition Programs Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$4,018,820	$3,985,824	$4,013,118
Range of Awards	$140,659 - $23,603,150	$139,504 - $23,367,120	$140,459 - $23,563,890

Nutrition Services Incentive Program Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards/1	326	326	326
Average Award/2	$486,576	$482,798	$486,099
Range of Awards/2	$48,929 - $13,095,076	$48,540 - $12,990,961	$48,880 - $13,081,945

1/ Number of Awards includes 56 States and 270 Tribes
2/Grants to Tribes are excluded from the calculations for the average and the range of awards.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Congregate Nutrition Services (CFDA 93.045)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	6,654,431	6,587,887	6,654,840	66,953
Alaska	2,229,088	2,210,724	2,225,863	15,139
Arizona	9,496,851	9,486,544	9,642,414	155,870
Arkansas	4,121,928	4,080,709	4,069,935	(10,774)
California	45,730,530	45,273,225	45,873,334	600,109
Colorado	6,453,514	6,443,371	6,549,293	105,922
Connecticut	5,189,037	5,137,147	5,085,776	(51,371)
Delaware	2,229,088	2,210,724	2,225,863	15,139
District of Columbia	2,229,088	2,210,724	2,225,863	15,139
Florida	32,559,130	32,412,699	32,945,527	532,828
Georgia	11,632,730	11,557,295	11,747,284	189,989
Hawaii	2,229,088	2,210,724	2,225,863	15,139
Idaho	2,229,088	2,210,724	2,225,863	15,139
Illinois	17,113,676	16,942,539	16,773,114	(169,425)
Indiana	8,533,317	8,447,984	8,528,519	80,535
Iowa	5,030,686	4,980,379	4,930,575	(49,804)
Kansas	4,049,004	4,008,514	3,968,429	(40,085)
Kentucky	5,928,874	5,869,585	5,919,611	50,026
Louisiana	5,825,212	5,766,960	5,850,507	83,547
Maine	2,229,088	2,210,724	2,225,863	15,139
Maryland	7,536,434	7,461,070	7,560,656	99,586
Massachusetts	9,682,464	9,585,639	9,489,783	(95,856)
Michigan	13,877,129	13,738,358	13,861,656	123,298
Minnesota	7,138,238	7,066,856	7,169,422	102,566
Mississippi	3,856,890	3,818,321	3,850,228	31,907
Missouri	8,382,377	8,298,553	8,297,160	(1,393)
Montana	2,229,088	2,210,724	2,225,863	15,139
Nebraska	2,711,414	2,684,300	2,657,457	(26,843)
Nevada	3,691,325	3,687,941	3,748,567	60,626
New Hampshire	2,229,088	2,210,724	2,225,863	15,139

PROGRAM/CFDA NUMBER: Congregate Nutrition Services (CFDA 93.045)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	12,068,583	11,947,897	11,828,418	(119,479)
New Mexico	2,828,401	2,800,118	2,841,901	41,783
New York	28,674,216	28,387,474	28,103,599	(283,875)
North Carolina	13,228,258	13,122,845	13,338,570	215,725
North Dakota	2,229,088	2,210,724	2,225,863	15,139
Ohio	16,229,847	16,067,549	16,132,548	64,999
Oklahoma	5,029,929	4,979,630	5,006,303	26,673
Oregon	5,823,512	5,774,977	5,869,912	94,935
Pennsylvania	21,066,919	20,856,250	20,647,688	(208,562)
Rhode Island	2,229,088	2,210,724	2,225,863	15,139
South Carolina	6,914,007	6,897,813	7,011,205	113,392
South Dakota	2,229,088	2,210,724	2,225,863	15,139
Tennessee	8,879,923	8,791,124	8,901,904	110,780
Texas	28,860,736	28,725,579	29,197,796	472,217
Utah	2,741,809	2,739,691	2,784,728	45,037
Vermont	2,229,088	2,210,724	2,225,863	15,139
Virginia	10,481,870	10,380,715	10,551,363	170,648
Washington	9,241,311	9,214,326	9,365,800	151,474
West Virginia	3,272,888	3,240,159	3,207,757	(32,402)
Wisconsin	7,958,356	7,878,772	7,971,461	92,689
Wyoming	2,229,088	2,210,724	2,225,863	15,139
Subtotal, States	437,473,900	433,880,207	436,871,259	2,991,052
American Samoa	588,895	583,006	577,176	(5,830)
Guam	1,114,544	1,105,362	1,112,931	7,569
Northern Mariana Islands	278,636	276,341	278,233	1,892
Puerto Rico	5,247,083	5,194,612	5,220,050	25,438
Virgin Islands	1,114,544	1,105,362	1,112,931	7,569
Subtotal, States and Territories	445,817,602	442,144,890	445,172,580	3,027,690
Undistributed 1/	3,495,398	5,138,837	5,169,420	30,583
TOTAL	**449,313,000**	**447,283,727**	**450,342,000**	**3,058,273**

1/ Program Support – Includes funds for Older Americans Act statutory requirements, including program evaluation and disaster assistance; and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to States.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Home-Delivered Nutrition Services (CFDA 93.045)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	3,434,588	3,400,242	3,418,411	18,169
Alaska	1,125,270	1,116,031	1,123,673	7,642
Arizona	4,901,661	4,896,296	4,953,046	56,750
Arkansas	2,113,944	2,092,805	2,090,616	(2,189)
California	23,603,150	23,367,120	23,563,890	196,770
Colorado	3,330,888	3,325,620	3,364,194	38,574
Connecticut	2,555,699	2,530,142	2,534,498	4,356
Delaware	1,125,270	1,116,031	1,123,673	7,642
District of Columbia	1,125,270	1,116,031	1,123,673	7,642
Florida	16,804,923	16,729,184	16,923,224	194,040
Georgia	6,004,065	5,965,073	6,034,261	69,188
Hawaii	1,125,270	1,116,031	1,123,673	7,642
Idaho	1,125,270	1,116,031	1,123,673	7,642
Illinois	8,351,441	8,267,927	8,276,139	8,212
Indiana	4,404,348	4,360,305	4,380,869	20,564
Iowa	2,255,215	2,232,663	2,233,536	873
Kansas	1,931,835	1,912,517	1,921,849	9,332
Kentucky	3,060,102	3,029,501	3,040,743	11,242
Louisiana	3,006,599	2,976,533	3,005,247	28,714
Maine	1,130,464	1,119,159	1,125,114	5,955
Maryland	3,889,821	3,850,923	3,883,704	32,781
Massachusetts	4,718,223	4,671,041	4,697,792	26,751
Michigan	7,162,479	7,090,854	7,120,357	29,503
Minnesota	3,684,298	3,647,455	3,682,738	35,283
Mississippi	1,990,678	1,970,771	1,977,758	6,987
Missouri	4,290,047	4,247,147	4,262,026	14,879
Montana	1,125,270	1,116,031	1,123,673	7,642
Nebraska	1,261,576	1,248,960	1,256,147	7,187
Nevada	1,905,224	1,903,459	1,925,537	22,078
New Hampshire	1,125,270	1,116,031	1,123,673	7,642

PROGRAM/CFDA NUMBER: Home-Delivered Nutrition Services (CFDA 93.045)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	6,053,936	5,993,397	6,010,312	16,915
New Mexico	1,459,839	1,445,240	1,459,808	14,568
New York	13,344,159	13,210,717	13,235,717	25,000
North Carolina	6,827,574	6,773,101	6,851,662	78,561
North Dakota	1,125,270	1,116,031	1,123,673	7,642
Ohio	8,349,511	8,266,016	8,286,853	20,837
Oklahoma	2,590,327	2,564,424	2,571,602	7,178
Oregon	3,005,722	2,980,642	3,015,214	34,572
Pennsylvania	9,742,844	9,645,416	9,647,550	2,134
Rhode Island	1,125,270	1,116,031	1,123,673	7,642
South Carolina	3,568,565	3,560,172	3,601,466	41,294
South Dakota	1,125,270	1,116,031	1,123,673	7,642
Tennessee	4,583,244	4,537,412	4,572,667	35,255
Texas	14,896,051	14,826,149	14,998,116	171,967
Utah	1,415,145	1,414,038	1,430,439	16,401
Vermont	1,125,270	1,116,031	1,123,673	7,642
Virginia	5,410,065	5,357,804	5,419,949	62,145
Washington	4,769,769	4,755,795	4,810,957	55,162
West Virginia	1,512,100	1,496,979	1,485,785	(11,194)
Wisconsin	4,107,590	4,066,514	4,094,723	28,209
Wyoming	1,125,270	1,116,031	1,123,673	7,642
Subtotal, States	220,930,949	219,121,885	220,648,592	1,526,707
American Samoa	140,659	139,504	140,459	955
Guam	562,635	558,015	561,836	3,821
Northern Mariana Islands	140,659	139,504	140,459	955
Puerto Rico	2,716,380	2,689,216	2,681,398	(7,818)
Virgin Islands	562,635	558,015	561,836	3,821
Subtotal, States and Territories	225,053,917	223,206,139	224,734,580	1,528,441
Undistributed 1/	$1,769,083	2,591,981	2,607,420	15,439
TOTAL	**226,823,000**	**225,798,120**	**227,342,000**	**1,543,880**

1/ Program Support –includes funds for Older Americans Act statutory requirements, including program evaluation and disaster assistance; and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to States.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Nutrition Services Incentive Program (CFDA 93.053)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY2018
Alabama	3,261,707	3,235,775	3,258,437	22,662
Alaska	482,222	478,388	481,739	3,351
Arizona	1,749,512	1,735,602	1,747,758	12,156
Arkansas	2,473,090	2,453,427	2,470,610	17,183
California	13,095,076	12,990,961	13,081,945	90,984
Colorado	1,381,678	1,370,693	1,380,293	9,600
Connecticut	1,549,754	1,537,433	1,548,200	10,767
Delaware	736,785	730,927	736,046	5,119
District of Columbia	787,624	781,362	786,834	5,472
Florida	6,116,211	6,067,583	6,110,078	42,495
Georgia	2,853,558	2,830,870	2,850,697	19,827
Hawaii	484,828	480,974	484,342	3,368
Idaho	800,430	794,066	799,628	5,562
Illinois	5,771,528	5,725,641	5,765,741	40,100
Indiana	1,402,692	1,391,540	1,401,286	9,746
Iowa	1,673,647	1,660,341	1,671,969	11,628
Kansas	2,286,817	2,268,635	2,284,524	15,889
Kentucky	1,639,806	1,626,769	1,638,162	11,393
Louisiana	3,408,033	3,380,937	3,404,615	23,678
Maine	595,649	590,913	595,052	4,139
Maryland	1,627,181	1,614,244	1,625,549	11,305
Massachusetts	6,704,959	6,651,650	6,698,236	46,586
Michigan	7,676,756	7,615,720	7,669,058	53,338
Minnesota	1,798,504	1,784,204	1,796,700	12,496
Mississippi	1,520,183	1,508,096	1,518,659	10,563
Missouri	3,981,217	3,949,563	3,977,225	27,662
Montana	1,207,247	1,197,648	1,206,036	8,388
Nebraska	1,118,879	1,109,983	1,117,757	7,774
Nevada	1,542,779	1,530,513	1,541,232	10,719
New Hampshire	1,332,416	1,321,823	1,331,080	9,257
Michigan	7,676,756	7,615,720	7,669,058	53,338
Minnesota	1,798,504	1,784,204	1,796,700	12,496
Mississippi	1,520,183	1,508,096	1,518,659	10,563
Missouri	3,981,217	3,949,563	3,977,225	27,662

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY2018
Montana	1,207,247	1,197,648	1,206,036	8,388
Nebraska	1,118,879	1,109,983	1,117,757	7,774
Nevada	1,542,779	1,530,513	1,541,232	10,719
New Hampshire	1,332,416	1,321,823	1,331,080	9,257

PROGRAM/CFDA NUMBER: Nutrition Services Incentive Program (CFDA 93.053)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	3,558,963	3,530,667	3,555,394	24,727
New Mexico	2,328,708	2,310,193	2,326,373	16,180
New York	16,520,198	16,388,848	16,503,629	114,781
North Carolina	3,295,202	3,269,003	3,291,898	22,895
North Dakota	805,159	798,758	804,352	5,594
Ohio	5,678,193	5,633,048	5,672,500	39,452
Oklahoma	2,058,212	2,041,847	2,056,148	14,301
Oregon	1,889,136	1,874,116	1,887,241	13,125
Pennsylvania	6,349,218	6,298,737	6,342,851	44,114
Rhode Island	424,242	420,869	423,817	2,948
South Carolina	1,701,588	1,688,060	1,699,882	11,822
South Dakota	885,224	878,186	884,336	6,150
Tennessee	1,628,108	1,615,164	1,626,476	11,312
Texas	11,447,247	11,356,233	11,435,768	79,535
Utah	1,307,393	1,296,998	1,306,082	9,084
Vermont	810,909	804,462	810,096	5,634
Virginia	2,019,748	2,003,690	2,017,723	14,033
Washington	2,248,459	2,230,582	2,246,205	15,623
West Virginia	1,520,860	1,508,769	1,519,336	10,567
Wisconsin	2,795,630	2,773,403	2,792,827	19,424
Wyoming	855,934	849,129	855,076	5,947
Subtotal, States	151,189,099	149,987,043	151,037,498	1,050,455
American Samoa	135,436	134,360	135,301	941
Guam	400,139	396,957	399,738	2,781
Northern Mariana Islands	48,929	48,540	48,880	340
Puerto Rico	2,932,078	2,908,766	2,929,138	20,372
Virgin Islands	182,777	181,324	182,594	1,270
Subtotal, States and Territories	154,888,458	153,656,990	154,733,149	1,076,159
Grants to Tribes	3,735,161	3,735,161	3,735,161	-
USDA Transfer Adjustment/2	*2,553,916*			
Undistributed 1/	$1,078,297	1,589,820	1,600,690	10,870
TOTAL	**157,148,000**	**158,981,971**	**160,069,000**	**1,087,029**

1/ Program Support –includes funds for OAA statutory requirements, including program evaluation and disaster assistance; and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to States.
2/State levels include transfers for distributions of commodities which are provided by USDA to grantees, in FY 2017 the amount that was transferred out is shown for comparability purposes.

Preventive Health Services

Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Preventive Health	$19,802	$19,713	$24,848	+$5,135

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 361 of the Older Americans Act of 1965, as amended

FY 2018 Older Americans Act Authorization.....$20,803,107

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Preventive Health Services, established in 1987, provides formula grants to States and Territories to support evidence-based programs that educate older adults about the importance of healthy lifestyles and promote healthy behaviors that can help prevent chronic disease and disability, thereby reducing the need for more costly medical interventions. Preventive Health Services funding is allocated to States and Territories based on their share of the population age 60 and over, and the program provide flexibility to allocate resources to best meet local needs. Priority has been given to providing access to programs for elders living in medically underserved areas of their state or who have the greatest economic need.

Due in large part to advances in public health and medical care, Americans are leading longer and more active lives. On average, an American turning age 65 today can expect to live an additional 19.4 years.[49] The population of older Americans is also growing, particularly the population age 85 and over, which is projected to grow from 6.4 million in 2016 to 9.1 million by the year 2030.[50] One consequence of this increased longevity is a higher incidence of chronic diseases such as

[49] Kochanek KD, Murphy SL, Xu JQ, Arias E. Mortality in the United States, 2016. NCHS Data Brief, no 293. Hyattsville, MD: National Center for Health Statistics. 2017. https://www.cdc.gov/nchs/products/databriefs/db293.htm.

[50] U.S. Census Bureau, "2014 National Population Projections," Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060. Released December 2014, http://www.census.gov/population/projections/data/national/2014/downloadablefiles.html. Accessed 02 January 2018. U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2016: Released June 2017, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk. Accessed 02 January 2018.

obesity, arthritis, diabetes, osteoporosis, and depression, as well as the greater probability of injury from a fall, which quickly limits physical activity.

To ensure the best use of limited funds, in FY 2012 ACL requested and Congress enacted appropriations language requiring states and territories to use their Preventive Health funds only on evidence-based programs that have been proven to enhance the wellness and fitness of older adults. The same language has been included in each subsequent year's appropriations language.

Evidence-based programs are interventions that have been proven through randomized control trials to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. Examples of evidence-based interventions include:

- *Self-Management Programs*: Chronic Disease Self-Management Education (CDSME) programs are low-cost, disease prevention models that use state-of-the-art techniques and employ leaders in the community to help individuals with chronic disease address issues related to the management and treatment of their condition, improve their health status, and reduce their need for more costly medical care. CDSME programs have been shown to be effective at helping participants adopt healthy behaviors and improve their psychological and physical health status. Some evidence suggests that CDSME programs may also significantly reduce the use of hospital care and physician services, as well as reduce health care costs.

- *Physical Activity Programs*: Physical activity programs are multi-component group exercise programs designed for community-based organizations to promote physical activity among older adults. Components may include strength training using soft wrist and ankle weights; cardiovascular workouts using dancing, aerobics, or walking; and balance and posture exercises. Becoming more physically active has many positive benefits such as increased mobility and function, decreased pain and depression, and lower risk of type 2 diabetes, hypertension, coronary heart disease, obesity, and some cancers.

- *Medication Management Programs*: Medication management programs focus on reviewing the multitude of medications that older adults are prescribed, focusing especially on high-risk medications. Medication management programs have been shown to reduce cardiovascular problems and unnecessary duplication of prescriptions. These programs have also been shown to improve medication usage rates and decrease medication errors among older adults.

- *Falls Prevention Programs:* Falls prevention programs help participants improve strength, balance, and mobility; provide education on avoiding falls and reduce fall risk factors; involve medication reviews and modifications; provide referrals for medical care management for fall risk factors; and provide home assessments to identify and reduce environmental hazards.

- *Depression Care Management:* Depression is not a normal part of aging, yet it is a prevalent and disabling condition among older adults. Older adults with depression visit the doctor and emergency room more frequently, use more medication, stay longer in the hospital, and have substantially higher total health care costs than those without depression. Cost-effective, evidence-based interventions have been shown to reduce depressive symptoms and improve quality of life in older adults.

Funding History:

Funding for Preventive Health Services over the past five years is as follows:

FY 2015 .....$19,848,000
FY 2016 .....$19,848,000
FY 2017 .....$19,802,000
FY 2018 Annualized CR.....$19,713,212
FY 2019 President's Budget $24,848,000

Budget Request:

The FY 2019 request for Preventive Health Services is $24,848,000, an increase of $5,135,000 above the FY 2018 Annualized Continuing Resolution level. ACL proposes consolidating the Chronic Disease Self-Management Program and the Falls Prevention program into the Preventive Health Services program. This newly consolidated program would provide states the flexibility to target funding to the greatest areas of need in their communities, increasing the ability of States to focus resources where they are most needed.

ACL is proposing a new general provision that would build on existing flexibility and give States the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to achieve the funding distribution that best addresses their individual State's unique needs.

ACL will continue to provide guidance regarding what meets the evidence-based requirement. ACL uses a graduated or tiered set of criteria for defining evidence-based interventions implemented through the OAA. The OAA Title III-D webpage contains definitions of evidence-based interventions, frequently asked questions, and program examples.[51] Grantees can use the

Title III-D Highest-Tier Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart[52] on the site to search the 45+ highest-level criteria programs listed.

Underscoring the need for these programs, the 2017 National Survey of OAA Participants found that between 67 and 88 percent of clients across OAA services take three or more different prescription medications every day.[53] In addition, between 19 and 38 percent of clients across OAA services reported having stayed overnight in a hospital in the past 12 months.[54] Preventive Health Services funding has enabled the Aging Services Network to help older adults control their medications and health through the implementation of evidence-based DPHP programs. Over 72 percent of clients across OAA services report learning how to take care of a chronic illness or medical condition during the past year.[55] Four to thirteen percent of respondents, representing over 200,000 OAA clients, reported that they learned through a group class.[56]

Each of the evidence-based programs for which states could use these funds have been rigorously evaluated and found to be effective. By requiring states to use funding for one or more of these programs, ACL seeks to maximize the impact of this funding by providing benefits to individuals and achieving savings due to reduced medical costs. At the same time, states would continue to have the flexibility to use funding provided under the Home and Community-Based Supportive Services program to fund related health services, such as health screenings and physical fitness programs that do not meet these evidence-based requirements.

[51] https://www.acl.gov/programs/health-wellness/disease-prevention

[52] http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Title-IIID-Highest-Tier-Evidence-FINAL.pdf

[53] 2017 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

[54] Id

[55] Id

[56] Id

Output Table:

Preventive Health Services

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output AB: The number of people served with health and disease prevention programs. *(Output)*	FY 2016: 1.4 M	1.4 M	1.5 M	+0.1

Grant Awards Tables:

Preventive Health Services Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$351,147	$348,501	$439,277
Range of Awards	$12,290 - $1,976,890	$12,198 - $1,957,121	$15,375 - $2,579,311

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Preventive Health Services (CFDA 93.043)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	308,926	305,837	374,180	68,343
Alaska	98,321	97,580	122,998	25,418
Arizona	391,781	393,526	542,162	148,636
Arkansas	196,188	194,226	228,839	34,613
California	1,976,890	1,957,121	2,579,311	622,190
Colorado	266,214	267,277	368,246	100,969
Connecticut	242,170	239,748	277,427	37,679
Delaware	98,321	97,580	122,998	25,418
District of Columbia	98,321	97,580	122,998	25,418
Florida	1,444,234	1,429,792	1,852,421	422,629
Georgia	479,862	479,408	660,512	181,104
Hawaii	98,321	97,580	122,998	25,418
Idaho	98,321	97,580	122,998	25,418
Illinois	779,954	772,154	905,909	133,755
Indiana	396,043	392,083	479,531	87,448
Iowa	215,352	213,198	244,484	31,286
Kansas	177,748	175,971	210,366	34,395
Kentucky	271,061	268,350	332,841	64,491
Louisiana	274,184	271,442	328,955	57,513
Maine	98,321	97,580	123,155	25,575
Maryland	334,873	331,524	425,111	93,587
Massachusetts	431,595	427,279	514,222	86,943
Michigan	643,495	637,060	779,396	142,336
Minnesota	314,419	311,275	403,114	91,839
Mississippi	181,971	180,151	216,486	36,335
Missouri	392,454	388,529	466,523	77,994
Montana	98,321	97,580	122,998	25,418
Nebraska	115,812	114,654	137,498	22,844
Nevada	152,271	152,979	210,770	57,791
New Hampshire	98,321	97,580	122,998	25,418

PROGRAM/CFDA NUMBER: Preventive Health Services (CFDA 93.043)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	575,762	570,004	657,890	87,886
New Mexico	118,125	116,944	159,791	42,847
New York	1,276,434	1,263,670	1,448,786	185,116
North Carolina	545,679	544,349	749,985	205,636
North Dakota	98,321	97,580	122,998	25,418
Ohio	775,056	767,305	907,081	139,776
Oklahoma	238,697	236,310	281,488	45,178
Oregon	240,226	239,552	330,046	90,494
Pennsylvania	944,437	934,993	1,056,024	121,031
Rhode Island	98,321	97,580	122,998	25,418
South Carolina	285,210	286,128	394,218	108,090
South Dakota	98,321	97,580	122,998	25,418
Tennessee	386,485	382,620	500,525	117,905
Texas	1,190,534	1,191,565	1,641,698	450,133
Utah	113,103	113,646	156,576	42,930
Vermont	98,321	97,580	122,998	25,418
Virginia	449,644	445,148	593,269	148,121
Washington	381,213	382,219	526,609	144,390
West Virginia	141,994	140,574	162,634	22,060
Wisconsin	362,965	359,335	448,210	88,875
Wyoming	98,321	97,580	122,998	25,418
Subtotal, States	19,291,234	19,146,486	24,152,265	5,005,779
American Samoa	12,290	12,198	15,375	3,177
Guam	49,161	48,790	61,499	12,709
Northern Mariana Islands	12,290	12,198	15,375	3,177
Puerto Rico	250,119	247,618	293,507	45,889
Virgin Islands	49,161	48,790	61,499	12,709
Subtotal, States and Territories	19,664,255	19,516,080	24,599,520	5,083,440
Undistributed 1/	137,745	$197,132	$248,480	51,348
TOTAL	**19,802,000**	**19,713,212**	**24,848,000**	**5,134,788**

1/ Program Support –Includes funds for Older Americans Act statutory requirements, including program evaluation and disaster assistance; and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to States.

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Chronic Disease Self-Management Education

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2018 President's Budget	FY 2019 +/- FY 2018
CDSME -PPHF	$8,000	$7,223	$0	-$7,223

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended

FY 2019 Older Americans Act ..... No specific amount authorized

Allocation Method .....Competitive Grants/Cooperative Agreements and Contracts

Program Description and Accomplishments:

Chronic Disease Self-Management Education (CDSME) programs are low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management and treatment of their condition, build self-confidence, improve their health status, and reduce their need for more costly medical care. Funds support competitive grants to States, as well as related technical assistance and evaluation activities, including a National Resource Center.

In the United States, over 76 percent of Medicare beneficiaries have multiple (two or more) chronic conditions,[57] placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement.[58] Chronic conditions also impact health care costs, as 93 percent of Medicare expenditures are for beneficiaries with chronic conditions.[59]

Funding History:

Funding for Chronic Disease Self-Management Education over the past five years is as follows:

[57] Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [data tables 2.5a]. http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables-Items/2013CNP.html. Accessed 02 January 2018.

[58] Vogeli C, Shields AE, Lee TA, Gibson TB, Marder WD, Weiss KB, Blumenthal D. Multiple chronic conditions: prevalence, health consequences, and implications for quality, care management, and costs. J Gen Intern Med 2007; 22 (Suppl 3):391–395. http://www. ncbi.nlm.nih.gov/pmc/articles/PMC2150598. Also, Parekh, A.K., et al. 2011. Managing Multiple Chronic Conditions: a Strategic Framework for Improving Health Outcomes and Quality of Life, Public Health Rep. 126(4):460–71.

[59] Nawrocki J. CMS Provides Data on Care for Chronic Conditions to Find Better Care Models. NetNews. April 2, 2013 http://health.wolterskluwerlb.com/2013/04/cms-provides-data-on-care-for-chronic-conditions-to-help-find-better-care-models/

FY 2015 .....$8,000,000
FY 2016 .....$8,000,000
FY 2017 .....$8,000,000
FY 2018 Annualized CR.....$7,223,000
FY 2019 President's Budget.....$0

Budget Request:

The FY 2019 Budget consolidates this activity into the Preventive Health Services program. In addition, ACL is requesting a new general provision to appropriations language to build on existing flexibilities by giving States the ability to transfer up to 100 percent of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to best address their individual State's needs. The shift in authority will allow States to expand on or shrink existing CDSME programs in order to best meet the challenges within their State.

Outcomes and Outputs Table:

Chronic Disease Self-Management Education

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2018 Target**	**FY 2019 Target**	**FY 2019 Target +/-FY 2018 Target**
CD2 Increase the percentage of individuals who complete the CDSME program. (Outcome)	FY 2016: 74% Target: 75% (Target Not Met but Improved)	73%	Discontinued	N/A

Indicator	**Year and Most Recent Result /**	**FY 2018 Projection**	**FY 2019 Projection**	**FY 2019 Projection +/-FY 2018 Projection**
Output CD1: Total number of individuals with chronic conditions completing the CDSME program. *(Output)*	FY 2016: 37,750	21,800	Discontinued	+8,200

Grant Awards Table:

Chronic Disease Self-Management Education Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	-
Average Award	$574,742	$830,111	-
Range of Awards	$150,000 - $1,000,000	$150,000 - $1,000,000	-

Resource and Program Data:

Chronic Disease Self-Management Education
(Dollars in Thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants: Formula	--	--	--	--	--	--
New Discretionary	9	6,457	11	6,426	--	--
Continuations	1	1,000	1	1,000	--	--
Contracts	1	291	1	291	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	252	--	283	--	--
Total Resources	--	8,000	--	8,000	--	--

1/Program Support – Includes funds for overhead, grant systems and review costs, and technology support costs.

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Falls Prevention

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Falls Prevention - PPHF	$5,000	$4,515	$0	-$4,515

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended

FY 2018 Older Americans Act Authorization ..... No specific amount authorized

Allocation Method .....Competitive Grants/Cooperative Agreements and Contracts

Program Description and Accomplishments:

Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over.[60] Many people limit their activity after a fall, which may reduce strength, physical fitness, and mobility.[61] Falls can also result in significant loss of independence and often trigger the onset of a series of growing needs. Americans over age 75 who fall are more than four times more likely to be admitted to a skilled nursing facility.[62] Even without a major injury, falls can cause an older adult to become fearful or depressed, making it difficult for them to stay active, which in turn increases the need for assistance.

Falls prevention programs help participants improve strength, balance, and mobility and provide education on how to avoid falls and reduce fall risk factors. These programs also may involve medication reviews and modifications; provide referrals for medical care management for selected fall risk factors; and provide home hazard assessments of ways to reduce environmental hazards. Since September 2014, more than 46,000 older adults across 24 states have been served via ACL-supported falls prevention/management programs, including A Matter of Balance, Stepping On, and Tai Chi: Moving for Better Balance.

Evidence-based community falls prevention/management programs have clearly demonstrated a reduction in falls through randomized controlled trials. For example, when compared with control groups, the risk of falling for participants in the Tai Chi: Moving for Better Balance intervention

[60] Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;65:993–998. https://www.cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm?s_cid=mm6537a2_w

[61] Vellas BJ, Wayne SJ, Romero LJ, Baumgartner RN, Garry PJ. Fear of falling and restriction of mobility in elderly fallers. Age and Ageing 1997;26:189–193.

[62] Donald IP, Bulpitt CJ. The prognosis of falls in elderly people living at home. Age and Ageing 1999;28:121–5

decreased by 55 percent;[63] and the Stepping On program reduction was 31 percent.[64] Matter of Balance is an evidence-based program designed to reduce the fear of falling and increase activity levels among older adults. Research has shown significant improvements for participants regarding their level of falls management (the degree of confidence participants perceive concerning their ability to manage the risk of falls and of actual falls); falls control (the degree to which participants perceive their ability to prevent falls); level of exercise; and social limitations with regard to concern about falling.[65]

In addition to reducing falls; these community-based interventions are proven to be cost-effective. Matter of Balance participation has been associated with total medical cost savings, and cost savings in the unplanned inpatient, skilled nursing facility, and home health settings. Participation was associated with a -$938 per participant decrease in total medical costs per year. This finding includes a -$517 reduction in unplanned hospitalization costs, a -$234 reduction in skilled nursing facility costs, and an -$81 reduction in home health costs.[66] Additionally, a 2014 cost-benefit analysis found that the benefits from community-based falls prevention interventions covered their implementation costs and exceeded direct medical costs, resulting in a return on investment (ROI) of 64% for Stepping On, and an ROI of 509 percent for Tai Chi: Moving for Better Balance.[67]

Funding History

Funding for Falls Prevention over the past five years is as follows:

FY 2015 .....$5,000,000
FY 2016 .....$5,000,000
FY 2017 .....$5,000,000
FY 2018 Annualized CR.....$4,515,000
FY 2019 President's Budget $0

Budget Request:

The FY 2019 Budget consolidates the Falls Prevention program into the Preventive Health Services program. ACL is requesting a new general provision to build on existing flexibility by giving States the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to achieve the funding

[63] Fuzhong L, Harmer P, Fisher JK, Mcauley E. Tai Chi: Improving Functional Balance and Predicting Subsequent Falls in Older Persons. Med Sci Sports Exerc. (2004) 36 (12): 2046-2052.

[64] Clemson L, Cumming RG, Kendig H, Swann M, Heard R, Taylor K. The Effectiveness of a Community-Based Program for Reducing the Incidence of Falls in the Elderly: A Randomized Trial. J Am Geriatr Soc. (Sept 2004) 52 (9): 1487–1494.

[65] Healy, T.C., Peng, C., Haynes, P., McMahon, E., Botler, J., & Gross, L. (2008). The feasibility and effectiveness of translating A Matter of Balance into a volunteer lay leader model. Journal of Applied Gerontology, 27(1): 34-51.

[66] http://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf

[67] Carande-Kulis, V., et al., A cost–benefit analysis of three older adult fall prevention interventions, Journal of Safety Research (2015), http://dx.doi.org/10.1016/j.jsr.2014.12.007. Accessed March 23, 2015.

distribution that best addresses their individual State's unique needs. This shift in authority will allow states to expand on or shrink existing Falls Prevention programs in order to best meet the challenge within their state.

Grant Awards Table:

Falls Prevention Program Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	9	11	-
Average Award	$529,287	$433,102	-
Range of Awards	$468,018-$600,000	$468,018-$600,000	-

Resource and Program Data:

Falls Prevention
(Dollars in Thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	8	4,164	10	4,164	--	--
Continuations	1	600	1	600	--	--
Contracts	1	203	1	203	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	33	--	33	--	--
Total Resources	--	5,000	--	5,000	--	--

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Native American Nutrition and Supportive Services

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Native American Nutrition & Supportive Services	$31,136	$30,996	$31,208	+$212

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Sections 201, 613, and 623 of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization.....$32,601,843

Allocation Method.....Formula Grant

Program Description and Accomplishments:

Native American Nutrition and Supportive Services provides grants to eligible tribal organizations to promote the delivery of Nutrition and Home and Community-Based Supportive Services to Native American, Alaskan Native, and Native Hawaiian elders. An estimated 895,000 people age 60 and over identify themselves as Native American or Alaskan Native alone or in combination with another racial group.[68] Over 520,000 of those elders identify as Native American or Alaskan Native with no other racial group.[69]

Native American Nutrition and Supportive Services grants support a broad range of services to older Native Americans, including adult day care; transportation; congregate and home-delivered meals; information and referral; and personal care, chore, and other supportive services. Currently ACL's congregate meal program reaches 43 percent of eligible Native American seniors in participating Tribal organizations, home-delivered meals reach 19 percent of such persons, and supportive services reach 65 percent of such persons. These programs, which help to reduce the need for costly nursing home care and medical interventions, are responsive to the cultural traditions of Native American communities and represent an important part of each community's comprehensive services.

[68] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origen for the United States: April 1, 2010 to July 1 2016. Released June 2017, https://factfinder.census.gov/bkmk/table/1.0/en/PEP/2015/PEPASR5H?slice=year~est72015. Accessed January 2018.

[69] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2016. Released June 2017, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk. Accessed January 2018.

Services provided by this program in FY 2016 (the most recent year for which data are available) include:

- *Transportation Services,* which provided over 1,000,000 rides to meal sites, medical appointments, pharmacies, grocery stores, and other critical daily activities.[70]

- *Home-Delivered Nutrition Services,* under which 2.5 million meals were provided to 20,300 home bound Native American elders. The program also provides critical social contacts that help to reduce the risk of depression and isolation experienced by many home-bound Native American elders.[71]

- *Congregate Nutrition Services,* which provided 2.6 million meals to nearly 59,000 Native American elders in community-based settings, as well as an opportunity for elders to socialize and participate in a variety of activities, including cultural and wellness programs.[72]

- *Information, Referral and Outreach Services,* which provided nearly 922,000 hours of outreach and information on services and programs to Native American elders and their families, thereby empowering them to make informed choices about their service and care needs.[73]

The Native American Nutrition and Supportive Services program also provides training and technical assistance to Tribal organizations to support the development of comprehensive and coordinated systems of services to meet the needs of Native American elders. Training and technical assistance is provided through national meetings, site visits, website, e-newsletters, telephone and written consultations, and through the Native American Resource Centers (funded under Aging Network Support Activities).

Eligible Tribal organizations receive nutrition and supportive services formula grants based on their share of the American Indian, Alaskan Native, and Native Hawaiian population age 60 and over. Tribal organizations must represent at least 50 Native American elders age 60 and over to receive funding. There is no requirement for matching funds. In addition, Tribes may decide the age at which a member is considered an elder and thus eligible for services. In FY 2017, grants were awarded to 270 Tribal organizations (representing 400 Tribes and villages), including one organization serving Native Hawaiian elders.

[70] ACL's OAA Title VI Program Performance Report, PY 2016

[71] Id

[72] Id

[73] Id

Funding History:

Funding for Native American Nutrition and Supportive Services over the past five years is as follows:

FY 2015 .....$26,158,000
FY 2016 .....$31,158,000
FY 2017 .....$31,136,000
FY 2018 Annualized CR.....$30,996,066
FY 2019 President's Budget $31,208,000

Budget Request:

The FY 2019 request for Native American Nutrition and Supportive Services is $31,208,000, which is an increase of $212,000 above the FY 2018 Annualized Continuing Resolution. Native American Nutrition and Supportive Services, like the same services that Home and Community-Based Supportive Services and Nutrition Services fund for States, help to postpone the need for much more expensive institutional services. The services provided using these funds, particularly adult day care, personal care, chore services, and home-delivered meals, also aid Native American caregivers, who might otherwise have to be even more intensely involved with the care of their loved ones, at the risk of their own health and careers.

At the FY 2019 request level, these services will provide over 1,000,000 rides, 2.78 million meals at home, and 2.7 million meals at congregate sites to over 98,000 Native American seniors.[74]

In FY 2019, the targeted number of units of service, such as home-delivered meals and transportation trips, provided to Native Americans per thousand dollars of ACL funding is projected at 300, a 36 percent increase over the FY 2002 base of 220. Over the past several years Native American services have generally met or exceeded their efficiency and output targets for meals and trips due in part to increased contributions from tribal organizations.

The strength of the Older Americans Act is that it gives Tribes the ability to define needs from the bottom up and the flexibility to direct funding accordingly to meet best meet these needs. In FY 2019, ACL is proposing a new general provision to build on existing flexibility, by giving Tribes the ability to transfer nearly all of the funds they receive for Native American Nutrition and Support Services and Native American Caregiver Services between these programs to achieve the funding distribution that best addresses their individual Tribe's unique needs.

[74] Id

Outcomes and Outputs Table:

Native American Nutrition & Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
1.3 For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding. (Efficiency)	FY 2016: 269 Target: 304 (Target Not Met)	303	300	-3

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output L: Transportation Services units *(Output)*	FY 2016: 1.05 M	1.06 M	1.08 M	+0.02 M
Output M: Home-Delivered Nutrition meals *(Output)*	FY 2016: 2.5 M	2.77 M	2.78 M	+0.01M
Output N: Congregate Nutrition meals *(Output)*	FY 2016: 2.6 M	2.7 M	2.7 M	Maintain
Output O: Information, Referral and Outreach units *(Output)*	FY 2016: 921,611	890,000	885,000	-5,000

Grant Awards Table:

Native American Nutrition & Supportive Services Formula Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	271	271	271
Average Award	$112,272	$111,634	$112,417
Range of Awards	$73,990-$1,505,000	$73,990-$1,505,000	$73,990-$1,505,000

Resource and Program Data:

Native American Nutrition and Supportive Services
(Dollars in Thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants: Formula	270	30,276	270	30,103	270	30,315
New Discretionary	--	--	1	150	--	--
Continuations	1	150	--	--	1	150
Contracts	1	601	1	627	1	627
Interagency Agreements	--	--	--	--	--	--
Program Support 1/	--	110	--	116	--	116
Total Resources	--	31,136	--	30,996	--	31,208

1/ Program Support -- Includes funds for Older Americans Act statutory requirements, grant systems and review, and information technology support costs.

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Aging Network Support Activities

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Aging Network Support Activities	$9,938	$9,893	$8,998	-$895

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 202, 215, and 411 of the Older Americans Act of 1965, as amended

FY 2019 Older Americans Act Authorization ..... Multiple—See Titles II and IV

Allocation Method .....Competitive Grants/Co-operative Agreements and Contracts

Program Description and Accomplishments:

The Aging Network Support Activities program provides competitive grants and contracts to support ongoing activities of national significance that help seniors and their families to obtain information about their care options and benefits; the program provides technical assistance to help States, Tribes, and community providers of aging services to develop service systems that help older people remain independent and able to live in their own homes and communities. These activities provide critical and ongoing support for the national aging services network and help support the activities of ACL's core service delivery programs.

Competitive grants, cooperative agreements, and contracts for Aging Network Support Activities are awarded to eligible public or private agencies, tribal organizations, States, Area Agencies on Aging (AAAs), institutions of higher learning, and other organizations representing and/or serving older people, including faith-based organizations. Grantees are generally asked to provide a match equal to 25 percent of the project's total cost. Project proposals are reviewed by external experts and project awards are made for periods of one to five years. In FY 2017, Aging Network Support Activities funded 28 grants with an average award of $345,719. These activities are described below.

National Eldercare Locator and Engagement

Older Americans and their caregivers face a complicated array of choices and decisions about health care, pensions, insurance, housing, financial management, and long-term care. The Eldercare Locator, created in 1991, helps seniors and their families navigate this complex environment by connecting those needing assistance with State and local agencies on aging that serve older adults and their caregivers. The Eldercare Locator can be accessed through a toll-free nationwide telephone line (800-677-1116) or website (http://www.eldercare.gov). The phone line and website both connect those in need to providers in every zip code in the nation. The Eldercare Locator website continues to grow as a resource for older adults and their caregivers, serving 871,362 individuals in 2016. This service is supplemented by an Information and Referral Support Center which provides technical assistance and standards for the development of effective information and assistance systems.

A growing body of research also suggests there is a correlation between social engagement and positive mental and physical outcomes in older adults. ACL is interested in expanding the reach of the Aging Services network to more effectively assist older adults to remain socially engaged and active. The Engagement and Older Adults Resource Center provides technical assistance and serves as a repository for innovations designed to increase the aging network's ability to tailor social engagement activities to meet the needs of older adults.

National Alzheimer's Call Center

The National Alzheimer's Call Center is a national information and counseling service for persons with Alzheimer's disease, their family members, and informal caregivers. As part of the consolidation of Alzheimer's activities into a single program line the Call Center is being transferred to the Alzheimer's Disease Program line.

Pension Counseling and Retirement Information

The Pension Counseling program, assists older Americans in accessing information about their retirement benefits and helps them negotiate with former employers or pension plans for due compensation. Currently there are approximately 700,000 private (as well as thousands of public) pension and retirement plans in the United States. Given that an employee may have worked for several employers, and these employers may have merged, sold their plans, or gone bankrupt, it is very difficult for the average person to know where to go to get help in finding out whether he or she is receiving all of their pension benefits. ACL currently funds six regional counseling projects covering 30 states. In 2016 pension counseling projects recovered $11.4 million and helped 3,812 people, data for the program show that:

- Pension Counseling projects have successfully recovered over $228 million in client benefits, representing a return of more than nine dollars for every Federal dollar invested in the program.

- Projects have directly served over 59,000 individuals by providing hands-on assistance in pursuing claims through administrative appeals processes, helping seniors to locate pension plans "lost" as a result of mergers and acquisition, answering queries about complex plan provisions, and making targeted referrals to other professionals for assistance.

By producing fact sheets and other publications, hosting websites, and conducting outreach, education and awareness efforts, Pension Counseling projects also provide indirect services to tens of thousands of seniors and their families.

ACL also supports the National Education and Resource Center on Women and Retirement Planning, which provides access to a one-stop gateway that integrates financial information and resources on retirement planning for health and long-term care. This project has made user-friendly financial education and retirement planning tools available to traditionally hard-to-reach individuals, including low-income women, women of color, women with limited English speaking proficiency, rural, and other "underserved" individuals. Information is offered through financial

and retirement planning programs, workshops tailored to meet women's special needs, and published in hard copy and web-based formats. Since its establishment, the Center has conducted approximately 200 workshops per year on strategies to access financial and retirement planning information. It has developed and published over 175 Fact Sheets tailored to the specific needs of hard-to-reach women and maintains an interactive web site.

National Resource Centers on Native American Elders

The National Resource Centers on Native American Elders enhance knowledge about older Native Americans and thereby improve the delivery of services to them. Each resource center addresses at least two areas of primary concern which are specified in the OAA. These include health issues, long-term care (including in-home care), elder abuse, mental health, and other problems and issues facing Native communities. The Resource Centers are administered under cooperative agreements by institutions of higher education. The resource centers partner with Native American organizations and communities, educational institutions (including tribal colleges and universities), and professionals and paraprofessionals in the field. Each Resource Center has specialized areas of interest. For example, the University of North Dakota Resource Center has assisted Title VI grantees in assessing needs of tribal elders to determine program planning and direction. This process has led to the development of a database of information about American Indian, Alaska Native and Native Hawaiian Elders. The University of Hawaii Resource Center has focused on long-term care needs of Native Hawaiian Elders. The University of Alaska Resource Center has focused on elder abuse and neglect issues within Native American or Alaskan Native communities.

National Minority Aging Organizations Technical Assistance Centers

The National Minority Aging Organizations (NMAO) Technical Assistance Centers program works to reduce or eliminate health disparities among racial, ethnic, and other minority older individuals. These centers design and disseminate front line health promotion and disease prevention information that is culturally and linguistically appropriate for older individuals of African American, Hispanic, Asian American and Pacific Islander descent, American Indian and Alaska Native elders, as well as for older lesbian, gay, bisexual, and transgender (LGBT) adults.

Each NMAO project pilots a practical, nontraditional, community-based intervention for reaching older individuals who experience barriers to accessing home and community-based services. Interventions are focusing on barriers due to language and low literacy. Strategies developed under this program incorporate the latest technology and facilitate the generation and dissemination of knowledge in forms that can assist minority older individuals to practice positive health behaviors and strengthen their capacity to maintain active, independent life styles. Examples of products resulting from these grants include a chronic disease self-management curriculum and manual tailored for racial and ethnic minority seniors, a series of bilingual Influenza Vaccination Promotion materials, a referral database of Chronic Disease Self-Management Education (CDSME) workshops, and a culturally appropriate caregiver manual/toolkit for American Indian and Alaskan Native caregivers caring for elders with dementia.

Holocaust Survivor Assistance

The United States is home to an estimated 130,000 victims of Nazi persecution, approximately 25 percent of whom are living in poverty. Because of the experiences they endured early on in their lives, Holocaust survivors are likely to have greater and more complex physical and mental health needs as they age. The nonprofit social service agencies that serve this population have projected that the need for supportive services will continue to grow and intensify over the next five to ten years.

In FY 2015, ACL developed and implemented a program to provide supportive services for aging Holocaust survivors living in the United States. A cooperative agreement was awarded to a national organization with demonstrated expertise in working with Holocaust survivors to advance the development and delivery of person-centered, trauma-informed supportive services. The program focused efforts on two fronts: 1) expanding the capacity of community-based agencies to provide direct services to Holocaust survivors in a person-centered, trauma-informed manner; and 2) developing and implementing a national technical assistance center devoted to expanding the aging services network's capacity to deliver person-centered, trauma-informed services.

Program Performance and Technical Assistance

This activity supports cooperative efforts between ACL and selected states and AAAs to develop tools, performance measures, and best practices that can be used to effectively and efficiently identify the results produced through OAA programs on an ongoing basis. These efforts include partnerships with National Aging Organizations to foster innovation and provide technical assistance to states, AAAs, and tribal organizations in strategic planning, program development, and performance improvement. PPTA also supports efforts to expand the business acumen and contracting capacity of the community-based organizations (CBOs) within the Aging network. Medicaid, Medicare, Accountable Care Organizations, private insurers and other private pay models will offer increasing opportunities to CBOs to tap into new revenue streams outside of government grants, but securing contracts and interfacing with such payers requires thinking and operating differently. ACL's Business Acumen Initiative seeks to strengthen CBOs from the inside, building their business skills and enhancing their effectiveness, efficiency and sustainability.

Funding History:

Comparable funding for Aging Network Support Activities over the past five years is as follows:

FY 2015 .....$9,961,000
FY 2016 .....$9,961,000
FY 2017 .....$9,938,000
FY 2018 Annualized CR.....$9,893,355
FY 2019 President's Budget $8,998,000

Budget Request:

The FY 2019 request for Aging Network Support Activities is $8,998,000, a reduction of -$895,355 below the FY 2018 Annualized Continuing Resolution Level. This reflects the consolidation of the Alzheimer's Call Center into the Alzheimer's Disease Program. Programs funded by this request provide ongoing support for the national aging services network and are needed to support the activities of ACL's core service delivery programs. Not only do they provide a variety of unique services, – such as the Pension Counseling and the National Eldercare Locator – these programs also considerably strengthen and streamline ACL's core services and are critical to our continuing success.[75]

The request will continue, as permitted by statute, to support .4 FTE for administration of the Pension Counseling program.

Aging Network Support Activities outcomes are reflected in performance targets for Health and Independence for Older Adults and Caregiver and Family Support Services.

Aging Network Support Activities includes funding for the following projects (dollars in thousands):

Activity	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Aging Network Support Activities:			
National Eldercare Locator and Engagement	$2,033	$2,019	$2,035
National Alzheimer's Call Center/1	944	938	--
Pension Counseling and Retirement Information	1,854	1,841	1,859
National Resource Centers on Native Americans	653	649	653
National Minority Aging Organizations	1,162	1,154	1,163
Holocaust Survivor Assistance	2,494	2,500	2,495
Program Performance and Technical Assistance	797	792	793
Total, Aging Network Support Activities	**$9,938**	**$9,893**	**$8,998**

1/In FY 2019 ACL is proposing to transfer the Alzheimer's Call Center to the Alzheimer's Disease Program line.

[75] Please see page 231 for a discussion of how the MIPPA program helps hard to reach low income and Rural Medicare beneficiaries who qualify for either the Medicare savings plan or Low-Income Subsidy pay their Medicare premiums.

Grant Awards Table:

Aging Network Support Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	28	26	25
Average Award	$348,397	$369,155	$349,284
Range of Awards	$134,452-$2,467,500	$134,452-$2,467,500	$134,452-$2,467,500

Resource and Program Data:

Aging Network Support Activities
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants: Formula	--	--	--	--	--	--
New Discretionary	5	417	11	4,219	1	100
Continuations	23	9,338	15	5,379	24	8,632
Contracts	1	25	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support 1/	--	158	--	295	--	266
Total Resources	**29**	**9,938**	**26**	**9,893**	**25**	**8,998**

1/ Program Support -- Includes funds for Older Americans Act statutory requirements, grant systems and review, and information technology support costs.

Caregiver and Family Support Services

Summary of Request

Families are the nation's primary provider of long-term care, but a number of factors including financial constraints, work and family demands, and the many challenges of providing care place great pressure on family caregivers. Caregiving responsibilities demand time and money from families who too often are already strapped for both. ACL's caregiver programs provide services that address the needs of unpaid, informal caregivers, allowing many of them to continue to work while providing critically needed care.

Better support for informal caregivers is critical because often it is their availability--whether they are family members or unrelated friends and neighbors who dedicate their time--that determine whether an older person can remain in his or her home. In 2013, approximately 34.2 million adult caregivers provided uncompensated care to those 50 years of age and older.[76] The economic cost of replacing unpaid caregiving of elderly adults is estimated to be between $470 billion[77] and $522 billion annually,[78] higher than that of *all* Medicaid spending in FY 2016 (Federal and State: $553 billion).[79]

The demands of caregiving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk for institutionalization of the care recipient. Caregivers suffer from higher rates of depression than non-caregivers of the same age, and research indicates that caregivers suffer a mortality rate that is 63 percent higher than non-caregivers.[80] Providing support that makes caregiving easier for family caregivers, such as information, counseling and training, respite care, or supplemental services, is critical to sustaining caregivers' ability to continue in that role. Seventy-seven percent of the caregivers served by OAA programs report that these services allow them to provide care longer than they otherwise could have.[81]

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[76] National Alliance for Caregiving, and AARP Public Policy Institute. Caregiving *in the US, 2015 report. June 2015 Washington DC.* https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf Access 07 March 2018.

[77] S. C. Reinhard, L. Feinberg, R. Choula, and A. Houser, *Valuing the Invaluable: 2015 Update, Undeniable Progress, but Big Gaps Remain* (Washington, DC: AARP Public Policy Institute, July 2015). http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf. Accessed 13 January 2016

[78] A.V Chari, et al. *The Opportunity Costs of Informal Elder-Care in the United States.* New Estimates from the American Time Use Survey. HSR June 2015:50(3): 871-882. Also *Valuing the Invaluable: 2011 Update, The Growing Contributions and Costs of Family Caregiving*. AARP Public Policy Institute. July 2011. http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf

[79] "Federal and State Share of Medicaid Spending," The Henry J. Kaiser Family Foundation, 7. https://www.kff.org/medicaid/state-indicator/federalstate-share-of-spending/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[80] Schulz R, Beach SR. Caregiving as a risk factor for mortality. The Caregiver Health Effects study. JAMA December 15, 1999;282:2215-9.

[81] 2017 National Survey of Older Americans Act Participants https://agid.acl.gov/.

By 2020, it is projected that there will be 16.4 million non-institutionalized seniors age 65 and over with 1+ ADL deficits, an increase of 2.1 million older adults (or 15 percent increase between 2016 and 2020) needing caregiver assistance.[82] To address these caregiver-related needs, ACL is proposing to provide States and Tribes greater flexibility by allowing them to transfer up to 100% of funding between Home and Community Based Supportive Services, Nutrition Programs, Family Caregiver Services, and Preventive Health Services. In addition, ACL requests a total of $180,992,000 an increase of +$5,319,358 above the FY 2018 Annualized Continuing Resolution level. The request includes:

- $150,586,000 for Family Caregiver Support Services, an increase of $1,023,000 over the FY 2018 Annualized Continuing Resolution level. This program makes a range of support services available to family and informal caregivers - including counseling, respite care, and training - that assist family and informal caregivers to care for their loved ones at home for as long as possible. Studies have shown that these supports can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly nursing home care.

- $7,556,000 for Native American Caregiver Support Services, an increase of $51,000 over the FY 2018 Annualized Continuing Resolution level. This program makes a range of services available to Native American caregivers, including information and outreach, access assistance, individual counseling, support groups and training, respite care and other supplemental services.

- $19,490,000 for a consolidated Alzheimer's Disease Program. The FY 2019 budget incorporates the FY 2019 Budget proposal consolidating three existing ACL Alzheimer's programs - the Alzheimer's Disease Supportive Services program (ADSSP), the Alzheimer's Disease Initiative - Specialized Services Program (ADI-SSS) and the ADI – communications campaign - into a single, more flexible program. The FY 2019 Budget also incorporates the Alzheimer's Call Center previously funded from the ANSA program line into the consolidated program. This proposal will provide greater flexibility and support the agencies goal of improving efficiency and eliminating duplication and overlap.

- $3,360,000 for Lifespan Respite Care, which is an increase of $23,000 over the FY 2018 Annualized Continuing Resolution level. At this level the Lifespan Respite Care program will continue its efforts to develop more efficient, cost-effective methods that reach

[82] U.S. Census Bureau, "2014 National Population Projections," Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060. Released December 2014, http://www.census.gov/population/projections/data/national/2014/downloadablefiles.html. Accessed 02 January 2018. Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [data tables 2.5a]. http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables-Items/2013CNP.html. Accessed 02 January 2018.

across the aging and the disability populations to improve the quality of and access to respite care for family caregivers of children or adults of any age with special needs.

As a group, these programs support caregivers, elders, and people of all ages with disabilities by providing critical respite care and other support services for family caregivers, training of care volunteers, information and outreach, counseling, and other supplemental services.

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Family Caregiver Support Services

Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- 2018
Family Caregiver Support Services	$150,240	$149,563	$150,586	+$1,023

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 371 of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization.....$157,564,066

Allocation Method.....Formula Grant

Program Description and Accomplishments:

The Family Caregiver Support Services Program provides formula grants to states and territories, based on their share of the population age 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. The program includes five basic system components: information, access assistance, counseling and training, respite care, and supplemental services. These services work in conjunction with other OAA services to provide a coordinated set of supports that caregivers can access on behalf of themselves and the seniors for whom they provide care. Based on FY 2016 data, the most recent available, services included:

- *Access Assistance Services* provided nearly 1.2 million contacts to caregivers assisting them in locating services from a variety of public and private agencies (Output I).[83]
- *Counseling and Training Services* provided over 120,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).[84]
- *Respite Care Services* provided over 62,000 caregivers with nearly 6 million hours of temporary relief, at home or in an adult day care or nursing home setting, from their caregiving responsibilities (Output K).[85]

[83] ACL'S OAA State Performance Report, FY 2016

[84] Id

[85] Id

Family and other informal caregivers are the backbone of America's long-term care system. On a daily basis, these individuals assist relatives and other loved ones with tasks ranging from personal care and homemaking to more complex health-related interventions like medication administration and wound care. The economic cost of replacing unpaid caregiving is estimated to be between $470[86] and $522 billion annually, which is roughly equivalent to the cost of *all* Medicaid spending in FY 2016 (Federal and state: $553 billion).[87]

Research has also shown that caregiving exacts a heavy emotional, physical, and financial toll. Caregivers often experience conflicts between work and caregiving, with 30 percent reporting that they have had to make adjustments such as retiring or taking time away from work due to their caregiving responsibilities.[88] As reported in ACL's National Survey of OAA Participants, over one-fifth of caregivers are assisting two or more individuals.[89] Sixty percent of Title III caregivers are 60 or older, making them more susceptible to a decline in their own health, and 31 percent describe their own health as fair to poor.[90] The demands of caregiving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk for institutionalization of the care recipient.

Studies have shown that the types of supports provided through the Family Caregiver Support Services Program can reduce caregiver depression, anxiety, and stress and enable them to provide care longer while often continuing to work, thereby avoiding or delaying the need for costly institutional care for their loved ones. For example, one study indicates that counseling and support for caregivers of individuals with Alzheimer's disease can permit the care recipient to stay at home, at significantly less cost, for an additional year before being admitted to a nursing home.[91]

Additionally, data from ACL's National Surveys shows that ACL services are effective in helping caregivers keep their loved ones at home. Approximately 77 percent of caregivers of program clients reported that services enabled them to provide care longer than otherwise would have been possible.[92] Caregivers receiving services were also asked whether the care recipient would have been able to live in the same residence if the services had not been available. Over 40 percent of caregivers indicated that the care recipient would be unable to remain at home without the support services.[93] Those respondents were then asked to identify where the care recipient would be living

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[86] S. C. Reinhard, L. Feinberg, R. Choula, and A. Houser, *Valuing the Invaluable: 2015 Update, Undeniable Progress, but Big Gaps Remain* (Washington, DC: AARP Public Policy Institute, July 2015). http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf. Accessed 01/13/2016

[87] "Federal and State Share of Medicaid Spending," The Henry J. Kaiser Family Foundation, 2017. https://www.kff.org/medicaid/state-indicator/federalstate-share-of-spending/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

[88] 2017 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

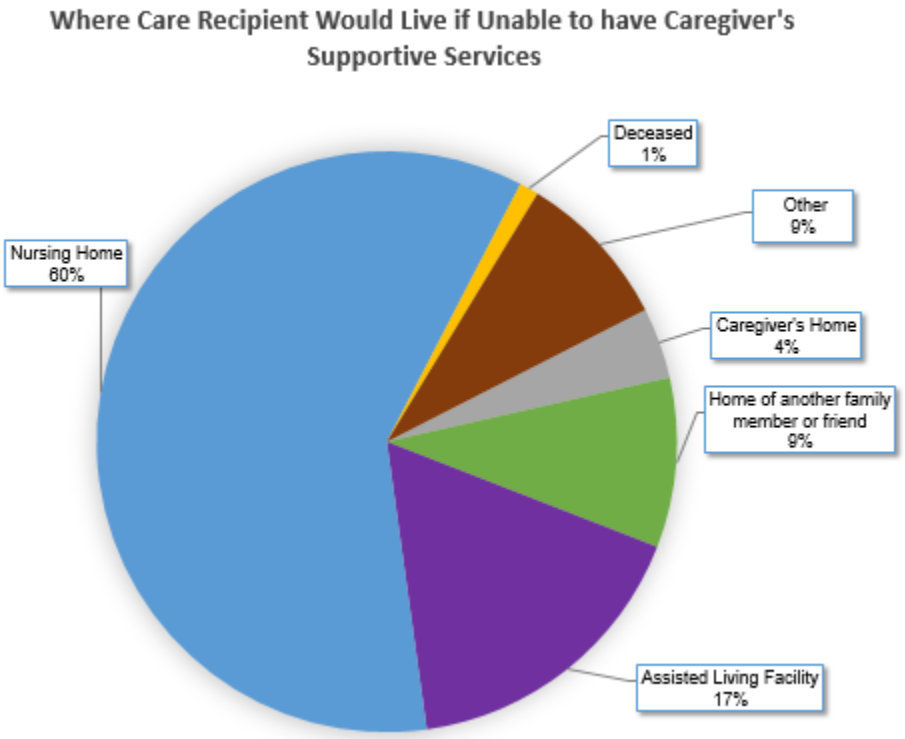
[89] Id

[90] Id

[91] *A Family Intervention to Delay Nursing Home Placement of Patients with Alzheimer's Disease.* Aging and Dementia Research Center, New York University. Journal of the American Medical Association. December 4, 1996.

[92] 2017 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

without services. A significant majority of those caregivers, 77 percent,[94] indicated that the care recipient would most likely be living in a nursing home or assisted living (see below).



Funding History:

Funding for Family Caregiver Support Services over the past five years is as follows:

FY 2015 .....$145,586,000
FY 2016 .....$150,586,000
FY 2017 .....$150,240,000
FY 2018 Annualized CR.....$149,563,370
FY 2019 President's Budget $150,586,000

[93] Id

[94] Id

Budget Request:

The FY 2019 request for Family Caregiver Support Services is $150,586,000, which is an increase of $1,023,000 above the FY 2018 Annualized Continuing Resolution. Funding for Family Caregiver Support Services will allow ACL to maintain services that give caregivers the assistance needed to help them sustain their caregiving and provide care longer. By helping caregivers so that they in turn can help to keep their loves ones independent and out of an institution for a longer period, investments in this program can reduce costs to the Federal government in other areas such as Medicaid.

Currently States can transfer up to 30 percent of their funding for Nutrition and HCBSS between these programs, and up to 40% of Nutrition funding between the Nutrition programs. In FY 2019, ACL is proposing a new general provision to provide additional funding flexibility to States for the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to achieve the funding distribution that best addresses their individual State's unique needs.

The requested funding level for Family Caregiver Supportive Services will allow 800,000 caregivers (Outcome 3.1) to receive supportive services, including respite care or other temporary relief from their caregiving responsibilities that will assist them to continue providing care for their loved ones. As many as 116,000 caregivers will also have the opportunity to participate in counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).

In FY 2019, ACL expects (at the requested levels) the aging services network to be able to meet or exceed the target of only 30 percent of caregivers experiencing difficulty obtaining services (Outcome 2.6). This is a substantial accomplishment that occurred at the State level as a result of ongoing program development, better coordination, and integration of the Family Caregiver program into the array of State home and community-based services. Baseline levels from 2003 showed that 64 percent of caregivers had difficulty getting services, and by 2016, that rate had been reduced to 34 percent of caregivers reporting difficulty getting services.[95]

For FY 2019, the performance target for Family Caregiver Support Services Program participants who rate services good to excellent is 90 percent (Outcome 2.9c). The substantive improvements in program performance can be attributed to the successful implementation of the program. Client-reported assessment of service quality and program outcomes is also expected to remain at high levels.

[95] Id

Outcomes and Outputs Table:

Family Caregiver Support Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
1.1 For Home and Community-based Services including Nutrition and Caregiver services increase the number of clients served per million dollars of Title III OAA funding. (Efficiency)	FY 2016: 8,885 clients Target: 8,700 clients (Target Exceeded)	8,800 clients	8,900 clients	+100 clients
2.6 Reduce the percentage of caregivers who participate in the National Family Caregiver Support Program who report difficulty in obtaining services. (Outcome)	FY 2016: 34% Target: 27% (Target Not Met)	30%	30%	Maintain
2.9c Maintain at 90% or higher the percentage of National Family Caregiver Support Program clients who rate services good to excellent. (Outcome)	FY 2016: 94% Target: 90% (Target Exceeded)	90%	90%	Maintain
2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome)	FY 2016: 63.6 weighted average Target: 63 weighted average (Target Exceeded)	63.25 weighted average	63.6 weighted average	+0.35 weighted average
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2016: 741,388 caregivers Target: 825,000 caregivers (Target Not Met)	850,000 caregivers	800,000 caregivers	-50,000 caregivers

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output I: Caregivers access assistance units of service. *(Output)*	FY 2016: 1.2 M	1.17 M	1.17 M	Maintain
Output J: Caregivers receiving counseling and training. *(Output)*	FY 2016: 120,340	117,000	116,000	-1,000
Output K: Caregivers receiving respite care services. *(Output)*	FY 2016: 62,096	63,300	63,000	-300

Note: For presentation within the budget ACL highlighted specific measures that are most directly related to Family Caregiver Support Services, however multiple performance outcomes are impacted by this program because ACL's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives.

Grant Awards Table:

Family Caregiver Supportive Services Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$2,665,797	$2,644,067	$2,662,145
Range of Awards	$93,303 - $15,484,352	$92,542 - $15,395,478	$93,175 - $15,500,742

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Family Caregivers Support Services (CFDA 93.052)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	2,266,907	2,240,973	2,256,296	15,323
Alaska	746,423	740,338	745,400	5,062
Arizona	3,406,047	3,442,659	3,466,197	23,538
Arkansas	1,437,065	1,412,211	1,421,867	9,656
California	15,484,352	15,395,478	15,500,742	105,264
Colorado	2,027,990	2,035,446	2,049,363	13,917
Connecticut	1,730,978	1,698,773	1,710,388	11,615
Delaware	746,423	740,338	745,400	5,062
District of Columbia	746,423	740,338	745,400	5,062
Florida	12,289,081	12,321,931	12,406,181	84,250
Georgia	3,739,484	3,743,366	3,768,961	25,595
Hawaii	746,423	740,338	745,400	5,062
Idaho	746,423	740,338	745,400	5,062
Illinois	5,501,430	5,392,419	5,429,290	36,871
Indiana	2,886,096	2,838,028	2,857,433	19,405
Iowa	1,553,739	1,515,435	1,525,797	10,362
Kansas	1,298,812	1,270,397	1,279,084	8,687
Kentucky	1,976,309	1,949,163	1,962,491	13,328
Louisiana	1,919,754	1,900,466	1,913,460	12,994
Maine	746,423	740,338	745,400	5,062
Maryland	2,507,616	2,493,233	2,510,280	17,047
Massachusetts	3,146,938	3,107,290	3,128,536	21,246
Michigan	4,686,446	4,604,059	4,635,539	31,480
Minnesota	2,436,131	2,406,295	2,422,748	16,453
Mississippi	1,303,412	1,285,103	1,293,890	8,787
Missouri	2,893,349	2,841,211	2,860,637	19,426
Montana	746,423	740,338	745,400	5,062
Nebraska	851,506	835,346	841,058	5,712
Nevada	1,209,218	1,225,407	1,233,786	8,379
New Hampshire	746,423	740,338	745,400	5,062

PROGRAM/CFDA NUMBER: Family Caregivers Support Services (CFDA 93.052)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	4,076,037	4,017,357	4,044,825	27,468
New Mexico	956,216	954,546	961,073	6,527
New York	8,972,729	8,833,034	8,893,429	60,395
North Carolina	4,459,693	4,448,064	4,478,477	30,413
North Dakota	746,423	740,338	745,400	5,062
Ohio	5,525,464	5,413,255	5,450,268	37,013
Oklahoma	1,737,501	1,711,710	1,723,414	11,704
Oregon.	1,925,376	1,928,362	1,941,547	13,185
Pennsylvania	6,680,302	6,525,278	6,569,894	44,616
Rhode Island	746,423	740,338	745,400	5,062
South Carolina	2,298,360	2,314,742	2,330,569	15,827
South Dakota	746,423	740,338	745,400	5,062
Tennessee	2,986,246	2,963,048	2,983,308	20,260
Texas	9,437,277	9,454,112	9,518,754	64,642
Utah	906,192	905,609	911,801	6,192
Vermont	746,423	740,338	745,400	5,062
Virginia	3,488,747	3,482,121	3,505,929	23,808
Washington	3,005,315	3,015,597	3,036,216	20,619
West Virginia	990,988	970,584	977,221	6,637
Wisconsin	2,721,498	2,675,291	2,693,583	18,292
Wyoming	746,423	740,338	745,400	5,062
Subtotal, States	146,424,100	145,191,793	146,184,532	992,739
American Samoa	93,303	92,542	93,175	633
Guam	373,212	370,169	372,700	2,531
Northern Mariana Islands	93,303	92,542	93,175	633
Puerto Rico	1,927,485	1,950,521	1,963,858	13,337
Virgin Islands	373,212	370,169	372,700	2,531
Subtotal, States and Territories	149,284,615	148,067,736	149,080,140	1,012,404
Undistributed 1/	955,385	1,495,634	1,505,860	10,226
TOTAL	**150,240,000**	**149,563,370**	**150,586,000**	**1,022,630**

1/ Program Support – Includes funds for Older Americans Act statutory requirements, including program evaluation and disaster assistance; and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to States.

Native American Caregiver Support Services

Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Native American Caregiver Support Services	$7,539	$7,505	$7,556	+$51

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 631 of the Older Americans Act of 1965, as amended.

FY 2018 Authorization $7,879,982

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Native American Caregiver Support Services provide grants to eligible tribal organizations to support family and informal caregivers of Native American, Alaskan Native, and Native Hawaiian elders. This program, which helps to reduce the need for costly nursing home care and medical interventions, is responsive to the needs of Native American communities and represents an important part of each community's comprehensive services.

Native American Caregiver Support Services funding is allocated to eligible tribal organizations based on their share of the American Indian, Alaskan Native, and Native Hawaiian populations aged 60 and over. Tribal organizations must represent at least 50 Native American elders age 60 and over and must also receive a grant under the Native American Nutrition and Supportive Services program to receive funding. There is no requirement for matching funds. Tribes may also decide the age at which a member is considered an elder and thus eligible for services. In addition, there is no limit on the percentage of funds that can be used for services to grandparents caring for grandchildren.

Grants assist American Indian, Alaskan Native and Native Hawaiian families caring for older relatives with chronic illness or disability and grandparents caring for grandchildren. The program provides a variety of direct services that meet a range of caregiver needs, including information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services. Tribal organizations coordinate with other programs to help support and create sustainable caregiver programs in Native American communities (many of which are geographically isolated). A core value of the Native American Caregiver Support Services program is that the program should not replace the tradition of families caring for their elders. Rather, as expressed by multiple tribal leaders, the program provides support that strengthens the family caregiver role.

Funding History:

Funding for the Native American Caregiver Support Services over the past five years is as follows:

FY 2015 .....$6,031,000
FY 2016 .....$7,531,000
FY 2017 .....$7,539,000
FY 2018 Annualized CR.....$7,504,687
FY 2019 President's Budget $7,556,000

Budget Request:

The FY 2019 request for Native American Caregiver Support Services is $7,556,000, which is an increase of $51,000 above the FY 2018 Annualized Continuing Resolution. Continued support for caregivers is critical because often it is their availability – whether they are family members or unrelated friends and neighbors who volunteer their time – that determines whether an older person can remain in his or her home.

The strength of the Older Americans Act is that it gives Tribes the ability to define needs from the bottom up and the flexibility to direct funding accordingly to meet best meet these needs. In FY 2019, ACL is proposing a new general provision to build on existing flexibility, by giving Tribes the ability to transfer nearly all of the funds they receive for NANSS and NACSS between these programs to achieve the funding distribution that best addresses their individual Tribe's unique needs.

An estimated 895,000 persons age 60 and over identify themselves as Native American or Alaskan Native alone or in combination with another racial group.[96] Over 520,000 of those elders identify as Native American or Alaskan Native with no other racial group[97]. Caregiver Support Services help Native American elders, many of whom have limitations in activities of daily living that make it difficult to care for themselves, to remain at home, in the community, or on the reservation for as long as possible. Studies have shown that providing assistance to caregivers can help them cope with the emotional, physical and financial toll associated with caregiving, thereby enabling them to provide care for their loved ones longer and avoid or delay the need for costly nursing home care.

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[96] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race Alone or in Combination, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2016 Released June 2017, accessed 02 January 2018.

[97] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2016. Release Date: June 2017. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk. Accessed on 02 January 2018.

Performance data indicates that these programs are an efficient means to help Native American Elders remain independent and in the community. In FY 2019, funding for the Native American Caregiver Support Program will continue to assist family and informal caregivers, whose assistance is critical to enabling Native American elders to remain at home, in the community, and/or on the reservation. In FY 2019, an estimated 600,000 units of caregiver-related services, including respite care, information and referral, caregiver training and support groups, will have been provided by Native American Tribal organizations.

Outcome Table:

Native American Caregivers Supportive Services

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2018 Target**	**FY 2019 Target**	**FY 2019 Target +/-FY 2018 Target**
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2016: 741,388 caregivers Target: 825,000 caregivers (Target Not Met)	850,000 caregivers	800,000 caregivers	-50,000 caregivers

Grant Awards Table:

Native American Caregivers Supportive Services Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	231	231	231
Average Award	$32,383	$32,235	$32,457
Range of Awards	$13,820-$56,560	$13,820-$56,560	$13,820-$56,560

Resource and Program Data:

Native American Caregiver Support Services
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	231	7,481	231	7,446	231	7,498
New Discretionary	--	--	--	--	--	--
Continuations	--	--	--	--	--	--
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support 1/	--	58	--	58	--	58
Total Resources	--	7,539	--	7,505	--	7,556

1/ Program Support -- Includes funds for Older Americans Act statutory requirements, grant systems and review, and information technology support costs.

Alzheimer's Disease Program

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alzheimer's Disease Program	$0	$0	$19,490	+$19,490

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization ..... No specific amount authorized

Allocation Method .....Competitive Grants/Co-operative Agreements and Contracts

Program Description and Accomplishments:

The effects of Alzheimer's Disease and Related Dementias (ADRD) are devastating for individuals living with the disease and their family caregivers. Serving people with ADRD typically requires significant levels of medical care as well as the provision of person-centered, dementia-capable home and community-based services (HCBS). Of the individuals with ADRD living in the community, approximately one-third live alone, exposing them to numerous risks, including unmet needs, malnutrition and injury and various forms of neglect and exploitation.[98] As the number of people with ADRD is projected to grow by almost 300% by 2050[99] from an estimated 5.3 million individuals, it is important to develop effective and coordinated service delivery and health care systems that are responsive to these individuals and their caregivers.

The complexity of care required by persons with advanced dementia – defined by the severity of functional and cognitive impairment, reliance on surrogate decision-making, and inability to live alone – results in tremendous family/caregiver burden.[100] Behavioral symptoms such as repetitive speech, wandering, and sleep disturbances are core clinical characteristics of ADRD. If untreated, these behaviors can accelerate disease progression, worsen functional decline and quality of life, cause significant caregiver distress, and result in earlier nursing home placement.[101]

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[98] Gould, E., Maslow, K., Yuen, P., Wiener, J. Providing Services for People with Dementia Who Live Alone: Issue Brief. Accessed April 14, 2014 at http://www.adrc-tae.acl.gov/tiki-index.php?page=adsspkey&filter=key .

[99] Alzheimer's Association. 2017 Alzheimer's Disease Facts and Figures. Accessed 09 May, 2017 at http://www.alz.org/alzheimers_disease_facts_and_figures.asp. .

[100] National Alzheimer Project Act Advisory Council on Alzheimer's Research, Care, and Services Meeting #15: Advanced Dementia Expert Panel Summary and Key Recommendations. (2015, January 26). *January 26, 2015 In-Person Meeting*. Retrieved from http://aspe.hhs.gov/daltcp/napa/012615/Mtg15-Slides4.shtml.

[101] Gitlin LN, Kales HC, Lyketsos CG. Nonpharmacologic Management of Behavioral Symptoms in Dementia. *JAMA.* 2012;308(19):2020-2029. doi:10.1001/jama.2012.36918.

Establishing dementia capable home and community based service systems designed to meet the needs of formal and informal caregivers of individuals with ADRD is critical to helping these caregivers continue to provide care. The Alzheimer's Disease Program provides funding for the development and implementation of these person-centered services and supports partnerships with public and private entities to identify and address the unique needs of persons with ADRD and their caregivers.

In an effort to fill some identified gaps in existing systems that support caregivers and people with ADRD, the Alzheimer's Disease program dedicates resources for States and community-based organizations with proven capability in the provision of both services and training to targeted special populations. Through the Alzheimer's Disease program, ACL will issue two classes of competitive grants – to States who want to improve/develop their dementia systems capability, and to existing dementia capable community-based organizations that are prepared to address identified service gaps through expansion of their on-going activities. Collectively these grants will seek to achieve the following objectives:

- Create state-wide, person-centered, dementia-capable home and community-based service systems;
- Translate and implement evidence-based supportive services for persons with ADRD and their caregivers at the community level;
- Work with public and private entities to identify and address the special needs of persons with ADRD and their caregivers; and
- Offer direct services and supports to thousands of persons with ADRD and their caregivers.

To support this work, ACL funds a training and technical assistance resource center. The center works with grantees to share best practices, disseminate recent research findings, and develop issue briefs for States and communities. ACL also supports a national information and counseling service specifically targeted to persons with Alzheimer's disease, their family members, and informal caregivers. Through the National Alzheimer's Call Center, trained professional customer service staff and social workers are available at all times, by telephone, website, or email at no cost to the caller and provide information on caregiving, handling legal issues, resources for long-distance caregiving, and tips for working with the medical community.

Funding History:

This is the second year funding is requested:

FY 2015 .....$0
FY 2016 .....$0
FY 2017 .....$0
FY 2018 Annualized CR.....$19,490,000
FY 2019 President's Budget $19,490,000

Budget Request:

In FY 2019, ACL is requesting $19,490,000, consistent with the FY 2018 Annualized Continuing Resolution to support Alzheimer's Disease activities through a single grant program.. The funding level represents the consolidation of funding for the Alzheimer's Disease Initiative – Specialized Supportive Services, Alzheimer's Disease Initiative – Communications Campaign, Alzheimer's Disease Supportive Services, and the National Alzheimer's Call Center (an activity within the Aging Network Support activity line), into a single Alzheimer's Disease Program. This approach allows for greater efficiency and flexibility to States, Territories, and Tribes by centralizing funding into a single program.

The need for cutting edge approaches that serve those with Alzheimer's disease and related dementias (ADRD) and their caregivers continues to grow. The population over the age of 65 continues to rise, resulting in an increase in disease incidence. The number of individuals in America living with ADRD is projected to double from 48 million to 88 million by 2050. In 2017 alone, an estimated 480,000 individuals developed some form of ADRD[102]

At this funding level ACL will maintain its ability to assist individuals with ADRD and their caregivers. ACL expects to support 35 grants.

[102] https://www.alz.org/documents_custom/2017-facts-and-figures.pdf

Grant Awards Tables:

Alzheimer's Disease Program/1

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	-	-	34
Average Award	-	-	$507,416
Range of Awards	-	-	$276,127-$1,000,000

1/The number of awards is an estimate and may change.

Resource and Program Data:

Alzheimer's Disease Program

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	--	--	--	--	35	17,252
Continuations	--	--	--	--	--	--
Contracts	--	--	--	--	1	2,000
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	--	--	--	--	238
Total Resources	--	--	--	--	--	19,490

1/The number of awards is an estimate and may change.

2/ Program Support -- Includes funds for statutory requirements, grant systems and review costs.

Alzheimer's Disease Supportive Services Program

Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alzheimer's Disease Initiative – Supportive Services	$4,789	$4,767	$0	-$4,767

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 398 of the Public Health Services Act, as amended

FY 2019 Authorization .....Expired

Allocation Method .....Competitive Grants/Cooperative Agreements and Contracts

Program Description and Accomplishments:

The Alzheimer's Disease Supportive Services Program (ADSSP) funds competitive grants to States to expand the availability of evidence-based services that support persons with Alzheimer's disease and related dementias (ADRD) and their family caregivers; and to create state-wide, person-centered, dementia-capable home and community-based service (HCBS) systems. These systems have been able to identify persons with ADRD and their family caregivers, understand their unique circumstances, communicate appropriately with them, help them identify and choose services that meet their needs, and provide supports to ease caregiver stress. Dementia-capable systems also help persons with dementia and their family caregivers to remain independent and in the community. The primary components of the ADSSP program include the translation and implementation of evidence-based supportive services for persons with ADRD and their caregivers at the community level; development and delivery of statewide person-centered, dementia-capable HCBS systems; and incorporation of evidence-based research in the formulation of innovative projects.

Funding History:

Funding for the ADSSP program over the past five years is as follows:

FY 2015 .....$3,800,000
FY 2016 .....$4,800,000
FY 2017 .....$4,789,000
FY 2018 Annualized CR.....$4,767,403
FY 2019 President's Budget $0

Budget Request:

The FY 2019 Budget request is $0, a decrease of -$4,767,000 from the FY 2018 Annualized Continuing Resolution. This program is consolidated into a broader Alzheimer's Disease program to achieve greater efficiency and flexibility in programming.

Outcome and Outputs Table:

Alzheimer's Disease Supportive Services Program

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2018 Target**	**FY 2019 Target**	**FY 2019 Target +/-FY 2018 Target**
ALZ.2 Increase number of individuals served with evidence-based interventions - cumulative. (Outcome)	FY 2016: 22,754 Target: 21,957 (Target Exceeded)	Discontinued	Discontinued	Maintain
ALZ.3 Improve dementia capability of long-term support systems to create dementia-friendly, livable communities. (Outcome)	FY 2017: Result Expected Dec 31, 2018 Target: Set Baseline (Pending)	--	--	--

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output AC: Number of individuals served – cumulative[103] *(Output)*	FY 2016: 61,066	Discontinued	Discontinued	N/A
Output AD: Percent of individuals served that are of a racial/ethnic minority *(Output)*	FY 2016: 23%	Discontinued	Discontinued	N/A

Grant Awards Table:

Alzheimer's Disease Supportive Services Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	6	6	-
Average Award	$527,833	$625,654	-
Range of Awards	$309,000-$650,000	$300,000 - $650,000	-

[103] Cumulative count began in 2008.

Resource and Program Data:

Alzheimer's Disease Supportive Services Program
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	6	3,167	6	3,754	--	--
Continuations	--	--	--	--	--	--
Contracts	1	1,440	1	800	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	182	--	213	--	--
Total Resources	--	4,789	--	4,767	--	--

1/ Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

Alzheimer's Disease Initiative - Specialized Supportive Services

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alzheimer's Disease Initiative Services -- Prevention Fund	$10,500	$9.480	$0	-$9.480

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended, and the Patient Protection and Affordable Care Act (ACA), Section 4002 [42 U.S.C. 300u-11]

FY 2019 Older Americans Act Authorization ..... No specific authorization

Allocation Method .....Competitive Grants/Co-operative Agreements and Contracts

Program Description and Accomplishments:

The Alzheimer's Disease Initiative - Specialized Supportive Services (ADI-SSS) was designed to fill gaps in existing dementia-capable home and community-based service (HCBS) systems for persons living with ADRD and their family caregivers. The complexity of care of persons with advanced dementia is defined by the severity of functional and cognitive impairment, reliance on surrogate decision-making, and inability to live alone. This results in tremendous family/caregiver burden.[104] Behavioral symptoms such as repetitive speech, wandering, and sleep disturbances are core clinical features of ADRD. If untreated, these behaviors can accelerate disease progression, worsen functional decline and quality of life, cause significant caregiver distress, and result in earlier nursing home placement.[105]

Implementing enhanced dementia capable HCBS systems designed to meet the needs of formal and informal caregivers of individuals with ADRD is critical to helping these individuals continue to provide care. The ADI-SSS has provided funding for the development and implementation of specialized, person-centered services that help individuals remain independent and safe in their communities, while providing much needed supports to their caregivers. Through this program, ACL has worked with public and private entities to identify and address the special needs of persons with ADRD and their caregivers.

In an effort to fill some of the identified gaps in systems that service people with ADRD and their family caregivers, the ADI-SSS program dedicates resources toward the provision of both services

[104] National Alzheimer Project Act Advisory Council on Alzheimer's Research, Care, and Services Meeting #15: Advanced Dementia Expert Panel Summary and Key Recommendations. (2015, January 26). *January 26, 2015 In-Person Meeting*. Retrieved from http://aspe.hhs.gov/daltcp/napa/012615/Mtg15-Slides4.shtml.

[105] Gitlin LN, Kales HC, Lyketsos CG. Nonpharmacologic Management of Behavioral Symptoms in Dementia. *JAMA.* 2012;308(19):2020-2029. doi:10.1001/jama.2012.36918.

and training to targeted special populations. Specifically, the program required that funded programs do at least one of the following:

- Develop and deliver supportive services to persons living alone with ADRD in communities;
- Prepare individuals living with moderate to severe impairment and their caregivers for the future;
- Improve the quality and effectiveness of programs and services provided to aging individuals with intellectual disabilities who have ADRD or who are at high risk of developing ADRD; and
- Deliver behavioral symptom management training and expert consultation to family caregivers.

Funding History:

Funding for the ADI-SSS program over the past five years is as follows:

FY 2015 .....$10,500,000
FY 2016 .....$10,500,000
FY 2017 .....$10,500,000
FY 2018 Annualized CR.....$9,480,000
FY 2019 President's Budget $0

Budget Request:

The FY 2019 Budget Request is $0, a decrease of -$9,480,000 from the FY 2018 Annualized Continuing Resolution level. This program is consolidated into a broader Alzheimer's Disease program to achieve greater efficiency and flexibility in programming.

Outcome Table:

Alzheimer's Disease Supportive Services Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
ALZ.3 Improve dementia capability of long-term support systems to create dementia-friendly, livable communities. (Outcome)	FY 2017: Result Expected Dec 31, 2018 Target: Set Baseline (Pending)	--	--	--

Grant Awards Table:

Alzheimer's Disease Initiative – Specialized Supportive Services

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	11	10	-
Average Award	$934,049	$984,232	-
Range of Awards	$832,952-$995,890	$850,000 - $1,000,000	-

Resource and Program Data:

Alzheimer's Disease Initiative – Specialized Supportive Services
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	11	10,275	10	9,842	--	--
Continuations	--	--	--	--	--	--
Contracts	1	189	1	600	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	37	--	58	--	--
Total Resources	--	10,500	--	10,500	--	--

1/ Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

Lifespan Respite Care

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Lifespan Respite Care	$3,352	$3,337	$3,360	+$23

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Lifespan Respite Care Act of 2006, Title XXIX of the Public Health Service Act

FY 2019 Authorization .....Expired

Allocation Method .....Competitive Grants

Program Description and Accomplishments:

Family caregiving is not just an aging issue. Family caregiving for persons with disabilities occurs across the age spectrum from birth to death. Family caregivers are often called upon to provide care to individuals of varying ages and disabilities and do so willingly, many are years cared for over a lifetime. In 2015, AARP and the National Alliance for Caregiving estimated that 43.5 million people served as unpaid family caregivers to an adult or child with special needs. For many of these caregivers, providing care can take a toll: nineteen percent report high levels of physical strain; eighteen percent experience high levels of financial strain; and thirty-eight percent of all family caregivers indicated they experienced high levels of emotional stress.[106] Many caregivers report difficulty managing both physical and emotional stress and balancing work and family responsibilities.

Numerous studies have shown respite to be among the most frequently requested supportive services for family caregivers.[107] Respite is second only to direct financial assistance as a key policy priority of surveyed family caregivers.[108] Even though respite services are often the preferred mode of family caregiver support, they are often under-used, difficult to find and access, unaffordable, or in short supply. As a result, nearly 90 percent of family caregivers receive no

[106] *National Alliance for Caregiving and AARP. Caregiving in the U.S. 2015 – Focused Look at Caregivers of Adults Age 50+*. http://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Care-Recipients-Over-50_WEB.pdf

[107] The Arc. (2011). *Still in the Shadows with Their Future Uncertain: A Report on Family and Individual Needs for Disability Supports (FINDS 2011).* Wash, DC: Author ; National Family Caregivers Association. (2011). *Allsup Family Caregiver Survey*. Kensington, MD

[108] National Alliance for Caregiving and AARP, 2009

respite at all.[109] The barriers to accessing and using respite services are often significant for specific populations such as family caregivers of individuals with Multiple Sclerosis, persons with intellectual and developmental disabilities, and for caregivers of veterans and individuals with Alzheimer's disease, spinal cord injuries, autism, and serious emotional disorders. [110]

The Lifespan Respite Care Program focuses on easing the burdens of caregiving by providing grants to eligible state organizations to improve the quality of, and access to, respite care for family caregivers of children or adults with special needs. The program provides ACL with a key vehicle to address the needs of caregivers while considering the important contributions they make in the lives of persons of all ages with disabilities. The goals of the Lifespan Respite Care Program differ from the Family Caregiver Support Services Program, which focuses on providing a variety of services to caregivers. Instead, the Lifespan Respite Care program focuses on providing a test-bed for needed infrastructure changes, and on filling gaps by putting in place coordinated systems of accessible, community-based respite care services for family caregivers of children and adults with special needs. These systems bring together and seek to coordinate respite care services for family caregivers; training and recruitment of respite care workers and volunteers; and the provision of information, outreach, and access assistance.

The Lifespan Respite Care Program also supports technical assistance activities designed to maintain a national database on respite care; provide training to state, community, and nonprofit respite care programs; and conduct public information, referral, and education programs on respite care. Since 2009, the Lifespan Respite Care Program has made grants to States to develop, expand, integrate and sustain their respite care systems, and funded a National Technical Assistance Resource Center. Examples of grantee accomplishments to date include:

- Creation and adoption of statewide respite plans and/or policies to guide further development of respite and caregiver support programs;
- Development or enhancement of training programs for respite care providers to expand the cadre of trained respite professionals;
- Replication and expansion of respite delivery modalities with a particular focus on person- centered planning and consumer direction;
- Expansion of toll free "helplines," dedicated websites and statewide respite registries to provide caregivers with information about available respite programs.
- Development and deployment of marketing and awareness campaigns designed to educate caregivers about the importance of their work and the necessity to take a break;
- Development of data collection methodologies to track service provision and programmatic outcomes;

[109] National Alliance for Caregiving and AARP, 2009.
[110] National Alliance for Caregiving. (2012). *Multiple Sclerosis Caregivers.* Washington, DC: Author; The Arc, 2011.

- Broadening stakeholder collaborations to ensure representation of all age and disability groups, as well as the broadest possible cross section of the provider network;

- Capacity building and network development at the local level to recruit and train volunteers to fill gaps in respite services, particularly in rural areas; and,

- Provision of direct respite services to family caregivers of children with intellectual and developmental disabilities, adults with physical disabilities, and older Americans.

State grantees work in collaboration with Aging and Disability Resource Centers/No Wrong Door Systems and a public or private non-profit statewide respite care coalition or organization. Special emphasis is placed on implementing or enhancing lifespan respite care statewide and building or improving the capacity of their long-term care systems to respond to the comprehensive needs of care recipients.

Funding History:

Funding for the Lifespan Respite Care program during the past five years is as follows:

FY 2015 .....$2,360,000
FY 2016 .....$3,360,000
FY 2017 .....$3,352,000
FY 2018 Annualized CR.....$3,337,182
FY 2019 President's Budget $3,360,000

Budget Request:

The FY 2019 request for Lifespan Respite is $3,360,000, which is an increase of +$23,000 over the FY 2018 Annualized Continuing Resolution. At this level, ACL will continue to make competitive grants available to support a range of possible activities to build or enhance Lifespan Respite Care Programs; further integrate and sustain Lifespan Respite activities into broader long-term services and supports in the State; and/or to provide additional respite services to family caregivers across the age and disability spectrum. ACL recognizes the unique opportunity the Lifespan Respite Care Program presents to consider the critical role that support for family caregivers plays in ensuring the health and independence of individuals across the age and disability spectrum. By investing in this program, ACL seeks to provide more and better targeted services that will allow caregivers to continue to care for their loved ones longer and thereby allow more care recipients to remain at home and independent for longer periods at lower cost than could be realized if these same individuals had to be institutionalized.

The Lifespan Respite Care Program helps to ensure respite quality and choice; and allows for respite development, training and coordination regardless of age or disability. The Lifespan Respite Care program demonstrates ACL's commitment supporting caregivers of children or adults of any age with special needs. According to the National Respite Coalition, nearly

90 percent of family caregivers of care recipients age 18 and older, and 81 percent of family caregivers of children with special needs currently are unable to access or use respite services. Caregivers report numerous barriers ranging from cost considerations and restrictive eligibility criteria to waiting lists, limited respite options, inadequate supply of trained providers or appropriate programs, and gaps in service availability.[111] The resources requested for FY 2019 will be used to address these issues by.

- Expanding and enhancing respite care services to family members.
- Improving the statewide dissemination and coordination of respite care, and
- Providing, supplementing, or improving access and quality of respite care services to family caregivers, thereby reducing family caregiver strain.

Output Table:

Lifespan Respite Care

Indicator	**Year and Most Recent Result /**	**FY 2018 Projection**	**FY 2019 Projection**	**FY 2019 Projection** **+/-FY 2018 Projection**
Output AJ: The number of states that have participated in the Lifespan Respite Care program. *(Output)*	FY 2016: 36	37	38	+1

[111] National Respite Coalition Written Testimony to the House subcommittee on Labor, Health and Human Services, and Education Appropriations. April 12, 2010

Grant Awards Table:

Lifespan Respite Care Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	15	15	16
Average Award	$215,678	$214,564	$202,580
Range of Awards	$175,000 - 265,000	$175,000 - 265,000	$175,000 - 265,000

Resource and Program Data:

Lifespan Respite Care Program
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	14	2,996	2	399	1	23
Continuations	1	239	13	2,819	15	3,218
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	117	--	119	--	119
Total Resources	--	3,352	--	3,337	--	3,360

1/ Program Support -- Includes funds for statutory requirements, grant systems and review costs, overhead and information technology support costs.

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Protection of Vulnerable Adults

Summary of Request

Protection of Vulnerable Adults consists of several distinct but complementary programs designed to prevent, detect, and respond to elder abuse, neglect, and exploitation. As the population of older Americans increases, the problem of elder abuse, neglect, and exploitation continues to grow. While there is no single set of national elder abuse prevalence data, evidence indicates that the number of reported cases of elder abuse, neglect, and exploitation are on the rise. A 2004 national survey of State Adult Protective Services (APS) programs conducted by the National Center on Elder Abuse showed a 16 percent increase in the number of elder abuse cases from an identical study conducted in 2000.[112] According to a 1998 national incidence study (the only such study ever conducted), 84 percent of all elder abuse incidents go unreported, meaning that for every reported case of abuse there are over five that go unreported.[113] The most recent data on the prevalence of elder abuse, neglect, and exploitation suggest that at least 10 percent, or approximately 5 million older Americans, experience abuse each year, and many experience it in multiple forms.[114]

The negative effects of abuse, neglect, and exploitation on the health and independence of seniors is extensive. Research has demonstrated that older victims of even modest forms of abuse have dramatically higher (300 percent) morbidity and mortality rates than non-abused older people.[115] The effects of abuse, neglect, and exploitation, impacts the health of older adults by increasing the likelihood of heart attacks, dementia, depression, chronic diseases, and psychological distress. These unnecessary health problems result in a growing number of seniors accessing the healthcare system more frequently (including emergency room visits and hospital admissions), and are ultimately forced to leave their homes and communities prematurely.[116] Protection of Vulnerable Adults programs address this problem through a full array of services designed to prevent, detect, and respond to elder abuse, neglect, and exploitation, both at home and in institutional settings.

The total FY 2019 program level request for Protection of Vulnerable Adults is $50,502,000, which is a reduction of $1,796,000 the FY 2018 Annualized Continuing Resolution level. For FY 2019, specific program requests include:

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[112] Teaster, Pamela, et al. The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and *Older*. http://www.ncea.aoa.gov/NCEAroot/Main_Site/pdf/2-14-06%20FINAL%2060+REPORT.pdf

[113]Tatara, Toshio, et al. The National Elder Abuse Incidence Study Final Report. 1998. http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Elder_Abuse/docs/ABuseReport_Full.pdf

[114] Beach SR, Schulz R, Castle NG, Rosen J. Financial Exploitation and Psychological Mistreatment Among Older Adults: Differences Between African Americans and Non-African Americans in a Population-Based Survey. Gerontologist 2010.

[115] Lachs, M.S., Williams, C.S., O'Brien, S., Pillemer, K.A., & Charlson, M.E. (1998). "The Mortality of Elder Mistreatment." JAMA. 280: 428-432. and Baker, M.W. (2007). "Elder Mistreatment: Risk, Vulnerability, and Early Mortality." Journal of the American Psychiatric Nurses Association, Vol. 12, No. 6, 313-321.

[116] Lachs M. S., Williams C., O'Brien S., Hurst L., Kossack A., Siegal A., et al. (1997). "ED use by older victims of family violence." Annals of Emergency Medicine. 30:448-454.

- $15,855,000 for the Long-Term Care Ombudsman Program, an increase of +$77,875 above the FY 2018 Annualized Continuing Resolution. This consumer advocacy program improves the quality of care for the residents of long-term care facilities in all states. In FY 2019 the program is projected to provide nearly half a million consultations; and address over 190,000 complaints with a historic resolution rate of nearly 75 percent.

- $4,773,000 for Prevention of Elder Abuse and Neglect, an increase of +$32,413 above the FY 2018 Annualized Continuing Resolution level. This program provides formula grants to states to train, educate, and increase public awareness of how to prevent elder abuse.

- $18,000,000 for the Health Care Fraud and Abuse Control/Senior Medicare Patrol Program (HCFAC/SMP), the same level of funding that was available in FY 2018. HCFAC/SMP funds competitive grants and related infrastructure to support a volunteer-based network that helps to prevent and combat healthcare fraud and abuse and helps to preserve the financial integrity of Medicare and Medicaid.

- $11,874,000 for Elder Rights Support Activities, a decrease of -$1,906,782 below the FY 2018 Annualized Continuing Resolution level. Funds will support the implementation of a nationwide Adult Protective Services data system, and fund research and evaluation activities. This program also provides funding for resource centers and activities that provide information, training, and technical assistance on elder rights issues to the national Aging Services Network.

These elder rights and elder justice programs these provide a foundation and establish best practices for States to expand and improve the protection of individuals living in their communities and in long-term care settings. Their programs increase the information and technical assistance available to the public, States, and localities in preventing and addressing abuse; protect the rights of older adults; reduce health-care fraud and abuse; and provide assistance to Tribes in developing elder justice systems. This multifaceted approach to preventing, detecting, and resolving elder abuse, neglect, and exploitation is essential to successfully fulfilling the shared mission of the Older Americans Act and the Elder Justice Act to maintain the health and independence of older Americans and adults with disabilities.

Long-Term Care Ombudsman Program

Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Long-Term Care Ombudsman Program	$15,848	$15,777	$15,855	$78

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 712 of the Older Americans Act of 1965, as amended.

FY 2019 Older Americans Act Authorization.....$16,621,101

Allocation Method ..... Formula Grants

Program Description and Accomplishments:

The Long-Term Care (LTC) Ombudsman Program is a consumer advocacy program that improves the quality of life and quality of care for the estimated 3 million individuals who reside in over 75,000 long-term care facilities (over 16,000 licensed nursing facilities and nearly 60,000 0licensed board and care facilities).[117] Formula grants to states and territories based on the number of individuals age 60 and older provide funding for the training, travel, and other operating costs of nearly 8,651 ombudsmen (both staff and designated volunteers) who resolve complaints with and on behalf of these residents, advocate for systemic improvement of long-term services and supports, and routinely monitor the condition of long-term care facilities.

A primary ombudsman duty is to identify, investigate, and resolve complaints that are made by or on behalf of residents. These complaints relate to action, inaction, or decisions of providers, public agencies, and others that may adversely affect residents' health, safety, welfare or rights. Ombudsmen advocate on behalf of residents by representing their interests before government and administrative entities, providing information to residents and families about long-term services and supports, and educating the general public about issues related to long-term services and supports policies and regulations.

Much of the efficiency of the ombudsman program is due to a strong reliance on volunteers who make up the bulk of those who resolve resident issues.[118] All but three states have volunteer ombudsman programs. These trained and designated volunteer ombudsmen donated over 708,322 hours in FY 2015. In FY 2016, output data for the Long-Term Care Ombudsman Program highlights the accomplishments achieved by this program and the important role that ombudsmen play in ensuring that the rights of long-term care facility residents are respected:

[117] National Ombudsman Reporting System (NORS) – FFY 2016.
[118] Shaughnessy, Carol V. The Role of Ombudsmen in Assuring Quality for Residents of Long-Term Care Facilities: Straining to Make Ends Meet. National Health Policy Forum. December 9, 2009.

- 1,300 paid and 7,734 designated volunteer ombudsmen made quarterly visits to residents in more than 68 percent of all nursing home facilities and 28 percent of all licensed board and care facilities (Output S). At least another 3,750 volunteers support these paid staff and volunteer ombudsmen.

- Ombudsmen investigated and worked to resolve over 199,000 complaints (Output Q).

- Ombudsmen provided 520,000 consultations to individuals and facility managers and staff on such topics as residents' rights, staffing levels, malnutrition, dementia care, depression, discharge procedures, financial exploitation and strategies to reduce the use of restraints and prevent the abuse and neglect of residents (Output R).

The environment in which individuals seek LTSS continues to evolve as more people are increasingly choosing to live in community settings. Encouraging community living has been supported by a number of Federal and State policies that promote alternatives to nursing homes and other institutional settings, and that recognize the value of consumer preference and the potential fiscal savings that can result. These initiatives, include Olmstead implementation and enforcement, Money Follows the Person, Home and Community-Based Service waivers, and Medicaid managed care, to name a few. These evolving services and supports continue to change the long-term care landscape across the country. There is also a growing Federal awareness and response to the uncharted area of abuse, neglect, and exploitation of older adults and individuals with disabilities.

Funding History:

Funding for the Long-term Care Ombudsman Program over the past five years is as follows:

FY 2015 .....$15,885,000
FY 2016 .....$15,885,000
FY 2017 .....$15,848,000
FY 2018 Annualized CR.....$15,777,125
FY 2019 President's Budget $15,855,000

Budget Request:

The FY 2019 Budget request for the LTC Ombudsman Program is $15,855,000, which is +$78,000 above the FY 2018 Annualized Continuing Resolution. Funds will continue to support the existing infrastructure and activities of the Ombudsman program. With the senior population continuing to grow, the need for safe, high-quality long-term care services (including non-nursing home alternatives) continues to increase, even as we seek to help more people remain in the community for longer periods. Outcome data (displayed in the summary tables at the end of this section) have demonstrated the success of this program in protecting older Americans in an efficient and effective manner. The percentage of the complaints processed by ombudsmen that were fully or

partially resolved to the satisfaction of the resident was 73 percent in FY 2016.[119] Reducing the number of complaints unresolved to the satisfaction of the resident is one indicator of program effectiveness. In FY 2016 the target was to have no more than 9,000 complaints unresolved. The program performed better than expected reducing the number of unresolved complaints to 8,986 (Outcome Measure 2.14). Program success with advocacy for systemic improvement is measured as a reduction in the average number of complaints per facility. In FY 2016, the goal was set at an average of 2.8 complaints per facility. The program surpassed this goal by reducing the average number of complaints to 2.6 (Outcome Measure 2.12). These measures taken together demonstrate the efficacy of the program and its ability to produce positive outcomes for residents.

Ombudsman activities represent an important element of ACL's focus on elder rights and complements ACL's successful elder rights programs to create a full array of services that prevent, detect, and resolve elder abuse, neglect, and exploitation. LTC Ombudsmen also support individuals who choose to transition out of nursing home facilities into more integrated settings. They also advocate for quality care and individual rights and well-being in other congregate long-term care settings, such as board and care and assisted living. In addition, LTC Ombudsmen serve individuals in these settings regardless of the individuals' eligibility for Medicaid or other public benefits. Ombudsmen are the only federally-funded entity providing services to all of these residents. Going forward, outreach, access, complaint investigation and advocacy in board and care and assisted living will require ombudsmen to employ new strategies compared to the work now done primarily in nursing home settings.

Outcomes and Outputs Table:

Long-Term Care Ombudsman Program

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2018 Target**	**FY 2019 Target**	**FY 2019 Target +/-FY 2018 Target**
2.12 Decrease the average number of complaints per LTC facility. (Outcome)	FY 2016: 2.6 Target: 2.8 (Target Exceeded)	2.6	2.6	Maintain
2.14 Decrease the number of complaints not resolved to the satisfaction of the resident. (Outcome)	FY 2016: 8,986 Target: 9,700 (Target Exceeded)	9,300	9,000	-300

[119] National Ombudsman Reporting System (NORS) 2016 – Complaint resolution: 13% needing no further action; 4.5% withdrawn; 4.5% not resolved to the satisfaction of the resident; 5% referred to other agency for resolution.

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output Q: The Number of Complaints *(Output)*	FY 2016: 199,493	193,000	193,000	Maintain
Output R: Number of Ombudsman Consultations *(Output)*	FY 2016: 494,234	480,000	470,000	-10,000
Output S: Facilities regularly visited not in response to a complaint *(Output)*	FY 2016: 28,473	27,800	27,800	Maintain

Grant Awards Table:

Long-Term Care Ombudsman Program Formula Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$282,399	$278,917	$280,294
Range of Awards	$9,884 - $1,658,796	$9,762 - $1,637,718	$9,810 - $1,645,806

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Long-Term Care Ombudsman Program (CFDA 93.042)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	241,379	237,584	238,757	1,173
Alaska	79,072	78,097	78,482	385
Arizona	344,482	344,243	345,943	1,700
Arkansas	148,565	145,301	146,018	717
California	1,658,796	1,637,718	1,645,806	8,088
Colorado	234,091	233,816	234,970	1,154
Connecticut	179,611	176,151	177,020	869
Delaware	79,072	78,097	78,482	385
District of Columbia	79,072	78,097	78,482	385
Florida	1,181,029	1,176,187	1,181,993	5,806
District of Columbia	79,072	78,097	78,482	385
Florida	1,181,029	1,176,187	1,181,993	5,806
Georgia	421,958	419,389	421,459	2,070
Hawaii	79,072	78,097	78,482	385
Idaho	79,072	78,097	78,482	385
Illinois	586,929	575,203	578,042	2,839
Indiana	309,532	304,476	305,979	1,503
Iowa	158,494	155,234	156,000	766
Kansas	135,767	133,571	134,230	659
Kentucky	215,060	211,336	212,379	1,043
Louisiana	211,300	208,869	209,900	1,031
Maine	79,448	78,197	78,583	386
Maryland	273,372	269,923	271,255	1,332
Massachusetts	331,591	326,503	328,115	1,612
Michigan	503,370	494,874	497,317	2,443
Minnesota	258,928	255,955	257,219	1,264
Mississippi	139,902	137,457	138,135	678
Missouri	301,499	296,216	297,679	1,463
Montana	79,072	78,097	78,482	385
Nebraska	88,662	87,304	87,735	431
Nevada	133,897	133,827	134,488	661
New Hampshire	79,072	78,097	78,482	385

PROGRAM/CFDA NUMBER: Long-Term Care Ombudsman Program (CFDA 93.042)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	425,463	417,725	419,787	2,062
New Mexico	102,596	101,459	101,959	500
New York	937,811	919,900	924,441	4,541
North Carolina	479,833	476,200	478,550	2,350
North Dakota	79,072	78,097	78,482	385
Ohio	586,793	575,947	578,790	2,843
Oklahoma	182,045	178,730	179,612	882
Oregon	211,238	209,561	210,596	1,035
Pennsylvania	684,715	670,518	673,827	3,309
Rhode Island	79,072	78,097	78,482	385
South Carolina	250,794	250,307	251,542	1,235
South Dakota	79,072	78,097	78,482	385
Tennessee	322,105	317,806	319,375	1,569
Texas	1,046,876	1,042,389	1,047,535	5,146
Utah	99,455	99,418	99,908	490
Vermont	79,072	78,097	78,482	385
Virginia	380,213	376,694	378,553	1,859
Washington	335,213	334,368	336,018	1,650
West Virginia	106,066	103,264	103,774	510
Wisconsin	288,676	284,589	285,994	1,405
Wyoming	79,072	78,097	78,482	385
Subtotal, States	15,526,418	15,335,373	15,411,067	75,694
American Samoa	9,884	9,762	9,810	48
Guam	39,536	39,048	39,241	193
Northern Mariana Islands	9,884	9,762	9,810	48
Puerto Rico	189,058	186,361	187,281	920
Virgin Islands	39,536	39,048	39,241	193
Subtotal, States and Territories	15,814,316	15,619,354	15,696,450	77,096
Undistributed 1/	$33,684	157,771	158,550	779
TOTAL	**15,848,000**	**15,777,125**	**15,855,000**	**77,875**

1/ Program Support -- Includes funds for Older Americans Act statutory requirements, including disaster assistance, and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to States.

Prevention of Elder Abuse and Neglect

Services	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Prevention of Elder Abuse & Neglect	$4,762	$4,741	$4,773	+$32

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 702 (b) of the Older Americans Act of 1965, as amended.

FY 2019 Older Americans Act Authorization.....$4,994,178

Allocation Method .....Formula Grant

Program Description and Accomplishments:

The Prevention of Elder Abuse and Neglect program provides formula grants to states and territories based on their share of the population 60 and over, to train State and local officials and promote public awareness of elder abuse. The program also supports state and local elder abuse prevention coalitions and multi-disciplinary teams. These activities are important elements of ACL's activities related to elder rights and elder justice. The program coordinates activities with state and local Adult Protective Services programs (over half of which are directly administered by State Units on Aging) and other professionals who work to address issues of elder abuse and elder justice. The importance of these services at the state and local level is demonstrated by the fact that states significantly leverage Older Americans Act (OAA) funds to obtain other funding for these activities. In FY 2016, over $30 million of the Elder Abuse Prevention services expenditures was leveraged from non-OAA funds, a ratio of nearly $7.00 of non-OAA funds for every $1 investment of ACL funds.

Examples of state elder abuse prevention activities include:

- In Kentucky, the local area agencies on aging participate in the Local Coordinating Councils on Elder Abuse, which have developed emergency elder shelters, distributed informational cards for law enforcement officers to have in the patrol cars which contain crucial resource information for victims of elder abuse, conducted training on a regular basis to first responders, provided a friendly visitor program for home-based seniors, and produced a prevention tool called the Kentucky Fraud Fighter Form.

- In Illinois, the State Department on Aging utilizes its elder abuse funds to support volunteer community based multi-disciplinary teams (M-Teams) that serve in a technical advisory role to more than 40 elder abuse provider agencies throughout the state. The objectives of the M-Team are to provide case consultation and assistance to caseworkers and to encourage cooperation among various service agencies. Each M-Team is

composed of the M-Team Coordinator and representatives of the mental health, medical, legal, law enforcement, faith community, and financial professions.

The Prevention of Elder Abuse and Neglect program demonstrates ACL's ongoing commitment to protecting the rights of seniors and promoting their dignity and autonomy. Through education efforts, exposing problems that would otherwise be hidden from view, and providing a voice for those who cannot act for themselves, the program helps ensure that all older Americans are able to age with dignity in a safe environment.

Funding History:

Funding for Prevention of Elder Abuse and Neglect over the past five years is as follows:

FY 2015 .....$4,773,000
FY 2016 .....$4,773,000
FY 2017 .....$4,762,000
FY 2018 Annualized CR.....$4,740,587
FY 2019 President's Budget $4,773,000

Budget Request:

The FY 2019 request for the Prevention of Elder Abuse and Neglect program is $4,773,000, which is $32,000 above the FY 2018 Annualized Continuing Resolution. The FY 2019 request maintains the ability of states and territories to train law enforcement officials, develop and distribute educational materials, conduct public awareness campaigns, and create community coalitions and multidisciplinary teams to investigate and respond to elder abuse and neglect. States and AAAs also use this funding to coordinate their activities with fraud and crime prevention partnerships organized by sheriffs, police chiefs, and community organizations.

Elder Abuse Prevention activities are important elements of ACL's elder rights and elder justice activities and complement Adult Protective Services by funding the infrastructure on which best practices may be developed and evaluated.

Output Table:

Prevention of Elder Abuse and Neglect

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output U: Elder Abuse prevention non-OAA service expenditures *(Output, dollars in thousands)*	FY 2016: $30,104	$30,600	$30,800	+200

Grant Awards Table:

Prevention of Elder Abuse, Neglect, and Exploitation Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$84,685	$83,807	$84,380
Range of Awards	$2,964 - $471,073	$2,934 - $467,207	$2,954 - $470,407

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Prevention of Elder Abuse & Neglect (CFDA 93.041)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	76,215	75,590	76,107	517
Alaska	23,712	23,466	23,626	160
Arizona	84,481	80,831	81,384	553
Arkansas	48,157	47,762	48,089	327
California	471,073	467,207	470,407	3,200
Colorado	57,391	55,622	56,002	380
Connecticut	59,907	59,416	59,822	406
Delaware	23,712	23,466	23,626	160
District of Columbia	23,712	23,466	23,626	160
Florida	344,252	341,428	343,762	2,334
Georgia	103,450	102,473	103,174	701
Hawaii	23,712	23,466	23,626	160
Idaho	23,712	23,466	23,626	160
Illinois	197,384	195,765	197,103	1,338
Indiana	98,224	97,418	98,084	666
Iowa	55,927	55,468	55,847	379
Kansas	45,843	45,467	45,778	311
Kentucky	66,595	66,049	66,500	451
Louisiana	68,518	67,956	68,421	465
Maine	23,712	23,466	23,626	160
Maryland	78,087	77,446	77,976	530
Massachusetts	109,606	108,707	109,450	743
Michigan	160,862	159,542	160,633	1,091
Minnesota	76,347	75,721	76,238	517
Mississippi	45,198	44,827	45,134	307
Missouri	97,643	96,842	97,504	662
Montana	23,712	23,466	23,626	160
Nebraska	29,770	29,526	29,728	202
Nevada	32,827	27,402	27,590	188
New Hampshire	23,712	23,466	23,626	160

PROGRAM/CFDA NUMBER: Prevention of Elder Abuse & Neglect (CFDA 93.041)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	143,950	142,769	143,745	976
New Mexico	26,393	26,176	26,356	180
New York	318,066	315,457	317,614	2,157
North Carolina	126,782	125,742	126,602	860
North Dakota	23,712	23,466	23,626	160
Ohio	197,185	195,567	196,905	1,338
Oklahoma	60,208	59,714	60,122	408
Oregon	56,795	56,329	56,714	385
Pennsylvania	242,944	240,951	242,598	1,647
Rhode Island	23,712	23,466	23,626	160
South Carolina	63,080	62,563	62,990	427
South Dakota	23,712	23,466	23,626	160
Tennessee	91,810	91,057	91,679	622
Texas	274,281	272,031	273,891	1,860
Utah	24,837	24,633	24,802	169
Vermont	23,712	23,466	23,626	160
Virginia	102,820	101,977	102,674	697
Washington	86,291	85,583	86,168	585
West Virginia	36,736	36,435	36,684	249
Wisconsin	90,309	89,568	90,181	613
Wyoming	23,712	23,466	23,626	160
Subtotal, States	4,658,500	4,610,075	4,641,596	31,521
American Samoa	2,964	2,934	2,954	20
Guam	11,856	11,733	11,813	80
Northern Mariana Islands	2,964	2,934	2,954	20
Puerto Rico	54,217	53,772	54,140	368
Virgin Islands	11,856	11,733	11,813	80
Subtotal, States and Territories	4,742,357	4,693,181	4,725,270	32,089
Undistributed 1/	19,643	47,406	47,730	324
TOTAL	**4,762,000**	**4,740,587**	**4,773,000**	**32,413**

1/Program Support -- Includes funds for Older Americans Act statutory requirements, including disaster assistance, and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to States.

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Health Care Fraud and Abuse Control/Senior Medicare Patrol Program

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Senior Medicare Patrol Program	$18,000	$18,000	$18,000	$0
FTE 2/	5	5	7	+2

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Sections 201, 202, and 411 of the Older Americans Act of 1965, as amended.

FY 2019 Older Americans Act Authorization..... Authorized—No Specific Amount

Allocation Method .....Competitive Grant

Program Description and Accomplishments:

The Health Care Fraud and Abuse Control/Senior Medicare Patrol (SMP) program provides competitive grants to 53 states and territories to support a national network of volunteers whose purpose is to educate Medicare beneficiaries on preventing and identifying healthcare fraud and abuse. Projects use the skills of volunteers to conduct community outreach and education and provide information that empowers beneficiaries of Medicare and Medicaid and their families to prevent, identify and report fraud. Activities are carried out in partnership with the Centers for Medicare & Medicaid Services (CMS), the Office of Inspector General (OIG), healthcare providers, and other aging and elder rights professionals from around the country.

Data obtained from the SMP Information and Reporting System (SIRS) for calendar year 2016 shows that the 53 Senior Medicare Patrol projects:

- Maintained 6,157 active SMP team members who worked over 413,395 hours to educate beneficiaries about how to prevent Medicare fraud, errors and abuse;
- Educated 1,498,213 individuals during 26,307 group outreach and education events; and,
- Responded to 187,705 individual inquiries for information or assistance from Medicare beneficiaries, family members, and caregivers related to Medicare fraud, errors and abuse.

Since the Senior Medicare Patrol program's inception in 1997, program data show that SMP projects have educated nearly 35.6 million beneficiaries through 360,973 group outreach and education events and assisted approximately 2.5 million beneficiaries with individual inquires

related to Medicare fraud, errors, and abuse. HHS-OIG reports that total savings directly attributable to the SMP projects are more than $124 million since 1997; however, this does not fully capture the total impact of the program on reducing Medicare fraud, including any sentinel effect that may result from these activities.

The SMP program historically has used approximately $3.4 million of its resources for infrastructure (including Federal staff support), technical assistance, and other program support and capacity-building activities designed to enhance program effectiveness. Activities funded with these dollars include support for project training and technical assistance provided by ACL's National Consumer Protection Technical Resource Center.

Funding History:

Comparable funding for SMP discretionary appropriations over the past five years is as follows:

FY		FTE
FY 2015	$17,620,000	7
FY 2016	$18,000,000	6
FY 2017	$18,000,000	5
FY 2018 Annualized CR	$18,000,000	5
FY 2019 President's Budget	$18,000,000	7

Budget Request:

The FY 2019 Budget includes an estimate of $18 million in FY 2018 and FY 2019 for the HCFAC/SMP. Since FY 2016, appropriations language has charged the Secretary to fully fund the program at a level determined by the Secretary out of discretionary appropriations from the HCFAC account within the Centers for Medicare & Medicaid Services (CMS). In FY 2019, CMS plans to continue to support the SMP program and is requesting to change the appropriations language to provide the Secretary of HHS with greater flexibility in determining the funding amount and sources of funding (e.g. HCFAC mandatory or discretionary account) that this activity can be funded from. This request reflects an increase of 2 FTE over FY 2018, resulting from the shift of additional staff to work on SMP/HCFAC following elimination of the SHIP program.

Since the Senior Medicare Patrol program's inception, SMP projects have received more than 35,000 complex issues (complaints) from Medicare beneficiaries who have detected billing errors, potential fraud, or other discrepancies. SMPs also have educated over 6.6 million beneficiaries in group or one-on-one counseling sessions and have reached more than 30 million people through community outreach events. The primary focus of these sessions is on education, prevention, and teaching beneficiaries how to protect themselves and avoid fraud in the first place and this is the true value of the SMP program.

The total impact of these education and prevention activities is extremely difficult to quantify in dollars and cents. As HHS-OIG indicated in their June 2016 report on the SMP program:

> *"We continue to emphasize the projects may not be receiving full credit for recoveries, savings, and cost avoidance attributable to their work. It is not always possible to track referrals to Medicare contractors or law enforcement from beneficiaries who have learned to detect fraud, waste, and abuse from the projects. In addition, the projects are unable to track the substantial savings derived from a sentinel effect whereby Medicare beneficiaries' scrutiny of their bills reduce fraud and errors."*

While SMPs make numerous referrals of potential fraud to the Centers for Medicare & Medicaid Services (CMS) and the HHS Office of Inspector General (HHS-OIG), it is difficult to track the actions (investigation, prosecution, collection) required to calculate the full savings to the government as a result of SMP referrals. All of these factors hinder the program's ability to measure the extent and cost of fraud and abuse. ACL recognizes the importance of measuring the value of the SMP program impact to the fullest degree possible and is working to overcome these limitations by undertaking a variety of steps, including:

- Realigning the program's performance metrics based on findings from a recent SMP program evaluation;

- Ongoing collaboration with HHS-OIG to track fraud referrals and their outcomes; and,

- Continuing research efforts on SMP prevention education to determine how to best measure and quantify the effects of SMP program efforts. Preliminary results appear to show it is possible to quantify and demonstrate the value of SMP prevention activities, but further follow-up is required, the results of which should be available in FY 2019.

Despite the factors that have limited ACL's ability to quantify the value of the SMP program in preventing, identifying, and reporting health care fraud, HHS-OIG has documented over $124.6 million in savings attributable to the program as a result of beneficiary complaints since the program's inception in 1997.

Output Table:

Senior Medicare Patrol Program

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
Output W: Beneficiaries Educated and Served *(Output)*	CY 2016: 1,688,083	1,740,000	1,785,000	+45,000

Grant Awards Table:

Senior Medicare Patrol Grant Awards
(Dollars in thousands)

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	107	54	54
Average Award	$145,328	$297,592	$297,592
Range of Awards	$95,831 - $640,000	$95,831 - $640,000	$95,831 - $640,000

Resource and Program Data:

Senior Medicare Patrols
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants: Formula	--	--	--	--	--	--
New Discretionary	54	805	53	15,430	--	--
Continuations	53	14,745	1	640	54	16,070
Contracts	4	969	3	827	3	827
Interagency Agreements	--	--	--	--	--	--
Program Support 1/	--	1,481	--	1,103	--	1,103
Total Resources	--	18,000	--	18,000	--	18,000

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

2/ No discretionary budget authority funding is requested by ACL for the Senior Medicare Patrol program in FY 2018. Since FY 2016, based on FY 2016 appropriations language, SMP funding levels are determined by the Secretary of HHS, and made available from discretionary appropriations for the HCFAC account within the Centers for Medicare & Medicaid Services (CMS).

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Elder Rights Support Activities

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Elder Rights Support Activities	$13,847	$13,780	$11,874	-$1,906
FTE	2.5	2.7	2.7	-

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Sections 201, 202, 411, 751, and 752 of the Older Americans Act of 1965 as amended, Title XX of the Social Security Act, Subtitle B, as amended by the Affordable Care Act.

FY 2018 Older Americans Act Authorization.....$11,083,873

Allocation Method .....Competitive Grants/Cooperative Agreements and Contracts

Program Description and Accomplishments:

Elder Rights Support Activities provide information, training, and technical assistance to States and communities to prevent, detect, and respond to elder abuse, neglect, and exploitation and support the development of coordinated systems of Adult Protective Services. The Elder Justice and Adult Protective Services program, along with the National Center on Elder Abuse, the National Long-Term Care Ombudsman Resource Center, and legal systems development and assistance programs create an interconnected framework for carrying out ACL's Protection of Vulnerable Adults programs.

The Elder Justice Act of 2009 established the Elder Justice Coordinating Council (EJCC) to coordinate activities related to elder abuse, neglect, and exploitation across the Federal government. As Chair of the EJCC, the Secretary of HHS has lead responsibility for identifying and proposing solutions to the problems surrounding elder abuse. The Secretary has assigned responsibility for implementing the EJCC to the Administration for Community Living.

To combat the rising scourge of elder abuse, neglect, and exploitation in America, ACL's goal is to put in place, in coordination with the Elder Justice Coordinating Council, a comprehensive system to provide a coordinated and seamless response for helping adult victims of abuse, to prevent abuse before it happens, and to develop new and innovative approaches to preventing, detecting, and responding to abuse, neglect, and exploitation. The Elder Rights Support Activities described below are key components of ACL's ongoing elder rights programs.

Adult Protective Services

Unlike Child Protective Services, which has been in existence for decades, a federal infrastructure to support basic programmatic standards for Adult Protective Services (APS) is just beginning. Historically, an absence of federal stewardship in APS has led to inconsistent data systems and non-uniform reporting requirements at the national level, and prevented APS programs from evaluating their services or conducting meaningful program evaluations. APS programs and administrators have lacked reliable information and guidance on best practice and standards for conducting case investigations and for staffing and managing APS programs. Additionally, GAO has identified challenges faced by APS programs across the country in collecting, maintaining, and reporting statewide, case-level data. These challenges include funding levels, budget reductions, and increasing caseloads. These challenges and have impaired States' ability to assess client outcomes and the effectiveness of the services they are providing.[120] They have also given rise to systems that are less equipped to respond in an effective and timely way to reports of elder abuse, neglect and exploitation.

In FY 2015, ACL received its first dedicated appropriation to support states in enhancing their APS systems statewide. Through ACL's continued investment in the APS program in FY 2016, states received additional funding to test innovations and improvements in APS practice, services, data collection, and reporting, and to support the development and implementation of ACL's National Adult Maltreatment Reporting System (NAMRS) effort. The APS program supports states by providing significant, on-going technical assistance to identify promising and best practices; participate in national APS data collection efforts; and conduct research and evaluations to increase the knowledge base about effective APS programming and practices. Through the APS program, ACL encourages states to seek system transformations that reflect "person-centered approach" (i.e., practices and services that are based on people's strengths, assets, goals, culture, and expectations, along with their needs) and that aim to improve the experiences, health, well-being, and outcomes of the individuals served by APS.

National Center on Elder Abuse

To support and enhance the activities of State and local programs to prevent elder abuse, neglect, and exploitation, ACL funds the National Center on Elder Abuse (NCEA). NCEA disseminates information to professionals and the public; collaborates on research; provides consultation; identifies and provides information about promising practices and interventions; answers inquiries and requests for information; operates a listserv forum for professionals; and advises on program and policy developments. NCEA also facilitates the exchange of strategies for uncovering and prosecuting fraud in areas such as telemarketing and sweepstakes scams. Examples of past NCEA activities include:

- Responding to individual public inquiries and requests for information regarding elder abuse.

- Providing cost-effective trainings to professionals though live Webcast forums on issues relevant to elder justice, training professionals through presentations at national

[120] U.S. Government Accountability Office. (2011). ELDER JUSTICE: Stronger Federal Leadership Could Enhance National Response to Elder Abuse. (GAO-11-208). Washington, D.C.: U.S. Government Printing Office.

conferences, and creating and disseminating three research-themed training podcasts to promote continual learning.

- Continuing to support systems change by identifying local elder justice community coalitions and reaching out to them to learn how they leverage local resources and expertise to prevent and combat elder abuse, neglect, and exploitation, as well as offering technical assistance on operating, invigorating, and sustaining coalitions.

National Long-Term Care Ombudsman Resource Center

The National Long-Term Care Ombudsman Resource Center (NORC) provides training and technical assistance to support the activities of State and local long-term care ombudsmen. The Center works to enhance the skills, knowledge and management capacity of the statewide ombudsman programs to enable them to handle resident complaints and represent resident interests. The Center also provides information to consumers and links them to ombudsmen who can help consumers navigate the long-term care system and resolve problems in nursing, board and care, and assisted living homes.

The NORC engages in numerous projects and activities in support of long-term care ombudsman programs. Highlights include supporting the Money Follows the Person (MFP) demonstration project by working with CMS, ACL, and National Association of State Long-Term Care Ombudsman Programs (NASOP) to promote ombudsman coordination with MFP grantees, Aging and Disability Resource Centers (ADRCs), Centers for Independent Living, and other single point of entry programs; and furthering Federal efforts to support consumer choice and access to alternatives to nursing home care. The NORC also provides ombudsmen with training from national experts on such issues as the Changing Long-Term Care System, Money Follows the Person and Nursing Home Transition, and Advocacy in Assisted Living. The Center's website continues to experience high utilization (over 40,000 monthly visits) by ombudsmen, consumers, and agencies.

Legal Assistance and Support

Legal Assistance and Support provides funding for two different activities. Model Approaches help States develop and implement cost-effective, replicable approaches for integrating low-cost legal assistance mechanisms related to APS into the broader tapestry of State legal service delivery networks, such as senior legal helplines, law school clinics, and volunteer attorneys. Model Approaches projects ensure strong leadership at the State level, thereby enhancing the state's overall capacity for legal service delivery and creating linkages between legal assistance providers and professionals in the broader community-based aging and disability and elder rights networks. These linkages include Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), State Long-Term Care Ombudsmen, and Adult Protective Services, and leverage the strengths and resources of both elder rights and aging and disability service networks for the provision of quality legal service on priority issues to older adults most in need.

Model Approaches – Phase II grants promote legal service delivery systems that are optimally responsive to complex legal issues emerging from cases of elder abuse, neglect, and financial exploitation. In addition, these projects support outreach efforts and implement legal data

collection and reporting systems that demonstrate the beneficial impact of legal services on the independence, health, and financial security of older adults.

In addition to Model Approaches, Legal Assistance and Support grants fund a comprehensive national legal assistance support system serving professionals and advocates working in legal and aging and disability services networks. Through this funding, the National Legal Resource Center (NLRC) supports the leadership, knowledge, and systems capacity development of legal and aging provider organizations. The NLRC works to enhance the quality, cost effectiveness, and accessibility of legal assistance and elder rights protections available to older persons with social or economic needs. The audience targeted to receive support services through the NLRC includes a broad range of legal, elder rights, and aging and disability services professionals and advocates. These include Home and Community-Based Services legal providers, legal assistance developers, long-term care ombudsmen, Area Agency on Aging and Aging and Disability Resource Center staff, senior legal helplines, Adult Protective Services workers, and others involved in protecting the rights of older persons.

Funding History:

Comparable funding for Elder Rights Support Activities over the past five years is as follows:

FY		FTE
FY 2015	$7,874,000	.2
FY 2016	$11,874,000	.8
FY 2017	$13,847,000	2.5
FY 2018 Annualized CR	$13,779,782	2.7
FY 2019 President's Budget	$13,874,000	2.7

Budget Request:

The FY 2019 Budget request for the four Elder Rights Support Activities is $11,874,000, a reduction of -$1,906,782 below the FY 2018 Annualized Continuing Resolution.

Elder Justice/Adult Protective Services:

The FY 2019 Budget request for Elder Justice/Adult Protective Services is $8,000,000 a reduction of -$1,932,000 below the FY 2018 Annualized Continuing Resolution. At this funding level, ACL can continue to support State APS systems, as well as coordinate services related to elder abuse, neglect, and exploitation across the Federal government. With the FY 2019 Budget request ACL will:

- *Provide Demonstration Grants to Enhance State APS Systems:* As recommended by the GAO, ACL, in partnership with ASPE, created a technology infrastructure for a national APS data collection system, the National Adult Maltreatment Reporting System (NAMRS). The NAMRS tool is a process where all states can voluntarily report data

collected through APS investigations. In FY 2019, ACL will continue to provide grants to support State's efforts to participate in NAMRS

- *Operate and Maintain NAMRS and Provide Technical Assistance*: GAO recommended significant, on-going technical assistance to states to facilitate their participation in a national APS data collection effort. In FY 2019, ACL will continue to support the operations and maintenance of the NAMRS system as well provide technical assistance to State's in their use of the NAMRS system.

- *Advance Research on Elder Abuse:* Research in the area of elder abuse, neglect, and exploitation is still in its infancy, with little known about risk and protective factors for being a victim or perpetrator, nor about effective and evidence-based prevention, intervention, and remediation practices. Further research is also needed regarding the impacts of elder abuse on health and long-term care systems and on the costs of care. This fundamental research work is needed to develop credible benchmarks for elder abuse, neglect, and exploitation prevention or control. In FY 2019 ACL will continue to invest in areas that build the foundational knowledge essential for understanding the problem and the best ways to prevent and address it.

- *Program Implementation and Oversight:* support salaries and overhead costs for staff totaling 2.7 FTE carrying out the Elder Justice initiative and supporting the ongoing work of the EJCC.

Other Elder Rights Support Activities:

The FY 2019 request for the remaining three Elder Rights Support Activities essentially maintains the FY 2018 Annualized Continuing Resolution level for Legal Assistance and Support activities (Statewide Model Approaches and Legal Assistance programs), the National Center on Elder Abuse, and the National Long-Term Care Ombudsman Resource Center.

These programs provide the technical assistance, information, resources, referrals, and systems development and assistance activities that support the efforts of the entire spectrum of Protection of Vulnerable Adults programs. These activities, along with the Elder Justice and APS program, are a critical component of ACL's elder rights programs and help to create a full array of services to prevent, detect, and resolve elder abuse, neglect, and exploitation. Continued support for these programs and resource centers will provide the best and most efficient services and supports possible to support ACL's efforts to promote elder rights and elder justice.

Elder Rights Support Activities includes funding for the following projects (dollars in thousands):

Elder Rights Support Activities	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Elder Justice & APS	$9,981	$9,932	$8,000
Legal Assistance and Support	$2,585	$2,565	$2,584
National Center on Elder Abuse	$765	$765	$770
LTC Ombudsman Resource Center	$516	$518	$521
Total, Elder Rights Support Activities	$13,847	$13,780	$11,874

Grant Awards Table:

Elder Rights Support Activities Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	40	41	35
Average Award	$268,697	$247,940	$236,735
Range of Awards	$70,312-$749,987	$70,312-$749,987	$70,312-$749,987

Resource and Program Data:

Elder Rights Support Activities
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	9	3,543	23	5,207	9	1,549
Continuations	31	7,205	18	4,958	26	6,737
Contracts	3	2,451	4	2,738	4	2,738
Interagency Agreements	--	--	--	--	--	--
Program Support 1/	--	648	--	877	--	851
Total Resources	--	13,847	--	13,780	--	11,874

1/ Program Support -- Includes funds for grant systems and review and information technology support costs.

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Disability Programs and Services

Summary of Request

Disability Programs and Services fund capacity-building, knowledge generation, and systems change efforts to ensure that people with disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance. These programs seek to promote the increased self-determination, independence, productivity, integration, and inclusion of such individuals in all facets of community life.

The total FY 2019 request for Disability Programs and Services is $233,648,000, a reduction of -$147,772,000 below the FY 2018 Annualized Continuing Resolution. In FY 2019, specific program requests include:

- $56,000,000 is requested for State Councils on Developmental Disabilities (SCDD) a reduction of -$16,504,000 below the FY 2018 Annualized Continuing Resolution. State Councils are charged with engaging in advocacy, capacity building and systemic change activities that contribute to a coordinated and comprehensive system of community services that promote self-determination, and integration for people with developmental disabilities.

- $38,734,000 for Developmental Disability Protection and Advocacy systems, +$263,043 above the FY 2018 Annualized Continuing Resolution. Protection and Advocacy systems in each state and territory protect the legal and human rights of all people with developmental disabilities. They have the authority to pursue legal, administrative and other appropriate remedies or approaches, including the authority to investigate incidents of abuse and neglect.

- $32,546,000 for University Centers for Excellence in Developmental Disabilities (UCEDDs), a decrease of -$5,810,738 below the FY 2018 Annualized Continuing Resolution. At the reduced funding level, based on statutory requirements for allocating funding, national training efforts would be discontinued and funding for remaining grants and contracts would be reduced by approximately 13 percent. UCEDDs in each state and territory undertake interdisciplinary pre-service training, community services, research, and information dissemination activities that promote opportunities for people with developmental disabilities to exercise self-determination and to be independent, productive, and included in the community.

- $1,050,000 for Projects of National Significance, a decrease of -$8,882,090 below the FY 2018 Annualized Continuing Resolution level. In FY 2019, Projects of National Significance will focus solely on three longitudinal studies; The State of the States in Developmental Disabilities, Residential Information Systems Project, and the National Data Collection on Day and Employment Services for Individuals with Developmental Disabilities.

- $95,997,000 for Independent Living, a decrease of -$4,499,000 from the FY 2018 Annualized Continuing Resolution. Centers for Independent Living provide grants for consumer controlled, community-based, cross-disability, private nonprofit agencies that are designed and operated within a local community by individuals with significant disabilities and provide an array of independent living services.

- No funding is requested for the Limb Loss Resource Center. Other HHS programs, such as Centers for Independent Living and Assistive Technology, provide services and resources to people with all types of significant disabilities.

- No funding is requested for the Paralysis Resource Center. Other HHS programs, such as Centers for Independent Living and Assistive Technology, provide services and resources to people with all types of significant disabilities.

- $9,321,000 is requested for the Traumatic Brain Injury (TBI) program, which maintains the FY 2018 Annualized Continuing Resolution level. TBI Protection and Advocacy activities also will continue to be maintained at the FY 2018 Annualized Continuing Resolution.

- The Fiscal Year 2019 Budget proposes to consolidate targeted HHS research programs within NIH, including NIDILRR as a new National Institutes of Health (NIH) Institute. The reorganization would create efficiencies by enabling NIDILRR to benefit from the NIH research infrastructure, the largest at HHS.

State Councils on Developmental Disabilities

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY19 +/- FY 2018
State Councils on Developmental Disabilities	$72,833	$ 72,504	$56,000	-$16,504

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 129(a) of the Developmental Disabilities Assistance and Bill of Rights Act

FY 2019 Developmental Disabilities Assistance and Bill of Rights Act Authorization.....Expired

Allocation Method .....Formula Grant

Program Description and Accomplishments:

State Councils on Developmental Disabilities (SCDD) are charged with identifying and addressing the most pressing needs of people with developmental disabilities in their state and territory. SCDDs set priorities and pursue systems change efforts designed to turn fragmented approaches into a comprehensive and effective statewide, person-centered and family-centered system. These systems provide a coordinated array of culturally-competent services and other forms of assistance for people with developmental disabilities, including individuals with autism and their family caregivers.

While SCDDs do not provide services directly, a portion of their funding goes into local communities to support investments in innovation specific to the needs in the state or territory. SCDDs examine and conduct in-depth analysis of the quantity and quality of services and supports that are provided at the state and local level. Based on their analysis, each SCDD develops a strategic State Plan, with goals and objectives designed to move the state towards an effective, coordinated system of supports and services that advance community living for all people with developmental disabilities. In addition, Councils are the only entity in the state required to strengthen self-advocacy and to build leadership skills of individuals with developmental disabilities.

The authorizing statute requires that Councils use 70 percent of their federal funding to implement the State Plan, which includes support for innovation. While the State Plan can be implemented by Council staff, Councils have the authority to award grants and/or contracts, award funds to organizations in the state that serve individuals with DD. These could include the University Center of Excellence in Developmental Disabilities (UCEDD) or the Protection and Advocacy (P&A) agency but can also include other community-based organizations. Recent data indicates that 26 of 42 reporting Councils awarded grants or contracts with the rest doing work "in-house." As an example of how funding is used to support innovation, the Georgia Council on

Developmental Disabilities worked with a network of colleges and universities to offer students with developmental disabilities an opportunity to receive a post-secondary experience. What began with one university and a $25,000 grant from the Council has grown to 6 universities/colleges and a budget of over $1.5 million including state and federal funds. Currently, there are 80 students enrolled in two and four-year programs across the state. A major focus of the programs is preparing students for employment. Data collected between 2011 and 2015 on students who attended these programs indicated that 57 percent gained employment, 22 percent were continuing their education, and 7 percent were seeking employment. Examples of other State Council on Developmental Disabilities' activities include:

- *Access to Health Care*: The Maine Developmental Disabilities Council collaborated to expand a "medical home" model for individuals with developmental disabilities to ensure access to a primary care physician or regular health care provider to better coordinate their overall care. The Texas Council for Developmental Disabilities supported projects in ten targeted regions to increase capacity to provide culturally appropriate health care services, community services, behavior supports, and respite to support people with developmental disabilities and their families.

- *Access to Dental Care*: The California Developmental Disabilities Council partnered with coalitions to assist individuals with developmental disabilities and families in understanding managed care and assisted health plans to improve access to dental care, particularly anesthesia-based dental care. The Hawaii State Council on Developmental Disabilities worked with the state legislature to establish a donated dental services program that has assisted hundreds of individuals with developmental disabilities. The Montana Council on Developmental Disabilities worked with community health centers, dental associations, and donated dental program to increase dental care options and training for dental professionals, including procedures that might involve sedation.

- *Community Living*: The Alaska Governor's Council on Disabilities & Special Education collaborated on a HomeMap project to explore the use of enabling technologies to more cost-effectively support individuals and families with fewer paid staff hours in their HCBS waiver program. The North Carolina Council on Developmental Disabilities partnered with the P&A on a model demonstration to transition individuals out of Adult Care Homes (ACHs) and into HCBS settings. The Washington State Developmental Disabilities Council conducts independent quality of life surveys with individuals with disabilities transitioning from institutional to HCBS as part of the State's Roads to Community (Money Follows the Person) programs.

- *Transportation*: The Colorado Developmental Disabilities Council supported grassroots projects in rural areas which led to community action at the local level that increased transportation, livable communities, and meaningful participation of people with DD in their communities. The Florida Developmental Disabilities Council partnered with the Florida Department of Transportation to implement a transportation voucher pilot project in two Florida sites. The project contributed to voucher users gaining access to increased employment opportunities, training and higher wages. For example, prior to implementation of the program one participant had turned down a job a Walmart the year

before due to not having available transportation. Through the program, she resubmitted her application, was hired and is getting to work at Walmart on time every day.

To receive funds, each state and territory must have an established SCDD as prescribed under the Developmental Disabilities Assistance and Bill of Rights Act ("DD Act"). There are 56 Councils whose members are appointed by the Governor and serve in a volunteer capacity. Under current law, not less than 60 percent of the SCDD membership must be composed of persons with developmental disabilities and their family members.

Funding History:

Funding for the program over the past five years is as follows:

FY 2015 .....$71,692,000
FY 2016 .....$73,000,000
FY 2017 .....$72,833,000
FY 2018 Annualized CR.....$72,504,257
FY 2019 President's Budget $56,000,000

Budget Request:

The FY 2019 request for State Councils on Developmental Disabilities (SCDD) is $56,000,000, which is -$17 million below the FY 2018 Annualized Continuing Resolution.

ACL recognizes the value this program provides by focusing solely on developmental disabilities that are lifelong, significant and require ongoing support and by supporting investment and innovation tailored to needs in states or territories that improve the quality of life of those with developmental disabilities. ACL proposes to work with grantees to identify efficiencies in the operations of the councils to maximize funding for service provision.

Outputs and Outcomes Table:

State Councils on Developmental Disabilities *

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
8.1LT and 8A Increase the percentage of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community. (Outcome)	FY 2016: 14.93% Target: 14.89% (Target Exceeded)	Discontinued	Discontinued	Maintain
8E Increase the number of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community per $1,000 of federal funding to the Councils. (Efficiency)	FY 2016: 10.14 Target: 10.02 (Target Exceeded)	Discontinued	Discontinued	Maintain
8G Increase the percentage of people with developmental disabilities and their family members increasing their advocacy knowledge. (Outcome)	FY 2017: Result Expected Dec 31, 2018 Target: Set Baseline (Pending)	--	--	--

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
8i: Number of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community. *(Output)*	FY 2016: 758,638	N/A	N/A	N/A
8ii: Number of all individuals trained by the Councils. *(Output)*	FY 2016: 301,626	N/A	N/A	N/A

*ACL has redesigned grantee program performance reporting. As a result measures 8A and 8E have been discontinued and measure 8G has been developed. ACL's performance management strategy includes the routine review of program performance data with adjustments to performance measures (e.g. revision, discontinuation and new development) as appropriate. New performance measures which result from this ongoing review will be included in the subsequent year's budget.

Grant Awards Tables:

State Councils on Developmental Disabilities Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$1,299,907	$1,294,036	$999,317
Range of Awards	$253,256 - $6,527,210	$252,458 - $6,487,400	$195,516 - $5,005,217

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: State Councils on Developmental Disabilities (CFDA 93.630)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	1,291,034	1,283,788	988,654	(295,134)
Alaska	486,307	484,775	375,435	(109,340)
Arizona	1,411,676	1,403,752	1,081,038	(322,714)
Arkansas	770,894	766,568	590,338	(176,230)
California	6,527,210	6,487,400	5,005,217	(1,482,183)
Colorado	880,804	875,860	674,506	(201,354)
Connecticut	687,124	683,268	526,188	(157,080)
Delaware	486,307	484,775	375,435	(109,340)
District of Columbia	486,307	484,775	375,435	(109,340)
Florida	3,655,639	3,635,124	2,799,430	(835,694)
Georgia	2,065,602	2,054,008	1,581,804	(472,204)
Hawaii	486,307	484,775	375,435	(109,340)
Idaho	486,307	484,775	375,435	(109,340)
Illinois	2,618,348	2,610,100	2,021,396	(588,704)
Indiana	1,484,870	1,480,192	1,146,338	(333,854)
Iowa	772,264	769,832	596,196	(173,636)
Kansas	613,072	611,140	473,300	(137,840)
Kentucky	1,198,210	1,191,486	917,570	(273,916)
Louisiana	1,372,326	1,368,004	1,059,454	(308,550)
Maine	486,307	484,775	375,435	(109,340)
Maryland	1,005,670	1,002,502	776,390	(226,112)
Massachusetts	1,362,510	1,354,864	1,043,390	(311,474)
Michigan	2,537,470	2,523,230	1,943,154	(580,076)
Minnesota	1,022,764	1,019,542	789,586	(229,956)
Mississippi	911,980	909,108	704,060	(205,048)
Missouri	1,364,596	1,356,936	1,044,986	(311,950)
Montana	486,307	484,775	375,435	(109,340)
Nebraska	486,307	484,775	375,435	(109,340)
Nevada	540,162	537,132	413,648	(123,484)
New Hampshire	486,307	484,775	375,435	(109,340)

PROGRAM/CFDA NUMBER: State Councils on Developmental Disabilities (CFDA 93.630)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	1,549,484	1,544,602	1,196,220	(348,382)
New Mexico	489,030	487,490	377,536	(109,954)
New York	4,090,946	4,067,986	3,132,780	(935,206)
North Carolina	2,015,964	2,004,650	1,543,794	(460,856)
North Dakota	486,307	484,775	375,435	(109,340)
Ohio	2,839,690	2,830,744	2,192,276	(638,468)
Oklahoma	895,034	892,214	690,978	(201,236)
Oregon	779,362	774,988	596,824	(178,164)
Pennsylvania	3,019,046	3,009,534	2,330,740	(678,794)
Rhode Island	486,307	484,775	375,435	(109,340)
South Carolina	1,094,290	1,090,844	844,806	(246,038)
South Dakota	486,307	484,775	375,435	(109,340)
Tennessee	1,457,786	1,453,194	1,125,430	(327,764)
Texas	4,802,026	4,775,076	3,677,316	(1,097,760)
Utah	633,704	630,148	485,280	(144,868)
Vermont	486,307	484,775	375,435	(109,340)
Virginia	1,498,220	1,493,500	1,156,646	(336,854)
Washington	1,167,690	1,161,136	894,196	(266,940)
West Virginia	737,516	735,192	569,372	(165,820)
Wisconsin	1,308,704	1,301,360	1,002,186	(299,174)
Wyoming	486,307	484,775	375,435	(109,340)
Subtotal, States	69,281,015	68,963,344	53,249,113	(15,714,231)
American Samoa	253,256	252,458	195,516	(56,942)
Guam	253,256	252,458	195,516	(56,942)
Northern Mariana Islands	253,256	252,458	195,516	(56,942)
Puerto Rico	2,500,740	2,492,860	1,930,602	(562,258)
Virgin Islands	253,256	252,458	195,516	(56,942)
Subtotal, States and Territories	72,794,779	72,466,036	55,961,779	(16,504,257)
Undistributed 1/	$38,221	38,221	38,221	-
TOTAL	**72,833,000**	**72,504,257**	**56,000,000**	**(16,504,257)**

1/ Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

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Developmental Disabilities – Protection and Advocacy

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY19 (+/-) FY 18
Developmental Disability Protection and Advocacy	$38,645	$38,471	$38,734	+$263

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 145 of the Developmental Disabilities Assistance and Bill of Rights Act

FY 2018 Developmental Disabilities Assistance and Bill of Rights Act Authorization.....Expired

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Developmental Disabilities Protection and Advocacy (P&As) programs provide a range of legal services to unserved or underserved individuals with developmental disabilities ensuring they are protected from abuse and neglect and are able to exercise their rights to make choices, contribute to society, and live independently. P&A systems have the authority to pursue a range of appropriate remedies or approaches, including the authority to investigate incidents of abuse and neglect, and to promote system change. There is a P&A system in each State, the Territories, and the District of Columbia. There is also a Native American Consortium for a total of 57 P&As.

P&As play a key role in promoting community living, and have been supported by a number of Federal and state initiatives promoting alternatives to nursing homes and other institutional settings that recognize the value of consumer preference and the attendant potential fiscal savings that can result. Community living was supported in the US Supreme Court's 1999 decision in *Olmstead v L.C.* that requires States to eliminate unnecessary segregation and isolation of people with disabilities, and to ensure that they receive services in the most integrated setting appropriate to their needs. Olmstead implementation and enforcement, Money Follows the Person, Home and Community Service (HCBS) waivers, and Medicaid managed care programs, to name a few, are continuing to change the long-term care landscape across the country by expanding opportunities for community living. The number of people with intellectual and developmental disabilities receiving Home and Community-Based waiver services has steadily increased.[121] Approximately 86 percent of the P&A clients now live in the community. This creates a heightened role for P&As to monitor and develop new strategies to address these new services.

These changes create new challenges for Protection and Advocacy programs as well as for the Long-Term Care Ombudsman program (LTCOP). P&As and LTCOP's will increasingly need to

[121] U.S. Profile, FY 1977 – 2013, State of the State in Developmental Disabilities.

have the capacity to address the new challenges and at the same time they will have to cope with the continuing accelerated growth of community-based services.

P&As also engage in a full range of other efforts to promote the rights of individuals with developmental disabilities. P&As often provide information and referrals, as well as training and technical assistance to service providers, state legislators and other policymakers. They also conduct self-advocacy trainings and raise public awareness of legal and social issues affecting individuals with developmental disabilities and their families.

Funding History:

Funding for the program over the past five years is as follows:

FY 2015 .....$38,734,000
FY 2016 .....$38,734,000
FY 2017 .....$38,645,000
FY 2018 Annualized CR.....$38,470,957
FY 2019 President's Budget $38,734,000

Budget Request:

The FY 2019 request for the Developmental Disabilities Protection and Advocacy program is $38,734,000 an increase of $263,000 above the FY 2018 Annualized Continuing Resolution. This request will allow the P&A system to continue to provide training, legal and advocacy services both to groups and to individuals with developmental disabilities, as well as to continue to provide information and referral services.

The P&As form a national system that play a critical role in ensuring that people with developmental disabilities are free of abuse and neglect. People with developmental disabilities, including children, are at increased risk of experiencing abuse and neglect.[122] The 57 P&As stay at the forefront of these issues. P&As maintain a presence in facilities that care for people with disabilities, where they monitor, investigate, and attempt to remedy adverse conditions. In FY 2016, 32,205 people with disabilities received rights training by P&As and 35,695 people with disabilities received information and referral services. Of the inquiries and issues received by the P&As in FY 2016:

- 78 percent of closed individual cases in which the client's objective was fully or partially met;

- 47 percent of individual clients who had their right enforced and/or restored by P&A efforts;

[122] Hibbard, R.A., Desch, L.W., Committee on Child Abuse and Neglect & Council on Children With Disabilities. (2007). Maltreatment of Children With Disabilities. Pediatrics, Vol. 119, No., pp. 1018 -1025

- 26 percent were resolved using short-term assistance/limited advocacy strategies;
- 43 percent were addressed through technical assistance in self-advocacy;
- 10 percent involved investigation and monitoring;
- 12 percent were addressed through negotiation; and
- 12 percent of abuse and neglect cases were remedied by P&As.

Without the P&A presence, people with developmental disabilities and their families would have limited or no access to cost-effective, advocacy and legal interventions.

Outputs and Outcomes Table:

Developmental Disabilities Protection and Advocacy

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
8B Increase the percentage of individuals who have their complaint of abuse, neglect, discrimination, or other human or civil rights corrected compared to the total assisted. (Outcome)	FY 2016: 88.12% Target: 87.36% (Target Exceeded)	Discontinued	Discontinued	N/A
8F Increase the percentage of individuals with developmental disabilities whose rights were enforced, retained, restored or expanded. (Outcome)	FY 2017: Result Expected Dec 31, 2018 Target: Set Baseline (Pending)	--	--	--

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
8iii: Number of clients receiving professional individual legal advocacy for the Protection and Advocacy program. *(Output)*	FY 2016: 17,403	N/A	N/A	N/A
8iv: Number of people receiving information and referral from the Protection and Advocacy program. *(Output)*	FY 2016: 44,987	N/A	N/A	N/A

Grant Awards Tables:

Developmental Disabilities – Protection and Advocacy Formula Grant Awards/1

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	57	57	57
Average Award	$660,340	$657,348	$661,870
Range of Awards	$205,808 - $3,368,311	$205,808 - $3,513,988	$205,808 - $3,918,603

1/ Excludes grants to tribal organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

FY 2019 DISCRETIONARY STATE FORMULA GRANTS 2/

PROGRAM/CFDA NUMBER: Developmental Disabilities – Protection and Advocacy (CFDA 93.630)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	581,326	544,719	485,185	(59,534)
Alaska	384,693	384,694	384,693	(1)
Arizona	693,630	703,411	719,475	16,064
Arkansas	393,051	389,998	384,693	(5,305)
California	3,368,311	3,513,988	3,918,603	404,615
Colorado	463,243	465,076	475,219	10,143
Connecticut	387,054	388,943	394,030	5,087
Delaware	384,693	384,694	384,693	(1)
District of Columbia	384,693	384,694	384,693	(1)
Florida	1,954,664	1,946,301	1,962,115	15,814
Georgia	1,054,137	1,046,490	1,046,312	(178)
Hawaii	384,693	384,694	384,693	(1)
Idaho	384,693	384,694	384,693	(1)
Illinois	1,226,808	1,217,467	1,245,269	27,802
Indiana	713,146	659,102	592,820	(66,282)
Iowa	384,693	384,694	384,693	(1)
Kansas	384,693	384,694	384,693	(1)
Kentucky	535,195	505,324	456,267	(49,057)
Louisiana	537,239	526,568	508,085	(18,483)
Maine	384,693	384,694	384,693	(1)
Maryland	487,463	503,823	541,357	37,534
Massachusetts	602,938	609,824	635,978	26,154
Michigan	1,121,176	1,030,029	900,204	(129,825)
Minnesota	502,368	498,901	497,606	(1,295)
Mississippi	409,051	407,448	400,929	(6,519)
Missouri	643,191	618,172	572,199	(45,973)
Montana	384,693	384,694	384,693	(1)
Nebraska	384,693	384,694	384,693	(1)
Nevada	384,693	384,694	384,693	(1)
New Hampshire	384,693	384,694	384,693	(1)

PROGRAM/CFDA NUMBER: Developmental Disabilities – Protection and Advocacy (CFDA 93.630)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	758,684	761,955	812,568	50,613
New Mexico	384,693	384,694	384,693	(1)
New York	1,801,964	1,811,435	1,896,825	85,390
North Carolina	1,062,747	1,028,642	971,988	(56,654)
North Dakota	384,693	384,694	384,693	(1)
Ohio	1,236,193	1,215,327	1,177,584	(37,743)
Oklahoma	395,264	394,979	393,290	(1,689)
Oregon	409,773	401,294	391,291	(10,003)
Pennsylvania	1,292,853	1,260,032	1,240,325	(19,707)
Rhode Island	384,693	384,694	384,693	(1)
South Carolina	550,926	522,120	473,006	(49,114)
South Dakota	384,693	384,694	384,693	(1)
Tennessee	705,805	677,485	630,220	(47,265)
Texas	2,463,437	2,546,563	2,700,665	154,102
Utah	384,693	384,694	384,693	(1)
Vermont	384,693	384,694	384,693	(1)
Virginia	728,405	742,875	771,924	29,049
Washington	640,525	654,268	692,149	37,881
West Virginia	384,693	384,694	384,693	(1)
Wisconsin	596,587	563,838	517,767	(46,071)
Wyoming	384,693	384,694	384,693	(1)
Subtotal, States	36,011,014	35,850,277	36,099,808	249,531
American Samoa	205,808	205,808	205,808	-
Guam	205,808	205,808	205,808	-
Northern Mariana Islands	205,808	205,808	205,808	-
Puerto Rico	805,132	795,307	803,558	8,251
Virgin Islands	205,808	205,808	205,808	-
Subtotal, States and Territories	37,639,378	37,468,816	37,726,598	257,782
Native American Organization	205,808	205,808	205,808	-
Undistributed 1/	$684,814	796,333	801,594	5,261
TOTAL	**38,530,000**	**38,470,957**	**38,734,000**	**263,043**

1/ Program Support—Includes funds for statutory technical assistance and/or minority set-asides; grant systems and review, and program reporting systems costs.

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University Centers for Excellence in Developmental Disabilities

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
University Center of Excellence in Developmental Disabilities	$38,530	$ 38,357	$32,546	-$5,811

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 156 of the Developmental Disabilities Assistance and Bill of Rights Act

FY 2019 Developmental Disabilities Assistance and Bill of Rights Act Authorization.....Expired

Allocation Method .....Competitive Grant

Program Description and Accomplishments:

University Centers for Excellence in Developmental Disabilities (UCEDDs), are interdisciplinary education, research and public service units of a university or not-for-profit entity associated with universities. UCEDDs advise Federal, State, and community policymakers about, and promote opportunities for individuals with developmental disabilities to exercise self-determination and to be independent, productive, integrated and included in all facets of community life.

In FY 2017, the Administration on Intellectual and Developmental Disabilities (AIDD) funded 67 University Centers. Funding from AIDD establishes the UCEDD and provides the infrastructure support for the Centers to engage in interdisciplinary pre-service training, continuing education, community services, research, and information dissemination activities. UCEDDs leverage additional funds for carrying out these core activities from a variety of sources, including federal, state, and local agencies; private foundations; donations; and fee-for-service earnings. In FY 2015, UCEDDs leveraged $15 per AIDD dollar invested.

UCEDDs have played a key role in a number of advances in the disability field over the past five decades. Many issues, such as early intervention, health care, community-based services, inclusive and meaningful education, transition from school to work, employment, housing, assistive technology, and transportation have been directly improved by the services, research, and training provided by UCEDDs.

As liaisons to the community, including service delivery systems, UCEDDs positively affect the lives of individuals with developmental disabilities and their families in a variety of ways. UCEDD accomplishments include:

- Directing exemplary interdisciplinary pre-service preparation with faculty and trainees that represent a variety of disciplines. UCEDD interdisciplinary training programs are

designed to: integrate knowledge and methods from two or more distinct disciplines; integrate direct contributions to the field made by people with disabilities and family members; and examine and advance professional practice, scholarship and policy that impacts the lives of people with developmental and other disabilities and their families.

- Providing community services that cut across Federal, State, and local systems to improve capacity and quality of services by incorporating evidence-based practices. Community services offer innovative designs and methods that addresses a local or universal need, can be replicated and promote the increased inclusion, integration, productivity, and human rights of individuals with developmental disabilities and their families including people with developmental disabilities from racial and ethnic minority backgrounds.

- Contributing to the development of new knowledge through various research activities including basic or applied research, evaluation, and public policy analysis. UCEDD research engages people with developmental disabilities and their families in the development, design and implementation of research activities, as well as the dissemination of research information. New knowledge is generated by research and tied to practice using a variety of dissemination strategies. UCEDDs also bridge the gap between research and practice by developing a variety of products and resources that promotes improvement in knowledge and practice.

- Leading national efforts, including youth transition, autism services, supports and research, mental health services and supports, and supporting self-advocates and families. For example, the Carolina Institute for Developmental Disabilities at the University of North Carolina released findings from a study that examined the use of brain scans to identify early signs of autism in high-risk babies. The researchers were able to make reasonably accurate forecasts about which high-risk infants will later develop autism by scanning the brains of babies whose siblings have autism. The findings are important because early diagnosis of autism spectrum disorder (ASD) has been a significant challenge.

UCEDDs also conduct national training initiatives to address unmet needs of people with developmental disabilities. Past training initiatives have supported post-secondary education opportunities for people with developmental disabilities, enhancing self-determination skills, and building partnerships with minority serving institutions.

Funding History:

Funding for the program over the past five years is as follows:

FY 2015 .....$37,674,000
FY 2016 ... .$38,619,000
FY 2017 .....$38,530,000
FY 2018 Annualized CR.....$38,356,738
FY 2019 President's Budget $32,546,000

Budget Request:

The FY 2019 request for UCEDDs is $32,546,000, which is -$6 million below the FY 2018 Annualized Continuing Resolution. Funding of the UCEDDs will support the network of independent but interlinked centers, representing an expansive national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families. At the local level, UCEDDs are vital to the training of future professionals with the specialized expertise in developmental disabilities. Of the UCEDD trainees who graduated 5 to 10 years ago, 30 percent are in leadership positions including:

- 1 percent in academic leadership;
- 16 percent in clinical leadership;
- 2 percent in public health leadership; and
- 28 percent in public policy and advocacy leadership.

Overall, 42 percent of people with developmental disabilities are receiving services from former UCEDD trainees.

Funding for UCEDDs is important in that it supports specialized services at the local level and provides local organizations as well as state agencies with technical assistance to improve services and supports for people with developmental disabilities across the life span. UCEDDs currently operate very efficiently and are able to leverage significant additional Federal and non-Federal resources. ACL will work to provide technical and other assistance, including sharing best practices, to allow the UCEDDs to prioritize remaining funding and to leverage additional resources to continue to provide critical services.

Outcomes and Outputs Table:

University Centers for Excellence in Developmental Disabilities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/-FY 2018 Target
8D Increase the percentage of individuals with developmental disabilities who are receiving services through activities in which UCEDD trained professional were involved. (Outcome)	FY 2016: 43.31% Target: 42.62% (Target Exceeded)	Prior Result + 1%	Prior Result + 1%	N/A

Indicator	Year and Most Recent Result /	FY 2018 Projection	FY 2019 Projection	FY 2019 Projection +/-FY 2018 Projection
8viii: Number of professionals trained by UCEDDs. (Output)	FY 2016: 4,525	N/A	N/A	N/A
8ix: Number of people reached through UCEDD community training and technical assistance activities. (Output)	FY 2016: 951,213	N/A	N/A	N/A
8x: Number of people receiving direct or model demonstration services from UCEDDs. (Output)	FY 2016: 110,486	N/A	N/A	N/A

Grant Awards Tables:

University Centers of Excellence in Developmental Disabilities Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	84	82	67
Average Award	$449,202	$458,080	$475,310
Range of Awards	$40,018 - $547,000	$40,018 - $547,000	$40,018 - $547,000

Resource and Program Data:

University Centers of Excellence in Developmental Disabilities

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	59	24,058	32	10,213	3	1,426
Continuations	25	13,675	50	27,350	64	30,420
Contracts	1	717	1	717	1	623
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	80	--	77	--	77
Total Resources	--	38,530	--	38,357	--	32,546

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

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Developmental Disabilities – Projects of National Significance

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Developmental Disabilities - Projects of National Significance	$ 9,977	$9,932	$1,050	+$8,882

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 163 of the Developmental Disabilities Assistance and Bill of Rights Act

FY 2019 Developmental Disabilities Assistance and Bill of Rights Act Authorization.....Expired

Allocation Method .....Competitive Grants and Cooperative Agreements/Contracts

Program Description and Accomplishments:

Projects of National Significance (PNS) is a discretionary program which provides grants, cooperative agreements, and contracts to public or private non-profit entities these grants fund innovative and promising practice demonstrations that expand opportunities for individuals with developmental disabilities to contribute to, and participate in, all facets of community life. Examples of PNS activities include:

- Grants to improve access to competitive, integrated supported employment for people with intellectual and developmental disabilities. These grants with a particular focus on youth and young adults, as well as the evaluation of such efforts and technical assistance to the states that are funded.

- Community practice projects to build states' capacities to support competitive, integrated employment and family support activities for persons with intellectual and developmental disabilities, as well as technical assistance to self-advocacy organizations.

- Longitudinal data collection projects as well as longitudinal research studies of trends in residential services and supports, employment, community supports, family supports, and quality indicators related to publicly funded DD services.

- A project to gather and disseminate information and provide technical assistance to people and entities interested in supported decision making as an alternative to guardianship.

- A grant to equip disability organizations providing long term services and support with the tools they need to partner and contract with health care payers and providers in delivery system reform.

Funding History:

Funding for the program over the past five years is as follows:

FY 2015 .....$8,857,000
FY 2016... .....$10,000,000
FY 2017 .....$9,977,000
FY 2018 Annualized CR.....$9,932,090
FY 2019 President's Budget $1,050,000

Budget Request:

The FY 2019 request for the Projects of National Significance program is $1,050,000, a reduction of --$8,882,000 below the FY 2018 Annualized Continuing Resolution. At the requested funding level, the PNS program will conduct three studies: The State of the States in Developmental Disabilities, Residential Information Systems Project, and the National Data Collection on Day and Employment Services for Individuals with Developmental Disabilities.

Grant Awards Tables:

Developmental Disabilities – Projects of National Significance Grant Awards
(Dollars in thousands)

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	23	19	3
Average Award	$312,442	$378,220	$350,000
Range of Awards	$225,000 - $1,056,187	$225,000 - $1,056,187	$350,000

Resource and Program Data:

Developmental Disabilities – Projects of National Significance
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants: Formula	--	--	--	--	--	--
New Discretionary	4	2,302	3	1,050	--	--
Continuations	19	4,884	16	6,136	3	1,050
Contracts	8	2,682	8	2,585	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	109	--	161	--	--
Total Resources	--	9,977	27	9,932	3	1,050

1/ Program Support -- Includes funds for grant systems, review costs, and technology support costs.

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Independent Living

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Independent Living - State Grants	$22,835	$22,723	$17,841	-$4,882
Centers for Independent Living	$78,305	$77,773	$78,156	+$383
Total:	$100,951	$100,496	$95,997	-$4,499
FTE	.7	.8	.8	-

*BA is in thousands of dollars, FTE are actuals.

Authorizing Legislation: Rehabilitation Act of 1973, Title VII, Parts B and C, and Chapter 2, as amended by the Workforce Innovation and Opportunities Act (Rehabilitation Act)

FY 2019 Rehabilitation Act Authorizations:
Independent Living State Grants.....$25,156,000
Centers for Independent Living.....$86,104,000

Allocation Method .....Formula and Discretionary Grants

Program Description and Accomplishments:

Independent Living (IL) programs maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and work to integrate these individuals into the mainstream of American society. Independent living programs provide financial assistance to sustain, expand, and improve independent living services; develop and support statewide networks of centers for independent living (CILs). They also foster working relationships among centers for independent living, Statewide Independent Living Councils, other Rehabilitation Act programs, and relevant Federal and non-Federal programs.

Independent Living Services State Grants

The Independent Living Services State Grants program supports formula grants to States, which must establish a Statewide Independent Living Council (SILC). Each State must also submit a State Plan for Independent Living. In addition to developing the State plan, the SILC may, consistent with the State plan and State law, work to coordinate services provided to individuals with disabilities, conduct resource development activities, and perform other functions to support the purposes of the law. Funds not used to operate the SILC must be used for one of the following purposes, consistent with the State plan:

- To demonstrate ways to expand and improve independent living services, particularly those in unserved areas;

- To provide independent living services;
- To support the operation of centers for independent living;
- To increase the capacity of public or nonprofit agencies and organizations and other entities to develop comprehensive approaches or systems for providing independent living services;
- To conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policymakers;
- To provide training on the independent living philosophy; and/or:
- To provide outreach to populations who are not served or are underserved by programs under subtitle VII, Chapter 16 of the Rehabilitation Act, including minority groups and urban and rural populations.

Typically, SILCs "pass through" approximately two thirds of their federal funding to Centers for Independent Living to carry out direct services. State grant funds are allotted based on total population, and participating States must match 10 percent of their grant with non-Federal cash or in-kind resources in the year for which the Federal funds are appropriated.

Centers for Independent Living

The Centers for Independent Living (CIL) program provides grants to consumer-controlled, community-based, cross-disability, private nonprofit agencies that are designed and operated within a local community by individuals with disabilities. At a minimum, centers are required to provide the core independent living services of information and referral, independent living skills training, peer counseling, and individual and systems advocacy. The 2014 reauthorization of the Rehabilitation Act by the Workforce Innovation and Opportunity Act (WIOA) added a fifth core service that the CILs must provide to eligible individuals with significant disabilities. This fifth core service includes three components

- Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community based residences, with necessary supports to remain in the community;

- Assist individuals with significant disabilities at risk of institutionalization so that they may remain in the community; and

- Facilitate the transition of youth who are individuals with significant disabilities that are eligible for IDEA and who either completed school or left school to transition to postsecondary life.

A population-based formula determines the total amount that is available for grants to centers in each State. WIOA requires that grants be awarded to any eligible agency that had been awarded a grant for the preceding fiscal year. In most cases, funds are awarded directly to centers for independent living. If State funding for CIL operation exceeds the level of Federal CIL funding in any fiscal year, the State may apply for the authority to award grants under this program through its designated state unit. There are currently only two States, Massachusetts and Minnesota, that

are both eligible and have elected to manage their own CIL programs. In fiscal year 2015, 354 centers and two States received funding from the CIL program.

In addition to funding centers for independent living, the Department must annually reserve between 1.8 and 2 percent of the funds appropriated both for Independent Living Services State Grants and for Centers for Independent Living to provide (through grants, contracts, or cooperative agreements; or directly, for ILSSG) training and technical assistance with respect to planning, developing, conducting, administering, and evaluating centers for independent living. Section 21(b)(1) of the Rehabilitation Act also allows for 1 percent of funds appropriated under subtitle VII to be set aside for minority outreach activities as described in Section 21(b)(2).

Funding History:

Funding for Independent Living activities over the past five years is as follows:

Centers for Independent Living

FY 2015	$78,305,000
FY 2016	$78,305,000
FY 2017	$78,305,000
FY 2018 Annualized CR	$77,773,231
FY 2019 President's Budget	$78,156,000

Independent Living State Grants		***FTE***
FY 2015	$22,878,000	--
FY 2016	$22,878,000	.3
FY 2017	$22,878,000	.7
FY 2018 Annualized CR	$22,722,636	.8
FY 2019 President's Budget	$17,841,000	.8

Budget Request:

Independent Living Services State Grants

The FY 2019 Budget for Independent Living Services State Grants is $17,841,000 a reduction of -$4,882,000 million from the FY 2018 Annualized Continuing Resolution. This level will allow for continued support to ILS State Grants which support the State Independent Living Councils (SILCs) in their efforts to coordinate services provided to individuals with disabilities and which support direct services through funding provided to the Centers for Independent Living (CILs).

ACL recognizes the value this program provides by focusing on the independence and productivity of individuals with disabilities and integrating them into the mainstream of society. ACL will work with grantees to identify ways — especially around the approximately 34 percent of Federal

funding that is used to directly support State Independent Living Council activities — to achieve efficiencies and economies of scale.

ACL will also continue to reserve, as provided in statute 1.8 percent of available funding for the provision of technical assistance to the SILCs, including support for .8 FTE to provide direct Federal technical assistance.

Centers for Independent Living

The FY 2019 request for Centers for Independent Living (CILs) is $78,156,000. They will continue to provide the core requirements for information and referral services, independent living skills training, peer counseling, and individual and systems advocacy. They will continue to implement the new, fifth core service required by WIOA to facilitate the transition of individuals with significant disabilities into the community. As part of this requirement, CILs develop protocols, provide outreach and education, and provide and track activities. In 2015, CILs served about 219,967 of the estimated 38 million individuals with a significant disability living in the United States.[123]

The request for the CIL program would continue support for existing centers, including any new center grants awarded in FY 2018. Approximately 75 new centers have been funded since FY 2000 and these new and existing centers provide essential services that help individuals with disabilities to live independently and participate as productive members of their communities.

Outcome and Output Table:

ACL is revising the grantee program performance reports (PPRs). These reports form the basis of performance measures. The report content is undergoing Information Collection Request (ICR) approval process required under the Paperwork Reduction Act. Once the revised PPR is approved and grantees have collected baseline data, performance measures will be developed and reported.

[123] ACL, 704 Report, 2014. And U.S. Census Bureau, "Americans with Disabilities 2010" issued July 2012. https://www.census.gov/content/dam/Census/library/publications/2012/demo/p70-131.pdf. Accessed 04 January 2014.

Grant Awards Tables:

Independent Living Services State Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$395,346	$393,422	$308,690
Range of Awards	$27,674 - $1,958,739	$27,540 - $1,944,814	$21,608 - $928,902

1/ Independent Living State Grants are awarded to 77 entities across 56 state and territory jurisdictions because some states have separate divisions for vocational rehabilitation and services for the blind.

Resource and Program Data:

Independent Living
(Dollars in Thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula /2	77	22,139	77	22,027	77	17,342
New Discretionary	360	77,709	358	75,730	359	76,421
Continuations	4	688	5	2,290	3	1,786
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	415	--	448	--	448
Total Resources	--	100,951	--	100,496	--	95,997

1/ Program Support—Includes funds for statutory technical assistance and/or minority set-asides; grant systems and review, and program reporting systems costs.

2/ Independent Living State Grants are awarded to 77 entities across 56 state and territory jurisdictions because some states have separate divisions for vocational rehabilitation and services for the blind.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Independent Living State Grants (CFDA 84.169A)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	305,350	305,350	305,350	-
Alaska	305,350	305,350	305,350	-
Arizona	343,409	343,430	305,350	(38,080)
Arkansas	305,350	305,350	305,350	-
California	1,968,739	1,944,814	928,902	(1,015,912)
Colorado	305,350	305,350	305,350	-
Connecticut	305,350	305,350	305,350	-
Delaware	305,350	305,350	305,350	-
District of Columbia	305,350	305,350	305,350	-
Florida	1,019,518	1,021,333	487,819	(533,514)
Georgia	513,744	510,872	305,350	(205,522)
Hawaii	305,350	305,350	305,350	-
Idaho	305,350	305,350	305,350	-
Illinois	646,777	634,308	305,350	(328,958)
Indiana	332,928	328,664	305,350	(23,314)
Iowa	305,350	305,350	305,350	-
Kansas	305,350	305,350	305,350	-
Kentucky	305,350	305,350	305,350	-
Louisiana	305,350	305,350	305,350	-
Maine	305,350	305,350	305,350	-
Maryland	305,350	305,350	305,350	-
Massachusetts	341,717	337,519	305,350	(32,169)
Michigan	499,043	491,941	305,350	(186,591)
Minnesota	305,350	305,350	305,350	-
Mississippi	305,350	305,350	305,350	-
Missouri	305,971	305,350	305,350	-
Montana	305,350	305,350	305,350	-
Nebraska	305,350	305,350	305,350	-
Nevada	305,350	305,350	305,350	-
New Hampshire	305,350	305,350	305,350	-

PROGRAM/CFDA NUMBER: Independent Living State Grants (CFDA 84.169A)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	450,532	443,193	305,350	(137,843)
New Mexico	305,350	305,350	305,350	-
New York	995,604	978,366	467,297	(511,069)
North Carolina	505,090	502,767	305,350	(197,417)
North Dakota	305,350	305,350	305,350	-
Ohio	584,083	575,485	305,350	(270,135)
Oklahoma	305,350	305,350	305,350	-
Oregon	305,350	305,350	305,350	-
Pennsylvania	643,886	633,450	305,350	(328,100)
Rhode Island	305,350	305,350	305,350	-
South Carolina	305,350	305,350	305,350	-
South Dakota	305,350	305,350	305,350	-
Tennessee	331,954	329,562	305,350	(24,212)
Texas	1,381,525	1,380,574	659,403	(721,171)
Utah	305,350	305,350	305,350	-
Vermont	305,350	305,350	305,350	-
Virginia	421,612	416,800	305,350	(111,450)
Washington	360,624	361,116	305,350	(55,766)
West Virginia	305,350	305,350	305,350	-
Wisconsin	305,350	305,350	305,350	-
Wyoming	305,350	305,350	305,350	-
Subtotal, States	21,723,306	21,616,094	16,894,871	(4,721,223)
American Samoa	27,674	27,540	21,608	(5,932)
Guam	27,674	27,540	21,608	(5,932)
Northern Mariana Islands	27,674	27,540	21,608	(5,932)
Puerto Rico	305,350	305,350	305,350	-
Virgin Islands	27,674	27,540	21,608	(5,932)
Subtotal, States and Territories	22,139,352	22,031,604	17,286,653	(4,744,951)
Undistributed 1/	$686,216	691,032	554,347	(136,685)
TOTAL	**22,825,568**	**22,722,636**	**17,841,000**	**(4,881,636)**

1/ Program Support—Includes funds for statutory technical assistance and/or minority set-asides; grant systems and review, and program reporting systems costs.

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Limb Loss Resource Center

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Limb Loss Resource Center	$2,494	$2,483	$0	-$2,483

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Public Health Service Act Section 301 (a) and Section 317, as amended, 42U.S.C. 241 (a); 42 U.S.C. 247 (b)

FY 2018 Authorization.....0

Allocation Method.....Competitive Grants

Program Description and Accomplishments:

Limb loss is the loss of all or part of an arm or leg due to trauma, infection, diabetes, heart diseases, cancers, or other diseases. An estimated two million people live with limb loss/limb difference in the United States.[124] Each year, an additional 185,000 amputations occur.[125] People with limb loss experience many barriers to successful community integration and full participation in life. They perceive a reduction in their participation in recreational activities, satisfaction at work and difficulty navigating their community following the amputation of their limb.[126] Individuals with limb loss report receiving little information about their rehabilitation from their healthcare provider either before or after their amputation.[127]

The National Limb Loss Resource Center (NLLRC) seeks to improve the health of people with limb loss, promote their well-being, improve their quality of life, reduce unnecessary medical expenditures, and provide support to families and caregivers. ACL's Limb Loss Program supports programs and services including a national peer support program, educational events,

[124] Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the prevalence of limb loss in the United States: 2005 to 2050. Arch Phys Med Rehabil2008 Mar;89(3):422-9.

[125] Owings M, Kozak LJ, National Center for Health S. Ambulatory and Inpatient Procedures in the United States, 1996. Hyattsville, Md.: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics; 1998

[126] Ephraim PL, MacKenzie EJ, Wegener ST, Dillingham TR, Pezzin LE. Environmental barriers experienced by amputees: the Craig Hospital Inventory of Environmental Factors-Short Form. Arch Phys Med Rehabil2006 Mar;87(3):328-33.

[127] Seaman JP. Survey of individuals wearing lower limb prostheses. Journal of Prosthetics and Orthotics2010;22(4):257-65

trainings for consumers and healthcare professionals, consumer education materials, and information and referral services to disseminate information specific to living well with limb loss and to connect consumers to resources in their local communities.

Funding History:

Funding for the program over the past five years is as follows:

FY 2015/1 .....$2,800,000
FY 2016 .....$2,810,000
FY 2017 .....$2,494,000
FY 2018 Annualized CR $2,483,023
FY 2019 President's Budget.....$0

1/ This program was funded at CDC through FY 2014 and transferred to ACL during FY 2015.

Budget Request:

No funding is requested in FY 2019 for the Limb Loss Resource Center, a reduction of -$2,483,023 below the FY 2018 Annualized Continuing Resolution. Other ACL and HHS programs, such as Aging and Disability Resource Centers, Centers for Independent Living and Assistive Technology provide services and resources for individuals with disabilities.

Limb Loss Resource Center

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	1	1	-
Average Award	$2,430,310	$2,409,333	-
Range of Awards	$2,430,310	$2,409,333	-

1/ Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

Limb Loss Resource Center

Resource and Program Data
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2017 Final #	FY 2017 Final $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	--	--	--	--	--	--
Continuations	1	2,430	1	2,409	--	--
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	64	--	74	--	--
Total Resources	--	2,494	--	2,483	--	--

1/ Program Support – Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

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Paralysis Resource Center

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Paralysis Resource Center	$6,682	$6,655	$0	-$6,655

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Sections 311 and 317(k)(2) of the Public Health Service Act [42 U.S.C. 243 & 247b(k)(2)], as amended.

Allocation Method .....Competitive Grant

Program Description and Accomplishments:

The Paralysis Resource Center (PRC) promotes the health and well-being of people living with paralysis and supports their families and caregivers by providing comprehensive information and referral services. The PRC seeks to bridge the information gap experienced not only by newly-paralyzed individuals, but also by those who have lived for some time with paralysis. This information promotes better health, encourages community involvement, and improves quality of life.

Nearly 5.4 million Americans, or one in 50 reported having some form of paralysis, defined as a central nervous system disorder resulting in difficulty or inability to move the upper or lower extremities.[128] These individuals face health and other disparities, which often translate into exclusion from full participation in their communities. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments, and supporting integration into the physical and cultural communities in which they live.

[128] Armour, Brian S., Elizabeth A. Courtney-Long, Michael H. Fox, Heidi Fredine, and Anthony Cahill. *Prevalence and Causes of Paralysis—United States, 2013*. Issue brief. Christopher and Dana Reeve Foundation, 23 Aug. 2016.

Funding History:

Funding for the program over the past five years is as follows:

FY 2015 .....$6,700,000
FY 2016 .....$7,700,000
FY 2017 .....$6,682,000
FY 2018 Annualized CR.....$6,655,000
FY 2019 President's Budget $0

Budget Request:

No funding is requested in FY 2019 for the Paralysis Resource Center (PRC), a decrease of -$6,655,000. Other ACL and HHS programs, such as Aging and Disability Resource Centers, Centers for Independent Living and Assistive Technology provide services and resources for individuals with disabilities.

Paralysis Resource Center

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	1	6	0
Average Award	$6,511,661	$1,073,692	N/A
Range of Awards	$6,511,661	$190,970 - $5,487,651	N/A

Resource and Program Data:

Paralysis Resource Center
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	--	--	6	6,442	--	--
Continuations	1	6,512	--	--	--	--
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	170	--	212	--	--
Total Resources	--	6,682	--	6,655	--	--

1/ Program Support – Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

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Traumatic Brain Injury

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Traumatic Brain Injury	$9,300	$9,258	$9,321	+$63
FTE	1.4	1.6	1.6	-

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: The Traumatic Brain Injury Reauthorization Act of 2014.

FY 2019 Authorization $8,600,000

Allocation Method .....Formula Grant / Competitive Grant / Contract

Program Description and Accomplishments:

The Traumatic Brain Injury (TBI) Program develops comprehensive, coordinated family and person-centered service systems at the state and community level for individuals who sustain a TBI. In the United States, it is estimated at least 3.2 million Americans require long-term or life-long assistance to perform activities of daily living as a result of TBI.[129] In addition, these national estimates do not include individuals with TBI who are treated in military hospitals.

Individuals with TBI may need a variety of services and supports, including rehabilitation, counseling, academic and vocational accommodations, independent living assistance, transportation assistance, and vocational training. These services and supports are often fragmented across different State systems of care, making access difficult for families. ACL works across the lifespan, focusing on multiple life domains outside the health arena to achieve systems change, address fragmentation, and enhance service delivery.

The TBI Program includes two grant programs: the State Protection and Advocacy (P&A) Systems Grants (formula grant), and the TBI State Partnership Program (competitive grant).

State Protection and Advocacy Systems Grants

TBI P&A grants are awarded to P&A organizations in states, territories, the District of Columbia, and one Native American Consortium to provide advocacy support for individuals with TBI and their families. Grantees use these funds to develop plans and provide P&A services -- including individual and family advocacy, self-advocacy training, self-advocacy assistance, information and referral services, and legal representation — to individuals who have experienced a TBI. P&A grants are formula based, with an average award of $50,000 for state grantees and $20,000 for territory grantees.

[129] Traumatic Brain Injury in the United States: A Report to Congress. December 1999.http://www.cdc.gov/ncipc/pub-res/tbi_congress/TBI_in_the_US.PDF

A vital part of P&A activities is providing training and education to consumers and providers. TBI training is tailored to meet the needs of specific audiences, and is intended to increase awareness about legal concerns and individual rights around TBI, provide information on identification and funding of services, and provide support to facilitate full participation in all aspects of life. In FY 2014, P&A grantees provided training to nearly 60,000 individuals. TBI training is provided to support groups, independent living centers, service providers, and caregivers, individuals with TBI, family members, state employees, hospital staff, university staff, and community representatives. Training has resulted in greater awareness for training participants of the needs of persons with TBI and the availability of resources and support services.

State Partnership Program Grants

The State Partnership Program is designed to assist states in expanding and improving state and local capability to provide access to comprehensive and coordinated services for individuals with TBI and their families. The program addresses barriers to needed services encountered by children, youth, and adults with TBI.

Starting in 2018, ACL is creating two tiers of grantees, which will work together to maximize the program's impact nationally: Partner State grantees and Mentor State grantees. Both types of grantees are required to build and enhance their state TBI infrastructure by establishing and maintaining a State Advisory Board on Traumatic Brain Injury, creating an annual TBI state plan, and creating or expanding a state TBI registry. Mentor States have additional responsibilities, which include mentoring one or more Partner States and working together with other Mentor States and ACL to improve national coordination and collaboration around TBI services and supports.

Amounts Available for Grants	FY 2017 Final Level	FY 2018 Annualized CR	FY 2019 President's Budget
State Grants for Demonstration Projects	$5,065,314	$5,030,915	$5,065,314
Protection and Advocacy Grants	$3,099,589	$3,078,540	$3,099,589

Funding History:

Funding for the program over the past five years is as follows:

FY		FTE
FY 2015 /1	$9,321,000	--
FY 2016 /1…	$9,321,000	--
FY 2017	$9,300,000	1.4
FY 2018 Annualized CR /2	$9,257,701	1.6
FY 2019 President's Budget	$9,321,000	1.6

1/This program was funded at HRSA through FY 2015 and transferred to ACL at the beginning of FY 2016. Funding at HRSA included both grant and administrative funds.
2/ Partnerships for Innovation, Inclusion, and Independence consolidate like activities in the State Councils on Developmental Disabilities, State Independent Living Councils, and State Partnerships for Traumatic Brain Injury.

Budget Request:

The FY 2019 request for the Traumatic Brain Injury (TBI) program is $9,321,000, is consistent with the FY 2018 Annualized Continuing Resolution and will allow for continued support of 1.6 FTE.

This level will allow for continued support of the TBI Protection and Advocacy Formula Grants, and a new approach to State Implementation Partnership grants. Staring in FY 2018, ACL created two tiers of TBI State Partnership Program grants. One targeted States that are developing their State's TBI program, and the other targeted States that have more developed TBI programs and are willing to act as mentor's to other States. In both cases grantees are expected to support comprehensive, coordinated family and person-centered service systems for individuals at the State and community level who are living with a TBI.

The TBI program also provides funding for a TBI technical assistance center (TBICC), which provides technical assistance to grantees, maintains a national listserv on issues that affect TBI service delivery with approximately 1,500 subscribers, manages an online collaboration space for grantees to share promising practices for building and maintaining service-delivery infrastructure, and develops educational materials for the public about TBI.

Grant Awards Tables:

Traumatic Brain Injury: Protection and Advocacy

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	57	57	57
Average Award	$54,379	$54,009	$54,379
Range of Awards	$20,000 - $147,540	$20,000 - $142,517	$20,000 - $147,218

Traumatic Brain Injury: State Implementation/Mentor Partnership

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	19	35	35
Average Award	$249,181	$136,835	$138,644
Range of Awards	$20,000- $147,540	$75,000- $275,000	$75,000- $275,000

Resource and Program Data:

Traumatic Brain Injury
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	57	3,100	57	3,100	57	3,100
New Discretionary	--	--	35	4,789	--	--
Continuations	19	4,734	--	--	35	4,853
Contracts	3	893	3	607	3	607
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	573	--	762	--	762
Total Resources	--	9,300	--	9,258	--	9,321

1/ Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2017 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: TBI Protection and Advocacy State Grants (CFDA 93.873)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	50,000	50,000	50,000	-
Alaska	50,000	50,000	50,000	-
Arizona	54,550	54,420	54,742	322
Arkansas	50,000	50,000	50,000	-
California	147,540	142,517	147,218	4,701
Colorado	50,603	50,630	50,764	134
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	93,233	91,715	93,888	2,173
Georgia	64,295	63,632	64,411	779
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	71,907	70,423	71,539	1,116
Indiana	53,950	53,608	53,890	282
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	50,000	50,000	50,000	-
Louisiana	50,000	50,000	50,000	-
Maine	50,000	50,000	50,000	-
Maryland	52,186	51,927	52,125	198
Massachusetts	54,453	54,095	54,401	306
Michigan	63,454	62,590	63,318	728
Minnesota	50,698	50,573	50,705	132
Mississippi	50,000	50,000	50,000	-
Missouri	52,408	52,135	52,344	209
Montana	50,000	50,000	50,000	-
Nebraska	50,000	50,000	50,000	-
Nevada	50,000	50,000	50,000	-
New Hampshire	50,000	50,000	50,000	-

PROGRAM/CFDA NUMBER: TBI Protection and Advocacy State Grants (CFDA 93.873)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	60,679	59,909	60,503	594
New Mexico	50,000	50,000	50,000	-
New York	91,865	89,352	91,406	2,054
North Carolina	63,800	63,186	63,943	757
North Dakota	50,000	50,000	50,000	-
Ohio	68,320	67,187	68,142	955
Oklahoma	50,000	50,000	50,000	-
Oregon	50,000	50,000	50,000	-
Pennsylvania	71,741	70,376	71,489	1,113
Rhode Island	50,000	50,000	50,000	-
South Carolina	50,000	50,000	50,000	-
South Dakota	50,000	50,000	50,000	-
Tennessee	53,894	53,657	53,942	285
Texas	113,945	111,479	114,631	3,152
Utah	50,000	50,000	50,000	-
Vermont	50,000	50,000	50,000	-
Virginia	59,024	58,457	58,979	522
Washington	55,535	55,393	55,764	371
West Virginia	50,000	50,000	50,000	-
Wisconsin	51,509	51,279	51,445	166
Wyoming	50,000	50,000	50,000	-
Subtotal, States	2,949,589	2,928,540	2,949,589	21,049
American Samoa	20,000	20,000	20,000	-
Guam	20,000	20,000	20,000	-
Northern Mariana Islands	20,000	20,000	20,000	-
Puerto Rico	50,000	50,000	50,000	-
Virgin Islands	20,000	20,000	20,000	-
Subtotal, States and Territories	3,079,589	3,058,540	3,079,589	21,049
Native American Organizations	20,000	20,000	20,000	-
Undistributed	-	-	-	-
TOTAL	**3,099,589**	**3,078,540**	**3,099,589**	**21,049**

1/Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

2/ Reflects actual grant awards.

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National Institute on Disability, Independent Living, and Rehabilitation Research

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget 1/	FY 2019 +/- FY 2018
National Institute on Disability, Independent Living and Rehabilitation Research	$103,731	$103,264	$0	-$103,264

*BA is in thousands of dollars, FTE is a whole number.

1/ The FY 2019 President's Budget proposes to transfer NIDILRR to the National Institutes of Health (NIH).

Authorizing Legislation: Title II of the Rehabilitation Act of 1973, as amended

FY 2019 Rehabilitation Act Authorization.....$119,608,000

Allocation Method .....Discretionary Grants and Contracts

Program Description and Accomplishments:

The mission of the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) is to generate new knowledge and promote its effective use to improve the abilities of people with disabilities to perform activities of their choice in the community, and to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities. NIDILRR sponsors comprehensive and coordinated programs of research and related activities to maximize the full inclusion, social integration, employment, and independent living of individuals with disabilities of all ages.

NIDILRR conducts research through a network of individual research projects and centers of excellence across the nation. Research funding is awarded through competitive grants, and most of the funds are awarded to universities or providers of rehabilitation or related services.

As required by the Rehabilitation Act in §202(h), NIDILRR operates under a Long-Range Plan (LRP). The current plan covers FY 2013 - FY 2017. Work on the FY 2018 - FY 2022 plan is underway.

The primary grant mechanisms under which NIDILRR makes awards are:

- *Rehabilitation Research and Training Centers (RRTCs)*. RRTC research improves rehabilitation methodologies and service delivery systems, alleviates or stabilizes disabling conditions, and promotes maximum social and economic independence for persons with disabilities. RRTCs also provide training to help rehabilitation personnel deliver more effective rehabilitation services.

- *Rehabilitation Engineering Research Centers (RERCs).* RERCs focus on rehabilitation technology, including rehabilitation engineering and assistive technology devices and services designed to diminish barriers to independence. RERCs also train individuals, including those with disabilities to become researchers and practitioners in the field of rehabilitation technology.

- *Model Systems*. NIDILRR funds model systems networks in three rehabilitation areas: spinal cord injury, traumatic brain injury, and burn injury. In addition to participating in research, model systems grantees collect and contribute long-term community integration and functional outcomes data to their respective national databases. These model systems programs have become platforms for conducting multi-site research studies.

    - *Spinal Cord Injury Model Systems*. The SCI program funds research and dissemination activities to address the needs of SCI individuals, their family members, caregivers and other stakeholders. The NIDILRR SCI model systems longitudinal dataset is the largest of its kind in the world.

    - *Traumatic Brain Injury (TBI) Model Systems*. TBI projects are research grants to improve TBI rehabilitation outcomes. The NIDILRR TBI model systems are the largest nonmilitary TBI service delivery/research entity participating in various intergovernmental efforts to improve treatment and outcomes for returning veterans.

    - *Burn Model Systems (BMS)*. BMS projects improve treatment and outcomes for burn injury survivors.

- *Field-Initiated Projects (FIPs).* Field-Initiated Projects supplement NIDILRR's directed research and development, capacity building and knowledge translation efforts by addressing a wide range of topics identified by investigators.

- *Disability and Rehabilitation Research Projects (DRRPs).* Grantees focus on addressing problems encountered by people with disabilities through any combination of activities including research, training, dissemination, and technical assistance.

- *ADA National Network Centers (ADA Network).* The ADA Network supports, technical assistance, information, and training designed to promote increased understanding, awareness, and enforcement of the ADA.

- *Advanced Rehabilitation Research Training (ARRT).* The ARRT program funds grants to institutions of higher education to recruit and train qualified persons with doctoral or similar advanced degrees and prepare them to conduct independent research in areas related to disability and rehabilitation.

- *Small Business Innovation Research (SBIR)*. NIDILRR awards SBIR grants to small businesses to support the development of new rehabilitation technologies that promote increased accessibility and independence.

- *Switzer Research Fellowships. The* Switzer program awards 1-year fellowships to individuals to carry out research projects in areas of importance to the disability and rehabilitation community.

- *Other Activities.* NIDILRR funding also supports other activities, including knowledge translation; collaborative projects; development and maintenance of grantee reporting systems; program review; and reporting, evaluation, and long-range planning.

Funding History:

Funding for NIDILRR over the past five years is as follows:

FY 2015 .....$103,970,000
FY 2016… $103,970,000
FY 2017 .....$103,731,000
FY 2018 Annualized CR.....$103,263,940
FY 2019 Request.....$0

Budget Request:

The FY 2019 Budget consolidates NIDILRR into NIH, and provides $95 million for these activities, which is a decrease of -$8 million below the FY 2018 Annualized Continuing Resolution. This consolidation allows NIDILRR to benefit from NIH's research infrastructure, and complements existing NIH portfolios addressing disability and aging. The Budget includes NIDILRR as a separate entity within NIH, though over time, NIH will assess the feasibility of integrating these research activities more fully into existing NIH Institutes and Centers.

The FY 2019 budget request includes a new general provision (Section 217) that, while applicable to HHS as a Department, addressed an area of particular concern to NIDILRR, as well as to other ACL programs. Within the Department, the provision would simplify the accounting processes used when one Operating Division (OPDIV) has agreed to issue and manage a grant on behalf of a second OPDIV. This general provision would allow HHS to use the reimbursable processing features within the accounting system, rather than the more cumbersome execution process currently used. This provision would also enable an HHS OPDIV to collaborate in the same way with an outside Department for the purpose of making grants or cooperative agreements. Currently, the lack of specific authority precludes collaboration. The new proposed language would provide HHS OPDIVs with the authority to transfer funds via reimbursable agreements from one agency to another for the purposes of making grants, allowing NIDILRR to collaborate on a wider scale (e.g., with the Department of Veteran's affairs on research projects to address the needs of disabled veterans). NIDILRR had such authority when it was part of the Department of Education. The same language was included in the FY 2018 request as well.

Outcomes and Output Table:

As the program is being transferred ACL is not proposing new performance measures.

Grant Awards Tables:

National Institute on Disability, Independent Living, and Rehabilitation Research
(Dollars in Thousands)

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	220	218	-
Average Award	$443,422	$443,206	-
Range of Awards	$70,000-$1,246,000	$70,000-$1,246,000	-

Resource and Program Data:

National Institute on Disability, Independent Living, and Rehabilitation Research
(Dollars in Thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	72	21,679	63	24,079	--	--
Continuations	148	75,874	155	72,540	--	--
Contracts	10	5,805	13	6,193	--	--
Interagency Agreements	--	--	2	85	--	--
Program Support /1	--	373	--	367	--	--
Total Resources	--	103,731	--	103,264	--	--

1/ Program Support -- Includes funds for statutory requirements, grant systems and review, salaries and overhead, and information technology support costs.

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Consumer Information, Access, and Outreach

Summary of Request

Older Americans and Americans with disabilities face an array of choices when trying to determine the right services and supports to assist them to remain active and independent in their communities. The complexity of navigating these programs and selecting among them so as to determine which services best suit the needs of each individual can create challenges for individuals, especially for consumers who have not previously utilized these services.

Consumer Information, Access and Outreach (CIAO) programs provide consumers with the information they need to make decisions about their independence and connect them with the right services. By providing community-level entry points into long-term services and supports, these programs provide access to home and community-based services that can enable people to remain in their homes.

The FY 2019 request for CIAO programs is $80,521,000, a reduction of -$50,162,390 below the FY 2018 Annualized Continuing Resolution level. This request would provide:

- $6,119,000 an increase of $+41,554 over the FY 2018 Annualized Continuing Resolution level. ADRCs support state efforts to develop more efficient, cost-effective, and consumer-responsive systems of information and integrated access by creating “one-stop shop” entry points into long-term care at the community-level.

- No funding is requested for the Alzheimer’s Disease Initiative Outreach Campaign, as this is being consolidated along with other ACL Alzheimer’s programs into a single new Alzheimer’s Disease program, consistent with ACL’s efforts to consolidate programs to increase efficiencies.

- The FY 2019 Budget shifts mandatory funding for the Medicare Improvements for Patients and Providers Act (MIPPA) programs to discretionary funding. The Budget proposes $37,500,000, the same level as FY 2018 for these programs which provide grants to states to fund outreach activities to populations in need.

- The Budget reduces funding for SHIPs and proposes to shift $13 million in targeted mandatory funding under the MIPPA program for SHIPs, to discretionary funding under the MIPPA program to provide outreach activities to SHIP grantees specifically targeted to low-income seniors and seniors living in rural areas. CMS, in coordination with ACL and states, will work to ensure that existing CMS resources continue to provide accurate, comprehensive, understandable information to individuals. Medicare beneficiaries who are aging or have a disability will continue to have access, through CMS’s 1-800-Medicare hotline and through services provided under State programs to assist in navigating the complexities of health and long-term care systems.

- $4,963,000 an increase of +$33,704 over the FY 2018 Annualized Continuing Resolution for the Voting Access for People with Disabilities Program Help American Vote Act (HAVA) grants assist Protection and Advocacy systems in each state and territory to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, casting their votes, and accessing polling places.

- $31,939,000 for Assistive Technology (AT), a decrease of -$1,830,160 below the FY 2018 Annualized Continuing Resolution. Assistive Technology grants support state programs that maximize the ability of individuals with disabilities of all ages and their families to obtain AT devices and services, including computer or technology aids, modified driving controls, and durable medical equipment such as wheelchairs or walkers. The Budget eliminates funding for a separate alternative financing program grant competition. The State AT grant program already includes the authority to provide alternative financing if the State chooses.

Aging and Disability Resource Centers

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Aging and Disability Resource Centers	$6,105	$6,077	$6,119	+$42

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Sections 202b and 411 of the Older Americans Act of 1965, as amended

FY 2018 Authorization $6,402,551

Allocation Method .....Competitive Grants/Co-operative Agreements and Contracts

Program Description and Accomplishments:

Aging and Disability Resource Centers (ADRCs) support state efforts to develop more efficient, cost-effective, and consumer-responsive systems of information and integrated access by creating consumer-friendly entry points into long-term care at the community-level. ADRCs grew out of best practice innovations in some states known as "No Wrong Door"[130] (NWD) and "Single Points of Entry" programs, where people of all ages may turn for objective information and one-on-one assistance on their long-term services and support options. Since 2003, the Administration for Community Living, along with the Centers for Medicare & Medicaid Services (CMS), have entered into cooperative agreements with states to develop the foundational infrastructure for delivering one-on-one person-centered counseling and streamlined access to public programs that make it easier for individuals to learn about and access their health and long-term services and support options. Starting in 2008, the Veterans Health Administration (VHA) also began participating as a key partner in this effort. ACL, CMS, and the VHA are now working with thirteen ADRC/NWD-System states to build on, and promote the nationwide use of lessons learned and best practices from prior ADRC investments.

ADRC/NWD systems help states make better use of taxpayer dollars by streamlining access to community services and supports (both publicly and privately funded) and diverting individuals from more costly forms of care, including institutional care and unnecessary hospital re-admissions. These systems are a key component in transforming states' long-term services and support programs. Services for all populations and all payers provided by ADRC/NWD systems include:

[130] In a "No Wrong Door" entry system, multiple agencies retain responsibility for their respective services while coordinating with each other to integrate access to those services through a single, standardized entry process that is administered and overseen by a coordinating entity (Allison Armor-Garb, Point of Entry Systems for Long-Term Care: State Case Studies, prepared for the New York City Department of Aging, 2004).

- Targeted discharge planning, care transition and nursing home diversion support that integrates the medical and social service systems on behalf of older adults and individuals with disabilities to help them remain in their own homes and communities after a hospitalization, rehabilitation, or skilled nursing facility visit;

- "One-on-one" person-centered counseling to help consumers, families, and caregivers fully understand the options, including private pay options, that are available to them;

- Streamlined access to publicly-supported long-term services and support programs for individuals who appear to be eligible for such programs;

- Outreach and assistance to Medicare beneficiaries on their Medicare benefits including prevention benefits and low-income subsidies provided as a result of receiving funding under the Medicare Improvements to Patients and Providers Act; and,

- Integrated options counseling and access points to care transition and diversion support for Veterans served through the ACL/Department of Veterans Affairs (VA) Veteran-Directed Home and Community-Based Services program partnership.

ACL, CMS and VHA have invested over $200 million in the Aging and Disability Resource Center/No Wrong Door System initiative since 2003. Recent accomplishments include:

- The Veterans Health Administration is using the ADRC\NWD System to deliver Veteran Directed Home and Community Based Services (VD-HCBS) to help Veterans with disabilities to continue living in the community and to have control over the LTSS they receive. The VD-HCBS program is available in 34 states, the District of Columbia and Puerto Rico and is serving more than 2,000 Veterans through 62 VA Medical Centers each day.

- In 2016, ACL funded 8 states (CT, MA, MD, NH, OR, VT, WA, and WI) to coordinate their ADRC/No Wrong Door (NWD) System with their statewide Assistive Technology (AT) Program. Coordination activities included cross training, assistive technology "toolkits" for ADRC staff, and increased collaboration with the Durable Medical Equipment (DME) state workgroups to coordinate related efforts on reuse models for AT and DME. As a result of this coordination, access to assistive technology for people seeking long term services and supports has increased.

- In FY 2017, the St. Louis VD-HCBS Program became the first VD-HCBS Program to exceed a program census of 150 Veterans in December 2016. The St. Louis program has been a model of successful partnerships and has contributed to a 24 percent decrease in inpatient days of care for enrolled Veterans.

- In FY 2017, the VA Sunshine Network, also known Veterans Integrated Service Network (VISN) 8, became the first VISN to achieve full VD-HCBS coverage. The VA Sunshine Network includes seven VAMCs serving a population of more than 1.6 million Veterans in

Florida, South Georgia, Puerto Rico and the Caribbean. VA is comprised of 21 VISNs nationwide that oversee 168 VAMCs serving 8.9 million Veterans each year. Veterans and caregivers value the VD-HCBS program because it gives Veterans control over their long term services and supports and enables them to design their care to fit their life rather than designing their life to fit the care provided.

Funding History:

Funding for Aging and Disability Resource Centers over the last five years is as follows:

FY 2015 .....$6,119,000
FY 2016 .....$6,119,000
FY 2017 .....$6,105,000
FY 2018 Annualized CR.....$6,077,446
FY 2019 President's Budget $6,119,000

Budget Request:

ACL's FY 2019 request for ADRCs is $6,119,000, which maintains the FY 2018 Annualized Continuing Resolution Level. This will provide States funding to continue their development and operation of sustainable ADRC/NWD systems based on the national guidelines established by ACL, CMS and the VHA. Funded states will replicate the national guidelines to develop person-centered, conflict-free access system for long-term services and supports for all populations and all payers. In addition to the grants to states, funding would be used to support a technical assistance contract.[131]

Activities funded by this program to develop sustainable ADRC/NWD systems represent a substantial state-wide reform of access to long-term services and supports. Building on past ADRC activities, the transformation brought about by this funding will include:

- Funded states will show progress towards guidelines established by ACL, CMS, and VHA for ADRC/NWD Systems and be required to report on its progress and performance,

- Funded states will commit to using Medicaid administrative funding to support the ADRC/NWD system infrastructure on an on-going basis; and

- Funded states will ensure that local ADRC/NWD system sites:

    - Include a full range of organizations that play a formal reimbursable role in carrying out the ADRC/NWD system functions they have been designated by the state to

[131] Please see page 231 for a discussion of how the MIPPA program helps hard to reach low income and Rural Medicare beneficiaries who qualify for either the Medicare savings plan or Low Income Subsidy pay their Medicare premiums, in part through formula grants to ADRC grantees.

perform to ensure the state's ADRC/NWD system can effectively serve all LTSS populations;
- Use nationally certified person-centered counselors to provide one-on-one assistance to consumers; and
- Conduct formal functional and financial assessments that are required to determine an individual's eligibility for the public LTSS programs that are administered by the state, including Medicaid.

Finally, funded states' ADRC/NWD systems, including local sites, will use the ***Key Elements of a NWD System of Access to LTSS for All Populations and Payers*** to continually evaluate performance and make improvements in ADRC/NWD systems at the state and local site level. The ADRC/NWD Key Elements framework has been adopted as a national benchmark in the AARP LTSS Scorecard to measure affordability and access state-level performance of LTSS systems that assist older people, adults with disabilities, and their family caregivers.

Grant Awards Tables:

Aging and Disability Resource Centers
(Dollars in Thousands)

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	13	11	11
Average Award	$388,279	$400,428	$404,206
Range of Awards	$198,615-$754,480	$198,615-$754,480	$198,615-$754,480

Resource and Program Data:

Aging and Disability Resource Centers
(Dollars in Thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants: Formula	--	--	--	--	--	--
New Discretionary	--	--	11	4,405	--	42
Continuations	13	5,048	--	--	11	4,404
Contracts	1	940	1	1,500	1	1,500
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	117	--	173	--	173
Total Resources	--	6,105	--	6,077	--	6,119

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

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State Health Insurance Assistance Programs

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
State Health Insurance Assistance Program (SHIP)	$47,115	$46,795	$0	-$46,795
FTE	5	5	-	-5

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 4360 of the Omnibus Budget Reconciliation Act of 1990 (42 U.S.C. 1395b-4)

FY 2018 Authorization .....Expired

Allocation Method ..... Formula and Competitive Grants/Contracts

Program Description and Accomplishments:

The State Health Insurance Assistance Program (SHIP) provides grants to States to fund infrastructure, training, and outreach support to over 14,000 (mostly volunteer) counselors in over 1,300 community-based organizations in all 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

SHIPs provide counseling and assistance to help aging and disabled Medicare and Medicaid beneficiaries as well as newly enrolled beneficiaries understand and use of their Medicare benefits. Services are provided via telephone and through face-to-face interactive sessions, public education presentations and programs, and media activities. In CY 2016, SHIPs had over 3.3 million one-on-one client contacts and more than 102,000 public and media events.

Nearly two-thirds of the 54 state SHIP programs are administered by State Units on Aging, with the remaining programs administered by State Departments of Insurance. At the community level, many SHIPs are either housed in or create local partnerships with Area Agencies on Aging. Similarly, almost 50 percent of the SHIPs are co-located with the Senior Medicare Patrol program, which is also administered by ACL.

Funding History:

Funding for the State Health Insurance Assistance Program over the past five years is as follows:

FY		FTE
FY 2015	$52,115,000	7.5
FY 2016 …	$52,115,000	6.0
FY 2017	$47,115,000	5.0
FY 2018 Annualized CR	$46,795,042	5.0
FY 2019 President's Budget	…….$0	0.0

Budget Request:

The FY 2019 discretionary Budget Request for SHIPs is $0 a reduction of -$46,795,000 below the FY 2018 Annualized Continuing Resolution. While ACL will reduce the scale of its one-on-one person assistance through the State Health Insurance Assistance Program, CMS, in coordination with ACL and states, will work to ensure that existing CMS resources continue to provide accurate, comprehensive, understandable information to individuals. Medicare beneficiaries will continue to have access to online tools such as Plan Finder and to phone assistance such as CMS's 1-800-MEDICARE helpline. Some states also support SHIP programs using State funds. .[132]

Outputs Table:

State Health Insurance Assistance Programs

Indicator	**Year and Most Recent Result /**	**FY 2018 Projection**	**FY 2019 Projection**	**FY 2019 Projection** **+/-FY 2018 Projection**
Output AH: Number of SHIP Public Media Events *(Output)*	CY 2016: 101,472	Discontinued	Discontinued	N/A
Output AI: Number of SHIP Client Contacts *(Output)*	CY 2016: 3.4 M	Discontinued	Discontinued	N/A

[132] Please see page 231for a discussion of how the MIPPA program helps hard to reach low income and Rural Medicare beneficiaries who qualify for either the Medicare savings plan or Low Income Subsidy pay their Medicare premiums. The MIPPA program includes formula grants to SHIP grantees.

Grant Awards Table:

State Health Insurance Assistance Programs Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	54	54	-
Average Award	$804,815	$791,408	-
Range of Awards	$44,898-$4,074,803	$44,150-$4,006,921	-

Resource and Program Data:

State Health Insurance Assistance Program
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	55	44,410	--	--	--	--
Continuations	--	--	55	43,686	--	--
Contracts	4	1,177	4	1,878	--	--
Interagency Agreements	1	157	1	160	--	--
Program Support /1	--	1,370	--	1,071	--	--
Total Resources	--	47,115	--	46,795	--	--

1/ Program Support -- Reflects the amount used from the SHIP appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
CENTER FOR INTEGRATED PROGRAMS
FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: State Health Insurance Assistance Program (CFDA 93.324)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	799,239	785,924	-	(785,924)
Alaska	214,165	210,597	-	(210,597)
Arizona	792,368	779,168	-	(779,168)
Arkansas	565,188	555,773	-	(555,773)
California	4,074,803	4,006,921	-	(4,006,921)
Colorado	567,437	557,984	-	(557,984)
Connecticut	509,051	500,571	-	(500,571)
Delaware	189,497	186,340	-	(186,340)
District of Columbia	144,004	141,605	-	(141,605)
Florida	2,605,036	2,561,639	-	(2,561,639)
Georgia	1,079,926	1,061,936	-	(1,061,936)
Hawaii	234,191	230,290	-	(230,290)
Idaho	362,461	356,423	-	(356,423)
Illinois	1,428,532	1,404,734	-	(1,404,734)
Indiana	818,602	804,965	-	(804,965)
Iowa	645,200	634,452	-	(634,452)
Kansas	490,981	482,802	-	(482,802)
Kentucky	791,667	778,479	-	(778,479)
Louisiana	621,659	611,303	-	(611,303)
Maine	407,087	400,305	-	(400,305)
Maryland	693,513	681,960	-	(681,960)
Massachusetts	883,747	869,025	-	(869,025)
Michigan	1,361,089	1,338,415	-	(1,338,415)
Minnesota	871,241	856,727	-	(856,727)
Mississippi	558,276	548,976	-	(548,976)
Missouri	862,651	848,280	-	(848,280)
Montana	521,702	513,011	-	(513,011)
Nebraska	389,343	382,857	-	(382,857)
Nevada	385,518	379,096	-	(379,096)
New Hampshire	267,336	262,882	-	(262,882)

PROGRAM/CFDA NUMBER: State Health Insurance Assistance Program (CFDA 93.324)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	979,891	963,567	-	(963,567)
New Mexico	404,373	397,637	-	(397,637)
New York	2,210,848	2,174,018	-	(2,174,018)
North Carolina	1,388,498	1,365,367	-	(1,365,367)
North Dakota	234,944	231,030	-	(231,030)
Ohio	1,644,496	1,617,100	-	(1,617,100)
Oklahoma	570,409	560,907	-	(560,907)
Oregon	544,591	535,519	-	(535,519)
Pennsylvania	1,850,688	1,819,857	-	(1,819,857)
Rhode Island	252,202	248,001	-	(248,001)
South Carolina	717,685	705,729	-	(705,729)
South Dakota	293,393	288,505	-	(288,505)
Tennessee	1,008,460	991,660	-	(991,660)
Texas	2,463,958	2,422,911	-	(2,422,911)
Utah	331,899	326,370	-	(326,370)
Vermont	225,679	221,919	-	(221,919)
Virginia	942,186	926,490	-	(926,490)
Washington	829,803	815,979	-	(815,979)
West Virginia	440,071	432,740	-	(432,740)
Wisconsin	853,444	839,226	-	(839,226)
Wyoming	271,883	267,354	-	(267,354)
Subtotal, States	42,594,911	41,885,323	-	(41,885,323)
Guam	44,898	44,150	-	(44,150)
Puerto Rico	775,328	762,412	-	(762,412)
Virgin Islands	44,898	44,150	-	(44,150)
Subtotal, States and Territories	43,460,035	42,736,034	-	(42,736,034)
Undistributed 1/	$3,654,965	$4,058,968	-	(4,058,968)
TOTAL	**47,115,000**	**46,795,002**	**-**	**(46,795,002)**

1/ Program Management -- Reflects the amount used from the SHIP appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

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Voting Access for Individuals with Disabilities

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Voting Access for People with Disabilities	$4,952	$4,929	$4,963	+$34

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 291 of the Help America Vote Act

FY 2018 Authorization .....Expired

Allocation Method .....Formula Grant

Program Description and Accomplishments:

The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act (HAVA) provides formula grants to support Protection and Advocacy (P&A) systems in each state and territory to ensure full participation in the electoral process for individuals with disabilities. HAVA P&A programs help to insure that individuals with disabilities are able to exercise their rights to register to vote, cast a vote, and access polling places. These funds provide services to individuals with disabilities within the state, as well as advocacy for and education about the electoral process and monitoring of the accessibility of the electoral process for people with disabilities. Additionally, training and technical assistance grants to assist the P&As in their promotion of full participation in the electoral process are provided through competitive two-year awards.

HAVA P&A grantees use these funds to promote systematic efforts to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process. For example, grantees support systems change efforts to improve information on the location of accessible polling places, and to adopt voting procedures that enable individuals with disabilities to vote privately and independently. Grantees also work to educate election officials, poll workers, and election volunteers on the rights of voters with disabilities and best practices. P&As provide assistance to state and other government entities by surveying polling places, identifying potential modifications to make specific polling places accessible, and developing criteria for identifying accessible polling places.

Through the program, ACL also makes discretionary grants to eligible nonprofit organizations to assist P&As in developing proficiency in the use of voting systems, identifying and implementing technologies to assist individuals with disabilities in voting, and demonstrating and evaluating the use of such systems and technologies. P&As also receive training and technical assistance for providing non-visual access in the voting process. These grants are authorized under section 291 of HAVA as a seven percent set-aside of the total appropriation for P&As. As a result of the

training and technical assistance, P&As inform others on the availability of accessible voting equipment and its use.

Funding History:

Funding over the past five years is as follows:

FY 2015 .....$4,963,000
FY 2016 .....$4,963,000
FY 2017 .....$4,952,000
FY 2018 Annualized CR.....$4,929,296
FY 2019 President's Budget $4,963,000

Budget Request:

The FY 2019 Budget request for the Voting Access for Individuals with Disabilities Program is $4,963,000, which maintains the FY 2018 Annualized Continuing Resolution. An example of the activities undertaken with HAVA funding, in Charleston, SC the P&A sponsored a site used by an Election Protection (EP) volunteer attorney to staff a hotline and train law student volunteers to canvass polling places in Charleston for accessibility issues. Funding for this activity helps to ensure that individuals with the full range of disabilities are not denied the right to the same opportunity for access and participation in the electoral process as voters with no disabilities.

Grant Awards Table:

Voting Access for Individuals with Disabilities Grant Awards

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	55	55	55
Average Award	$83,324	$82,940	$83,510
Range of Awards	$35,000 - $343,008	$35,000 - $337,953	$35,000 - $344,347

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Voting Access for Individuals with Disabilities (CFDA 93.618)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	70,000	70,000	70,000	-
Alaska	70,000	70,000	70,000	-
Arizona	70,000	70,000	70,000	-
Arkansas	70,000	70,000	70,000	-
California	343,008	337,953	344,347	6,394
Colorado	70,000	70,000	70,000	-
Connecticut	70,000	70,000	70,000	-
Delaware	70,000	70,000	70,000	-
District of Columbia	70,000	70,000	70,000	-
Florida	177,628	177,479	180,837	3,358
Georgia	89,508	88,775	90,455	1,680
Hawaii	70,000	70,000	70,000	-
Idaho	70,000	70,000	70,000	-
Illinois	112,686	110,225	112,310	2,085
Indiana	70,000	70,000	70,000	-
Iowa	70,000	70,000	70,000	-
Kansas	70,000	70,000	70,000	-
Kentucky	70,000	70,000	70,000	-
Louisiana	70,000	70,000	70,000	-
Maine	70,000	70,000	70,000	-
Maryland	70,000	70,000	70,000	-
Massachusetts	70,000	70,000	70,000	-
Michigan	86,947	85,485	87,103	1,618
Minnesota	70,000	70,000	70,000	-
Mississippi	70,000	70,000	70,000	-
Missouri	70,000	70,000	70,000	-
Montana	70,000	70,000	70,000	-
Nebraska	70,000	70,000	70,000	-
Nevada	70,000	70,000	70,000	-
New Hampshire	70,000	70,000	70,000	-

PROGRAM/CFDA NUMBER: Voting Access for Individuals with Disabilities (CFDA 93.618)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	78,495	77,014	78,471	1,457
New Mexico	70,000	70,000	70,000	-
New York	173,462	170,012	173,229	3,217
North Carolina	88,001	87,367	89,020	1,653
North Dakota	70,000	70,000	70,000	-
Ohio	101,763	100,003	101,895	1,892
Oklahoma	70,000	70,000	70,000	-
Oregon	70,000	70,000	70,000	-
Pennsylvania	112,183	110,076	112,158	2,082
Rhode Island	70,000	70,000	70,000	-
South Carolina	70,000	70,000	70,000	-
South Dakota	70,000	70,000	70,000	-
Tennessee	70,000	70,000	70,000	-
Texas	240,699	239,904	244,443	4,539
Utah	70,000	70,000	70,000	-
Vermont	70,000	70,000	70,000	-
Virginia	73,456	72,428	73,798	1,370
Washington	70,000	70,000	70,000	-
West Virginia	70,000	70,000	70,000	-
Wisconsin	70,000	70,000	70,000	-
Wyoming	70,000	70,000	70,000	-
Subtotal, States	4,407,836	4,386,721	4,418,066	31,345
American Samoa	35,000	35,000	35,000	-
Guam	35,000	35,000	35,000	-
Puerto Rico	70,000	70,000	70,000	-
Virgin Islands	35,000	35,000	35,000	-
Subtotal, States and Territories	4,582,836	4,561,721	4,593,066	31,345
Undistributed 1/	369,164	367,575	369,934	2,359
TOTAL	**4,952,000**	**4,929,296**	**4,963,000**	**33,704**

1/ Program Support—Includes funds for statutory technical assistance and/or minority set-asides; grant systems and review, and program reporting systems costs.

Assistive Technology

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Assistive Technology	$31,927,000	$31,782,688	$31,939,000	+$156,312
Alternative Financing Grant Competition	$1,995,000	$1,986,418	$0	-$1,986,418
Total:	$33,922,000	$33,769,106	$31,939,000	-$1,830,106

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Assistive Technology Act of 1998 as amended

FY 2018 Authorization .....Expired

Allocation Method ..... Competitive and Formula Grants/Contracts

Program Description and Accomplishments:

Assistive Technology (AT) programs are designed to maximize the ability of individuals with disabilities of all ages and their family members, guardians, advocates, and authorized representatives to obtain AT devices and AT services. AT devices are defined as any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Examples of such devices include computer or technology aids, modified driving controls, and durable medical equipment such as wheelchairs or walkers. Grants support comprehensive statewide programs that are designed to increase the:

- Availability, funding, access, provision, and training for AT devices and services;
- Ability of individuals with disabilities of all ages to secure and maintain possession of AT during periods of transition, such as transition between school or home and home and work;
- Capacity of public and private entities to provide and pay for AT devices and services;
- Involvement of individuals with disabilities in decisions about AT devices and services;
- Coordination of AT-related activities among state and local agencies and other private entities;
- Awareness and facilitation of changes in law, regulations, procedures, policies, practices, and organizational structures, in order to improve access to AT; and

- Awareness of the benefits of AT among targeted individuals and entities in the general population.

Assistive Technology (AT) State Grants

The AT State Grant program, authorized under section 4 of the AT Act, is a population-based formula grant program to support comprehensive statewide programs that maximize the ability of individuals with disabilities of all ages to access and acquire AT. States must establish consumer-responsive advisory councils with a majority membership of individuals with disabilities who use AT to advise on the planning, implementation, and evaluation of these statewide programs.

Under the formula, states and territories are initially allocated a base amount equal to the amount of funds they received under the AT program in fiscal year 2004 (totaling $20,288,534). Any funds appropriated in excess of the fiscal year 2004 appropriation are initially distributed among the eligible entities with 50 percent of available funds distributed equally amongst them and 50 percent distributed according to the population of the state until each entity receives at least $410,000. If any appropriated funds remain after each State receives this minimum, they are further distributed with 20 percent divided equally amongst the states and 80 percent distributed according to their populations. To date, appropriated funds under this program have not been at a level to necessitate this second round of distribution. The estimated FY 2018 state distributions are based on the July 1, 2016 estimates published in December 2016.

The state must implement each of the activities required under the program, which include state-level activities and state leadership activities. States must spend a minimum of 60 percent (unless the state elects to comply with the state flexibility provision in section 4(e)(6) of the AT Act, as described below) of their formula grant funds on four state-level activities: state financing programs, device reutilization programs, device loan programs, and device demonstrations. States may, however, direct their funds towards these activities in varying amounts if they use other state or non-federal funds to support these activities at a comparable or greater level.

States may use up to 40 percent of their AT State Grant program funding on state leadership activities. The state leadership activities include the provision of technical assistance and training to targeted individuals and entities focused on promoting the general awareness of the benefits of AT; skills development for persons involved in the assessment of the need for AT; the appropriate application of AT; and the integration of AT devices and services in plans required to be developed under other federal laws.

In addition, states must use a portion of their grant funds on public awareness activities, including the continuation and maintenance of a statewide system of information and referral, and coordination and collaboration activities amongst entities in the states that are responsible for the provision of AT. The law provides states with flexibility to decide to carry out only two or three state-level activities, rather than all four. If a state elects to carry out two or three state-level activities, it must spend a minimum of 70 percent of its funds on those activities, while spending not more than 30 percent on the state leadership activities.

The State AT Programs continue to benefit individuals with disabilities, older adults, Veterans, caregivers, professionals, schools, vocational rehabilitation agencies, healthcare providers and agencies by providing unique access to, and acquisition of, assistive technology devices and durable medical equipment. State AT Program data continues to show increased program use and performance. In fiscal year 2016, the State AT Programs, achieved the following:

- 72,808 individuals participated in assistive technology device demonstrations;
- 54,274 AT devices were provided on short-term loan to individuals with disabilities, service providers and agencies through the "try-before-you-buy" approach to AT; and
- 79,223 AT devices were reutilized, saving consumers $31,673,585 by obtaining a gently used or refurbished AT device rather than a new one.

Protection and Advocacy for Assistive Technology Grants

Formula grants to protection and advocacy (P&A) systems, authorized under section 5 of the AT Act, support protection and advocacy services to assist individuals with disabilities of all ages in the acquisition, utilization, or maintenance of AT services or devices. Funds are distributed on a state population basis, with a minimum annual grant of $50,000. Territories must receive not less than $30,000 annually. Also, the Act requires a minimum award of $30,000 to the P&A system serving the American Indian consortium.

National Activities Grants

Section 6 of the AT Act provides authority for the provision of technical assistance and the development and implementation of data collection and reporting systems—through grants, contracts, or cooperative agreements awarded on a competitive basis—to individuals with disabilities of all ages, to AT state grant program grantees, and to protection and advocacy systems. The AT Act also requires the Secretary to make an award to renovate, update, and maintain a national public Internet site (https://at3center.net/).

Alternative Financing Competitive Grants for Assistive Technology

ACL awarded three new grants in FY 2017 in addition to the three grants issued in both FY 2015 and FY 2016. The FY 2017 grants were used to establish new financial loan programs in North Carolina and South Dakota and to expand an existing program in Louisiana. Both the new AFP grants awarded in FY 2016 to Indiana and Oregon successfully launched their loan programs and are processing applications and making loans. The other four grantees that received awards to expand existing programs in Georgia, Minnesota, Nebraska and Pennsylvania are implementing activities as outlined in the grant proposals to expand and improve their alternative financing programs.

Funding History:

Funding for the Assistive Technology Act Programs (including but not limited to AT Act Sections 4-6 authorized programs) over the past five years is as follows:

FY 2015 .....$31,000,000
FY 2016 .....$32,000,000
FY 2017 Final $31,926,588
FY 2018 Annualized CR.....$31,782,688
FY 2019 President's Budget $31,939,000

Funding for the Alternative Financing Grant Competition over the past five years and budget year is as follows:

FY 2015 .....$2,000,000
FY 2016 .....$2,000,000
FY 2017 Final $1,995,412
FY 2018 Annualized CR.....$1,986,418
FY 2019 President's Budget .....……. $0

Budget Request:

ACL's FY 2019 request for Assistive Technology programs is $31,939,000, a reduction of -$1,830,000 below the FY 2018 Annualized Continuing Resolution level of $33,769,000.

The request includes $26,503,381 for the AT State Grant program, maintaining the FY 2018 President's Budget level. These funds will be used to carry out the second year of their 3-year state plan. State plans must describe how the state intends to carry out its AT State Grant program to meet the AT needs of individuals with disabilities in the state, achieve the measurable goals required by the AT Act, and comply with all applicable statutory and regulatory requirements.

The request also includes $4,441,000 for the Protection and Advocacy for Assistive Technology (PAAT) program, maintaining the FY 2018 President's Budget. At this funding level, 26 states would receive $50,000, the minimum amount allowed by statute to carry out this program. Territories would each receive $30,000. Funds would assist individuals with disabilities of all ages in the acquisition, utilization, or maintenance of AT services or devices.

The request would also provide $994,101 for National Activities, maintaining the FY 2018 President's Budget. The Act requires support for state training, technical assistance, data

collection, and reporting assistance, and authorizes a one-time grant to provide national public awareness about AT, and support for AT research and development activities, which are all supported by competitively awarded grants. In FY 2019, funds would be used to provide state training and technical assistance, build out the AT Act informational website, and continue support for the AT Act data collection activities.

Alternative Financing Grant Competition for Assistive Technology

The FY 2019 Budget Request is $0, a reduction of -$1,986,000 from the FY 2018 Annualized Continuing Resolution. The AT State grant program already includes financing activities that allow States to make decisions to best meet their own needs. The Budget eliminates the Alternative Financing Grant Competition, which is no longer authorized by the AT Act.

Outcomes and Outputs Table:

ACL is establishing a new data collection system for the Assistive Technology program. Once complete, new performance measures will be established.

Grant Awards Tables:

Assistive Technology Act - State Grants

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	56	56	56
Average Award	$472,688	$470,555	$472,872
Range of Awards	$125,497 - $1.087,735	$125,484 - $1,078,529	$125,501 - $1,091,837

Assistive Technology Act - Protection and Advocacy Grants

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	57	57	57
Average Award	$154,191	$153,489	$154,251
Range of Awards	$30,000 - $426,000	$30,000 - $421,935	$30,000 - $425,090

Assistive Technology Act – National Grant Activities

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	2	2	2
Average Award	$441,832	$441,832	$441,832
Range of Awards	$309,983 - 573,681	$309,983 - $573,681	$309,983 - $573,681

Alternative Financing Grant Competition for Assistive Technology

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	3	3	-
Average Award	$664,700	$662,139	-
Range of Awards	$664,700 - $664,669	$662,139 - $662,139	-

Assistive Technology
(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	112	30,895	112	30,725	112	30,859
New Discretionary	4	2,304	3	1,971	--	--
Continuations	1	574	2	888	2	895
Contracts	1	98	1	99	1	99
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	51	--	87	--	87
Total Resources	--	33,922	--	33,769	--	31,939

1/Program Support – Includes funds for grant systems and review, and program reporting systems costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Assistive Technology State Grants (CFDA 84.224A)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	448,391	446,162	448,189	2,027
Alaska	430,730	429,444	430,120	676
Arizona	613,368	611,600	614,305	2,705
Arkansas	472,682	470,940	472,353	1,413
California	1,087,735	1,078,529	1,091,837	13,308
Colorado	470,777	469,148	471,398	2,250
Connecticut	406,997	404,887	406,492	1,605
Delaware	414,807	413,498	414,243	745
District of Columbia	372,364	371,144	371,800	656
Florida	700,881	698,219	705,411	7,192
Georgia	599,386	596,767	600,581	3,814
Hawaii	448,986	447,480	448,381	901
Idaho	422,871	421,602	422,587	985
Illinois	607,444	602,787	607,417	4,630
Indiana	476,249	473,698	476,306	2,608
Iowa	446,781	445,013	446,473	1,460
Kansas	407,561	405,701	407,087	1,386
Kentucky	470,231	468,173	470,061	1,888
Louisiana	498,028	495,904	497,872	1,968
Maine	461,641	460,206	461,075	869
Maryland	496,829	494,389	496,795	2,406
Massachusetts	517,267	514,712	517,379	2,667
Michigan	658,461	655,077	658,765	3,688
Minnesota	489,604	487,471	489,714	2,243
Mississippi	392,040	390,168	391,581	1,413
Missouri	554,828	552,363	554,794	2,431
Montana	443,924	442,626	443,401	775
Nebraska	455,456	453,972	455,031	1,059
Nevada	416,818	415,459	416,856	1,397
New Hampshire	429,457	428,041	428,911	870

PROGRAM/CFDA NUMBER: Assistive Technology State Grants (CFDA 84.224A)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	487,507	484,167	487,533	3,366
New Mexico	443,853	442,186	443,301	1,115
New York	704,725	698,542	705,449	6,907
North Carolina	551,873	549,372	553,132	3,760
North Dakota	370,935	369,622	370,303	681
Ohio	565,396	561,577	565,818	4,241
Oklahoma	431,978	430,041	431,761	1,720
Oregon	425,297	423,818	425,593	1,775
Pennsylvania	693,639	689,368	693,993	4,625
Rhode Island	369,462	368,071	368,851	780
South Carolina	519,200	517,525	519,584	2,059
South Dakota	419,398	418,117	418,833	716
Tennessee	447,418	445,219	447,833	2,614
Texas	891,985	888,149	897,718	9,569
Utah	456,650	455,324	456,757	1,433
Vermont	406,845	405,539	406,177	638
Virginia	501,387	498,572	501,763	3,191
Washington	485,149	483,438	486,261	2,823
West Virginia	422,749	421,054	422,088	1,034
Wisconsin	469,626	467,215	469,542	2,327
Wyoming	363,011	361,722	362,347	625
Subtotal, States	25,540,677	25,423,818	25,551,852	128,034
American Samoa	125,516	125,484	125,501	17
Guam	126,537	126,548	126,602	54
Northern Mariana Islands	125,497	125,487	125,504	17
Puerto Rico	426,306	423,773	425,325	1,552
Virgin Islands	125,984	125,997	126,032	35
Subtotal, States and Territories	26,470,517	26,351,107	26,480,816	129,709
Undistributed 1/	$22,565	22,565	22,565	-
TOTAL	**26,493,082**	**26,373,672**	**26,503,381**	**129,709**

1/ Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Assistive Technology Protection and Advocacy (CFDA 84.343)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	52,879	52,280	52,671	391
Alaska	50,000	50,000	50,000	-
Arizona	74,307	74,508	75,066	558
Arkansas	50,000	50,000	50,000	-
California	426,000	421,935	425,090	3,155
Colorado	59,382	59,560	60,006	446
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	220,605	221,581	223,239	1,658
Georgia	111,165	110,835	111,665	830
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	139,951	137,615	138,645	1,030
Indiana	72,040	71,304	71,838	534
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	50,000	50,000	50,000	-
Louisiana	50,830	50,327	50,704	377
Maine	50,000	50,000	50,000	-
Maryland	65,366	64,676	65,160	484
Massachusetts	73,941	73,226	73,774	548
Michigan	107,984	106,728	107,527	799
Minnesota	59,741	59,339	59,783	444
Mississippi	50,000	50,000	50,000	-
Missouri	66,206	65,499	65,989	490
Montana	50,000	50,000	50,000	-
Nebraska	50,000	50,000	50,000	-
Nevada	50,000	50,000	50,000	-
New Hampshire	50,000	50,000	50,000	-

PROGRAM/CFDA NUMBER: Assistive Technology Protection and Advocacy (CFDA 84.343)

State/Territory	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	97,487	96,152	96,872	720
New Mexico	50,000	50,000	50,000	-
New York	215,431	212,259	213,848	1,589
North Carolina	109,292	109,077	109,893	816
North Dakota	50,000	50,000	50,000	-
Ohio	126,385	124,853	125,787	934
Oklahoma	50,000	50,000	50,000	-
Oregon	50,000	50,000	50,000	-
Pennsylvania	139,325	137,429	138,457	1,028
Rhode Island	50,000	50,000	50,000	-
South Carolina	53,283	53,331	53,731	400
South Dakota	50,000	50,000	50,000	-
Tennessee	71,829	71,499	72,035	536
Texas	298,937	299,519	301,761	2,242
Utah	50,000	50,000	50,000	-
Vermont	50,000	50,000	50,000	-
Virginia	91,229	90,426	91,103	677
Washington	78,032	78,345	78,931	586
West Virginia	50,000	50,000	50,000	-
Wisconsin	62,807	62,120	62,585	465
Wyoming	50,000	50,000	50,000	-
Subtotal, States	4,224,434	4,204,423	4,226,160	21,737
American Samoa	30,000	30,000	30,000	-
Guam	30,000	30,000	30,000	-
Northern Mariana Islands	30,000	30,000	30,000	-
Puerto Rico	50,000	50,000	50,000	-
Virgin Islands	30,000	30,000	30,000	-
Subtotal, States and Territories	4,394,434	4,374,423	4,396,160	21,737
Native American Organizations 1/	30,000	30,000	30,000	-
Undistributed 2/	$15,357	15,357	15,357	-
TOTAL	**4,439,791**	**4,419,780**	**4,441,517**	**21,737**

1/ The Tribal Organizations line reflects the funds provided to Native Americans in New Mexico.
2/ Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

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Alzheimer's Disease Initiative - Outreach Campaign

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alzheimer's Disease Initiative - Outreach (PPHF)	$4,200	$3,792	$0	-$3,792

*BA is in thousands of dollars, FTE is a whole number.

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended and the Patient Protection and Affordable Care Act (ACA), Section 4002 [42 U.S.C. 300u-11]

FY 2018 Authorization ..... No specific amount authorized

Allocation Method ..... Contracts

Program Description and Accomplishments:

In FY 2012, ACL received $4,000,000 in initial funding from the Prevention and Public Health Fund to begin a public awareness Alzheimer's Disease Outreach Campaign. An estimated 5.2 million individuals in the United States are living with Alzheimer's disease and related dementias (ADRD), and that number is expected to increase by 40 percent by 2025.[133] With the prevalence of this disease growing, this public awareness effort was designed to educate Americans who are at risk or who care for someone at risk of developing this disease.

During the first year of the Campaign, a new website (alzheimers.gov) was launched and a variety of outreach materials were developed in partnership with the National Institute on Aging (NIA) and other stakeholders. Going forward, ACL and NIA will continue to utilize materials already developed to inform people caring for people with Alzheimer's disease that there are federal, state, local, and nonprofit resources available to help them. The campaign highlights the alzheimers.gov website and deploys television, radio and print advertisements as well as search engine optimization and advertisements on specific web sites.

[133] Alzheimer's Association. *2014 Alzheimer's Disease Facts and Figures.* Accessed April 14, 2014 at http://www.alz.org/alzheimers_disease_facts_and_figures.asp .

Funding History:

Funding for the Alzheimer's Disease Initiative—Outreach Campaign over the last five years is as follows:

FY 2015 .....$4,200,000
FY 2016… $4,200,000
FY 2017 .....$4,200,000
FY 2018 Annualized CR.....$3,792,000
FY 2019 President's Budget $0

Budget Request:

The FY 2019 Budget consolidates Alzheimer's programs into a single grant making Program in ACL. The Alzheimer's Disease Program will provide greater flexibility to States, territories, Tribes and localities to meet the specific needs of their communities.

Resource and Program Data:

Alzheimer's Disease Initiative –Outreach Campaign

(Dollars in thousands)

Mechanism	FY 2017 Final #	FY 2017 Final $	FY 2018 Annualized CR #	FY 2018 Annualized CR $	FY 2019 President's Budget #	FY 2019 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	--	--	--	--	--	--
Continuations	--	--	--	--	--	--
Contracts	1	4,132	1	4,142	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	68	--	58	--	--
Total Resources	--	4,200	--	4,200	--	--

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Medicare Improvements for Patients and Providers Act Programs (MIPPA)

Service	FY 2017/1 Final	FY 2018/2 Annualized CR	FY 2019/3 President's Budget	FY 2019 +/- FY 2018
MIPPA Programs:	*$34,913*	*$37,500*	$37,500	+$0
Aging and Disability Resource Centers	*$4,655*	*$5,000*	$5,000	+$0
Area Agencies on Aging	*$6,983*	*$7,500*	$7,500	+$0
National Center for Benefits & Outreach Enrollment	*$11,172*	*$12,000*	$12,000	+$0
State Health Insurance Assistance Programs	*$12,103*	*$13,000*	$13,000	+$0
FTE	4	4	6	+2

*BA is in thousands of dollars, FTE is a whole number.

1/ Funding in FY 2017 reflects a 6.9% sequester.

2/ Funding for these programs ended in FY 2017. Funding shown, reflects request for mandatory funding.

3/ The FY 2019 Budget requests the discretionary MIPPA funding for these programs in FY 2019.

Authorizing Legislation: Medicare Improvements for Patients and Providers Act of 2008, Section 119 (42 U.S.C. 1395b-3 note) as amended.

FY 2018 Authorization .....Expired

Allocation Method .....Competitive Grants/Formula Grants and Contracts

Program Description and Accomplishments:

The Medicare Improvements for Patients and Providers Act (MIPPA) programs provide funding to support targeted in-person enrollment assistance too hard to reach low-income and rural Medicare beneficiaries who qualify for either Medicare Savings Plans (MSP) or a Low Income Subsidy (LIS). MIPPA funds also support the National Center for Benefits Outreach and Enrollment. For beneficiaries who qualify, MSPs pay their Medicare Part A or/and Part B premiums and co-insurance costs and the LIS subsidizes their Medicare prescription drug costs, including premiums, deductibles and drug co-pays. Beneficiaries are eligible for these programs if they have minimal assets and incomes below 135 percent of the Federal Poverty Level.

Grants to states provide support for beneficiary education and enrollment assistance so that Medicare beneficiaries can access MSP and LIS programs that they qualify for but are not yet enrolled in. MIPPA funding is not used to support the day-day services of AAAs, ADRCs and

SHIP. Instead, it supports additional counseling that goes beyond the assistance what would normally be provided, both to identify older Americans and those with disabilities in need, and to provide much more intensive counseling to these specific populations. In FY 2016, MIPPA State Grantees conducted over 22,000 public and media events, served over 2.5 million people, and completed over 164,000 total applications for LIS and MSP benefits combined.

The National Center for Benefits Outreach and Enrollment coordinates efforts to inform older adults and beneficiaries with disabilities about the benefits available under Federal and state programs, with an emphasis on providing information on the LIS and MSP which help Medicare beneficiaries pay for their Medicare coverage. The NCBOE also supports a nationwide network of 59 local Benefit Enrollment Centers which provide low-income benefits information and enrollment assistance. NCBOE accomplishes its mission by providing tools, resources, and technology that help local, state, and regional organizations find, counsel, and assist seniors and younger adults with disabilities in applying for and enrolling in the benefits for which they may be eligible. It also works to generate and disseminate new knowledge about best practices and cost-effective strategies for benefits outreach and enrollment. In FY 2016, the NCBOE and Benefits Enrollment Centers directly assisted with over 134,000 applications for the LIS, MSP, and other low income benefits.

Funding History:

In each of fiscal years 2015 through 2018, MIPPA was funded through mandatory appropriations. Funding for MIPPA over the past five years is as follows:

FY 2015 .....$25,000,000
FY 2016 .....$37,500,000
FY 2017 1/ $34,912,500
FY 2018 Annualized CR 2/..... $37,500,000
FY 2019 President's Budget 3/ .$37,500,000

1/ Reflects a 6.9% sequester.
2/ Reflects request for mandatory funding.
3/ Reflects requests for discretionary funding beginning in FY 2019.

Budget Request:

The FY 2019 Budget shifts mandatory funding for programs funded by the Medicare Access and Chip Reauthorization Act (MACRA) to discretionary funding. The Budget requests $37,500,000 for these programs to be included in ACL's annual discretionary budget beginning in FY 2019. The Budget eliminates discretionary funding for the State Health Insurance Assistance Program, but maintains funding to provide one-on-one counseling specifically targeting hard-to-reach low-income and rural beneficiaries who qualify for either the Medicare Savings Plans (MSP) or the Social Security Low-Income Subsidy (LIS). Continued funding is needed so that the beneficiaries

who are eligible for these programs do not lose the in-depth assistance with enrolling in these programs that MIPPA dollars support.

To the extent that these individuals fail to enroll, each beneficiary would lose not only an estimated $4,000 annually in LIS savings (per SSA estimates) and/or $411 per month in Medicare Part A Premium Savings and $121.80 per month in Part B Premiums through MSP, but also additional assistance with Medicare Part A and B copayments and deductibles and benefits from other programs to which they qualify.

Grant Awards Tables:

MIPPA – Aging Disability and Resource Centers

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	49	49	49
Average Award	$90,875	$96,118	$91,420
Range of Awards	$7,885 - $372,352	$8,340 - 393,837	$7,922 - $374,586

MIPPA – Area Agencies on Aging/1

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	49	49	49
Average Award	$130,270	$137,787	$131,052
Range of Awards	$7,938 - $522,887	$8,396 - $553,058	$7,986 - $553,058

1/Awards to Tribes were not included in the calculation of the average award, or the range of awards. Awards to tribes are $1,000 per Tribe.

MIPPA – National Center for Benefits Outreach and Enrollment

Awards	FY 2017 Final/1	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	1	1	1
Average Award	$10,732,645	$11,357,868	$11,357,868
Range of Awards	$10,732,645	$11,357,868	$11,357,868

MIPPA – State Health Insurance Assistance Programs

Awards	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	51	51	51
Average Award	$227,506	$240,633	$240,633
Range of Awards	$28,833 - $946,016	$30,497 - $1,000,601	$30,497 - $1,000,601

Resource and Program Data:

Medicare Improvements for Patients and Providers Act Programs

(Dollars in Thousands)

Mechanism	FY 2017 Final	FY 2017 Final	FY 2018 Annualized CR	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 President's Budget
Grants:						
Formula	423	22,709	423	24,099	423	22,845
New Discretionary	1	10,733	--	--	--	--
Continuations	--	--	1	11,358	1	10,766
Contracts	1	133	2	844	2	2,496
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	1,338	--	1,199	--	1,394
Total Resources	425	34,913	426	37,500	426	37,500

1/ Note the "New Grants" in FY 2018 and FY 2019 are supplemental actions to the single continuing grant.

2/ Program Support -- Reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: MIPPA - ADRC (CFDA 93.071)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	89,024	94,161	89,558	(4,603)
Alaska	7,885	8,340	7,932	(408)
Arizona	105,137	111,203	105,768	(5,436)
Arkansas	54,578	57,727	54,905	(2,822)
California	159,888	169,114	160,847	(8,266)
Colorado	73,197	77,420	73,636	(3,784)
Connecticut	57,922	61,264	58,270	(2,995)
Delaware	16,708	17,672	16,808	(864)
District of Columbia	8,144	8,614	8,193	(421)
Florida	372,352	393,837	374,586	(19,251)
Georgia	140,726	148,846	141,570	(7,276)
Hawaii	22,642	23,948	22,778	(1,171)
Idaho	26,219	27,732	26,376	(1,356)
Illinois	190,389	201,374	191,531	(9,843)
Indiana	106,062	112,182	106,698	(5,483)
Iowa	52,760	55,804	53,077	(2,728)
Kansas	44,893	47,483	45,162	(2,321)
Kentucky	79,321	83,898	79,797	(4,101)
Louisiana	73,346	77,578	73,786	(3,792)
Maine	28,226	29,855	28,395	(1,459)
Maryland	86,142	91,112	86,659	(4,454)
Massachusetts	112,400	118,885	113,074	(5,811)
Michigan	162,876	172,274	163,853	(8,421)
Minnesota	84,450	89,323	84,957	(4,366)
Mississippi	51,479	54,449	51,788	(2,661)
Missouri	6,450	6,822	6,489	(333)
Montana	13,308	14,076	13,388	(688)
Nebraska	28,960	30,631	29,134	(1,497)
Nevada	42,121	44,551	42,374	(2,178)
New Hampshire	24,653	26,075	24,801	(1,275)

PROGRAM/CFDA NUMBER: MIPPA – ADRC (CFDA 93.071)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	137,507	145,441	138,332	(7,109)
New Mexico	34,544	36,537	34,751	(1,786)
New York	307,856	325,619	309,703	(15,916)
North Carolina	103,373	109,338	103,993	(5,344)
North Dakota	-	-	-	-
Ohio	198,381	209,828	199,571	(10,256)
Oklahoma	62,389	65,989	62,763	(3,226)
Oregon	69,999	74,038	70,419	(3,619)
Pennsylvania	232,747	246,177	234,143	(12,033)
Rhode Island	18,693	19,772	18,805	(966)
South Carolina	87,143	92,171	87,666	(4,505)
South Dakota	14,446	15,280	14,533	(747)
Tennessee	113,771	120,336	114,454	(5,882)
Texas	336,977	356,421	338,999	(17,422)
Utah	29,981	31,711	30,161	(1,550)
Vermont	12,159	12,861	12,232	(629)
Virginia	124,782	131,982	125,531	(6,451)
Washington	110,586	116,967	111,250	(5,717)
West Virginia	38,189	40,393	38,418	(1,974)
Wisconsin	97,087	102,689	97,670	(5,019)
Wyoming	-	-	-	-
Subtotal, States	4,452,868	4,709,798	4,479,585	(230,213)
Undistributed 1/	$202,132	$290,202	$520,415	230,213
TOTAL/2	**4,655,000**	**5,000,000**	**5,000,000**	**-**

1/ Program Management -- Reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

2/Totals in FY 2017 include $1,589,846 in carryover funding**.**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING

FY 2019 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: MIPPA - AAA (CFDA 93.071)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	138,689	146,691	139,521	(7,170)
Alaska	16,781	17,749	16,882	(868)
Arizona	113,111	119,638	113,790	(5,848)
Arkansas	128,140	135,534	128,909	(6,625)
California	522,887	553,058	526,024	(27,033)
Colorado	68,815	72,786	69,228	(3,558)
Connecticut	49,786	52,659	50,085	(2,574)
Delaware	22,510	23,809	22,645	(1,164)
District of Columbia	7,938	8,396	7,986	(410)
Florida	387,047	409,380	389,369	(20,010)
Georgia	215,511	227,946	216,804	(11,142)
Hawaii	36,413	38,514	36,631	(1,883)
Idaho	49,953	52,835	50,253	(2,583)
Illinois	217,375	229,918	218,679	(11,238)
Indiana	150,896	159,603	151,801	(7,801)
Iowa	93,613	99,014	94,175	(4,840)
Kansas	65,872	69,673	66,267	(3,406)
Kentucky	165,502	175,051	166,495	(8,556)
Louisiana	115,680	122,355	116,374	(5,981)
Maine	55,370	58,565	55,702	(2,863)
Maryland	73,319	77,550	73,759	(3,791)
Massachusetts	106,843	113,008	107,484	(5,524)
Michigan	196,252	207,576	197,430	(10,146)
Minnesota	115,678	122,353	116,372	(5,981)
Mississippi	118,170	124,988	118,879	(6,109)
Missouri	157,914	167,026	158,861	(8,164)
Montana	37,714	39,890	37,940	(1,950)
Nebraska	46,650	49,342	46,930	(2,412)
Nevada	44,473	47,039	44,740	(2,299)
New Hampshire	35,142	37,170	35,353	(1,817)

PROGRAM/CFDA NUMBER: MIPPA - AAA (CFDA 93.071)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	104,327	110,347	104,953	(5,394)
New Mexico	56,165	59,406	56,502	(2,904)
New York	374,681	396,300	376,929	(19,371)
North Carolina	272,711	288,446	274,347	(14,099)
North Dakota	-	-	-	-
Ohio	232,358	245,765	233,752	(12,013)
Oklahoma	99,932	105,698	100,532	(5,166)
Oregon	86,476	91,466	86,995	(4,471)
Pennsylvania	266,181	281,540	267,778	(13,762)
Rhode Island	15,932	16,851	16,028	(824)
South Carolina	138,802	146,811	139,635	(7,176)
South Dakota	26,247	27,761	26,404	(1,357)
Tennessee	190,924	201,940	192,070	(9,871)
Texas	424,461	448,952	427,008	(21,945)
Utah	39,827	42,125	40,066	(2,059)
Vermont	26,313	27,831	26,471	(1,360)
Virginia	161,159	170,458	162,126	(8,332)
Washington	107,908	114,134	108,555	(5,579)
West Virginia	77,877	82,371	78,344	(4,026)
Wisconsin	126,922	134,245	127,684	(6,562)
Wyoming	-	-	-	-
Subtotal, States	6,383,247	6,751,560	6,421,546	(330,014)
Tribes	270,000	270,000	270,000	-
Subtotal, States and Territories	6,653,247	7,021,560	6,691,546	(330,014)
Undistributed	$329,753	$478,440	$808,454	330,014
TOTAL/2	**6,983,000**	**7,500,000**	**7,500,000**	**-**

1/ Program Management -- Reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

2/Totals in FY 2017 include carryover funding of $1,460,154

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PROGRAM/CFDA NUMBER: MIPPA - SHIP (CFDA 93.071)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Alabama	250,631	265,092	265,092	-
Alaska	30,311	32,060	32,060	-
Arizona	204,515	216,316	216,316	-
Arkansas	231,519	244,878	244,878	-
California	946,016	1,000,601	1,000,601	-
Colorado	124,379	131,556	131,556	-
Connecticut	90,048	95,244	95,244	-
Delaware	40,671	43,018	43,018	-
District of Columbia	14,366	15,195	15,195	-
Florida	700,047	740,440	740,440	-
Georgia	389,399	411,867	411,867	-
Hawaii	65,810	69,607	69,607	-
Idaho	90,206	95,411	95,411	-
Illinois	392,939	415,612	415,612	-
Indiana	272,683	288,417	288,417	-
Iowa	169,031	178,784	178,784	-
Kansas	118,955	125,819	125,819	-
Kentucky	298,924	316,172	316,172	-
Louisiana	209,110	221,176	221,176	-
Maine	99,967	105,735	105,735	-
Maryland	132,590	140,240	140,240	-
Massachusetts	193,275	204,427	204,427	-
Michigan	354,681	375,146	375,146	-
Minnesota	208,972	221,030	221,030	-
Mississippi	213,426	225,741	225,741	-
Missouri	285,302	301,764	301,764	-
Montana	68,092	72,021	72,021	-
Nebraska	84,236	89,096	89,096	-
Nevada	80,418	85,058	85,058	-
New Hampshire	63,458	67,120	67,120	-

PROGRAM/CFDA NUMBER: MIPPA -SHIP (CFDA 93.071)

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
New Jersey	188,809	199,703	199,703	-
New Mexico	101,472	107,327	107,327	-
New York	677,726	716,831	716,831	-
North Carolina	492,793	521,227	521,227	-
North Dakota	33,120	35,031	35,031	-
Ohio	420,005	444,239	444,239	-
Oklahoma	180,514	190,930	190,930	-
Oregon	156,210	165,223	165,223	-
Pennsylvania	481,215	508,981	508,981	-
Rhode Island	28,833	30,497	30,497	-
South Carolina	250,857	265,331	265,331	-
South Dakota	47,386	50,120	50,120	-
Tennessee	344,983	364,889	364,889	-
Texas	767,401	811,680	811,680	-
Utah	71,957	76,109	76,109	-
Vermont	47,502	50,243	50,243	-
Virginia	291,211	308,014	308,014	-
Washington	194,989	206,240	206,240	-
West Virginia	140,652	148,768	148,768	-
Wisconsin	229,242	242,469	242,469	-
Wyoming	31,951	33,795	33,795	-
Subtotal, States	11,602,805	12,272,287	12,272,287	-
Undistributed 1/	$500,195	$727,713	$727,713	-
TOTAL	**500,195**	**727,713**	**727,713**	**-**

1/ Program Management -- Reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

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Program Administration

Service	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Program Administration	$39,971	$39,791	$37,987	-$1,804
FTE/1	170	155	123	-32

*BA is in thousands of dollars, FTE is a whole number.

1/ FTE numbers above for Program Administration only reflect those FTE funded from the Program Administration budget line. Other sources of funding for ACL FTE include staff charged to reimbursable and mandatory funding sources.

Authorizing Legislation: Older Americans Act (OAA), the Developmental Disabilities Assistance and Bill of Rights Act (DD Act), the Help America Vote Act (HAVA), the Assistive Technology (AT) Act, the Rehabilitation Act, the Public Health Services Act (PHSA), the Elder Justice Act (EJA),and the Medicare Improvements for Patients and Providers Act (MIPPA).

FY 2018 Authorization ..... See Program Narratives

Allocation Method .....Direct Federal/Contract

Program Description and Accomplishments:

ACL's mission is to assist seniors and people of all ages with disabilities to live independently and to be able to fully participate in their communities. Program Administration funds the direction and support of ACL programs established under the Older Americans Act (OAA), Developmental Disabilities Assistance and Bill of Rights Act (DD Act), Rehabilitation Act, Help America Vote Act (HAVA), Assistive Technology (AT) Act, Public Health Services Act (PHSA), Elder Justice Act, and the Medicare Improvements for Patients and Providers Act (MIPPA). The majority of these funds cover salaries and benefits, rent and security, and external shared services, all of which are relatively fixed in the short term. ACL's appropriation also includes language that allows Program Administration funds to be used for Department-wide coordination of policy and program activities that assist individuals with disabilities (consistent with the role previously performed by the Office of Disability), as ACL's Principal Deputy Administrator also serves as the Secretary's Senior Advisor on Disability Policy.

In FY 2019, Program Administration funding will support 123 of ACL's 155 FTE in both central office and in ACL's regional offices. Other sources of funding for ACL FTE include staff supported by reimbursable and mandatory funding sources such as the Health Care Fraud and Abuse Control account, Medicare Improvements for Patients and Providers Act (MIPPA) activities, and funding received from the Centers for Medicare & Medicaid Services for activities

performed on behalf of dual Medicare/Medicaid beneficiaries. ACL also supports a limited number of FTE from various program line items.

Funding History:

Funding for ACL Program Administration over the past five years is as follows:

FY 2015 /1	$37,709,000	184.0	FTE
FY 2016	$40,063,000	170.6	FTE
FY 2017 Final 2/	$39,971,000	170.1	FTE
FY 2018 Continuing Resolution	$39,791,000	155.0	FTE
FY 2019 President's Budget	$37,987,000	122.6	FTE

1/Funding and FTEs for FY 2015 reflect annualized dollars and FTE actually transferred to ACL for program administration, based on a determination order between the Department of Education and ACL.
2/Reflects FY 2017 Operating level (Appropriation of $40,063,000 less Secretary's transfer of $92,000).

Budget Request:

ACL's request includes $37,987,000 for Program Administration, a decrease of -$1.8 million and -32 FTE below the FY 2018 Annualized Continuing Resolution. The FTE reduction reflects the transfer of thirty-two National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) staff to the National Institutes of Health (NIH); however, the requested funding level is not reduced to reflect this transfer and includes the approximately $4 million attributable to these FTE.

Section Break

Object Classification Table - Direct

Administration for Community Living

(Dollars in Thousands)

Personnel compensation:	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Full-time permanent (11.1)	21,048	20,551	18,089	(2,461)
Other than full-time permanent (11.3)	316	320	322	2
Other personnel compensation (11.5)	283	287	288	1
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**21,647**	**21,158**	**18,699**	**(2,458)**
Civilian benefits (12.1)	6,478	6,150	5,186	(964)
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs	**28,125**	**27,308**	**23,885**	**(3,423)**
Travel and transportation of persons (21.0)	380	355	308	(47)
Transportation of things (22.0)	1	1	1	(0)
Rental payments to GSA (23.1)	2,359	2,609	2,653	44
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	362	338	293	(46)
Printing and reproduction (24.0)	111	102	90	(12)
Advisory and assistance services (25.1)	21,276	21,214	25,210	3,995
Other services (25.2)	164	163	156	(8)
Purchase of goods and services from government accounts (25.3)	11,318	11,285	10,750	(534)
Operation and maintenance of facilities (25.4)	-	-	-	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-

Other Contractual Services:	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Operation and maintenance of equipment (25.7)	10	10	9	(0)
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**32,767**	**32,672**	**36,125**	**3,453**
Supplies and materials (26.0)	49	48	46	(2)
Equipment (31.0)	49	48	46	(2)
Land and Structures (32.0)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	1,847,854	1,842,485	1,755,234	(87,251)
Interest and dividends (43.0)	-	-	-	-
Refunds (44.0)	-	-	-	-
Total Non-Pay Costs	**1,883,931**	**1,878,660**	**1,794,796**	**(83,864)**
Total Budget Authority by Object Class	**1,912,056**	**1,905,968**	**1,818,681**	**(87,287)**

Salaries and Expenses – Direct

Administration for Community Living

(Dollars in Thousands)

Personnel compensation	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Full-time permanent (11.1)	21,048	20,551	18,089	(2,461)
Other than full-time permanent (11.3)	316	320	322	2
Other personnel compensation (11.5)	283	287	288	1
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**21,647**	**21,158**	**18,699**	**(2,458)**
Civilian benefits (12.1)	6,478	6,150	5,186	(964)
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs	**28,125**	**27,308**	**23,885**	**(3,423)**
Travel and transportation of persons (21.0)	380	355	308	(47)
Transportation of things (22.0)	1	1	1	(0)
Rental payments to GSA (23.1)	2,359	2,609	2,653	44
Rental payments to Others (23.2) Communication, utilities, and misc. charges (23.3)	362	338	293	(46)
Printing and reproduction (24.0)	111	102	90	(12)
Other Contractual Services: Advisory and assistance services (25.1)	21,276	21,214	25,210	3,995
Other services (25.2)	164	163	156	(8)
Purchase of goods and services from government accounts (25.3)	11,318	11,285	10,750	(534)
Operation and maintenance of facilities (25.4)	-	-	-	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	10	10	9	(0)
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**32,767**	**32,672**	**36,125**	**3,453**

Personnel compensation	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Supplies and materials (26.0)	49	48	46	(2)
Total Non-Pay Costs	**36,028**	**36,126**	**39,516**	**3,390**
Total Salary and Expense	**64,153**	**63,434**	**63,401**	(33)
Direct FTE	182	170	145	(25)

Detail of Full Time Equivalents (FTE)

Administration for Community Living

Immediate Office of the Administrator	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	208 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
Direct:	18	-	18	16	-	16	15	-	15
Reimbursable:	0	-	0	0	-	0	0	-	0
Total:	18	0	18	16	0	16	15	0	15

Administration on Aging	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
Direct:	21	-	21	21	-	21	21	-	21
Reimbursable:	3	-	3	3	-	3	3	-	3
Total:	24	0	24	24	0	24	24	0	24

Administration on Disabilities	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
Direct:	24	-	24	23	-	23	23	-	23
Reimbursable:	2	-	2	2	-	2	2	-	2
Total:	26	0	26	25	0	25	25	0	25

Center for Policy and Evaluation	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
Direct:	9	-	9	9	-	9	9	-	9
Reimbursable:	5	-	5	6	-	6	7	-	7
Total:	14	0	14	15	0	15	16	0	16

Center for Management and Budget	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
Direct:	37	-	37	30	-	30	30	-	30
Reimbursable:	0	-	0	0	-	0	0	-	0
Total:	37	0	37	30	0	30	30	0	30

Center for Integrated Programs	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
Direct:	5	-	5	4	-	4	10	-	10
Reimbursable:	16	-	16	17	-	17	10	-	10
Total:	21	0	21	21	0	21	20	0	20

Office of Regional Operations	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
Direct:	26	-	26	25	-	25	25	-	25
Reimbursable:	0	-	0	0	-	0	0	-	0
Total:	26	0	26	25	0	25	25	0	25

National Institute on Disability, Independent Living, and Rehabilitation Research.	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
Direct:	30	-	30	31	-	31	0	-	0
Reimbursable:	0	-	0	0	-	0	0	-	0
Total:	30	0	30	31	0	31	0	0	0

National Institute on Disability, Independent Living, and Rehabilitation Research.	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total	2019 Actual Civilian	2019 Actual Military	2019 Actual Total
OPDIV FTE Total	**196**	**-**	**196**	**187**	**-**	**187**	**155**	**-**	**155**
Average GS Grade FY 2015	-	-	-	-	-	-	12.8	-	-
Average GS Grade FY 2016	-	-	-	-	-	-	13.6	-	-
Average GS Grade FY 2017	-	-	-	-	-	-	13.1	-	-
Average GS Grade FY 2018	-	-	-	-	-	-	13.1	-	-
Average GS Grade FY 2019	-	-	-	-	-	-	13.0	-	-

Detail of Positions

Administration for Community Living

GS Level	2017 Final	2018 Annualized CR	2019 President's Budget
Executive level I	0	0	0
Executive level II	0	0	0
Executive level III	0	0	0
Executive level IV	1	1	1
Executive level V	0	0	0
Subtotal	1	1	1
Total - Exec. Salaries (Excludes Benefits)	$ 155,500	$ 155,500	$ 155,500
Executive Salary	5	7	6
Subtotal	5	7	6
Total - ES Salary (Excludes Benefits)	$ 838,867	$ 1,152,276	$ 986,941
GS-15	31	29	23
GS-14	52	51	33
GS-13	60	57	55
GS-12	22	23	22
GS-11	13	11	8
GS-10	1	1	1
GS-9	3	3	3
GS-8	0	0	0
GS-7	3	3	2
GS-6	1	1	1
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	186	179	148
Total - GS Salary (Excludes Benefits).	$21,448.871	$20,967,240	$16, 678,616
Average ES salary	$167,773	$164,611	$164,490
Average GS grade	13.1	13.1	13.0
Average GS salary	$115,317	$117,135	$112,693

FTEs Funded by P.L. 111-56 (CR) and Any Supplementals

Administration for Community Living

(Program Level in Millions)

Pre-existing programs funded by ACA (Mandatory)	Section	FY 2010 Total	FY 2010 FTEs	FY 2010 CEs	FY 2011 Total	FY 2011 FTEs	FY 2011 CEs	FY 2012 Total	FY 2012 FTEs	FY 2012 CEs
National Clearinghouse for Long-Term Care Information	Title VIII	$ -	0	0	$ 3,000	0	0	$ 3,000	1	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$ -	0	0	$ -	0	0	$ -	0	0

New programs authorized and funded by ACA (Mandatory)	Section	FY 2010 Total	FY 2010 FTEs	FY 2010 CEs	FY 2011 Total	FY 2011 FTEs	FY 2011 CEs	FY 2012 Total	FY 2012 FTEs	FY 2012 CEs
Aging and Disability Resource Centers	Section 2405	$ -	0	0	$10,000	3	0	$10,000	4	0

New programs funded from the PPHF under ACA (Discretionary)	Section	FY 2010 Total	FY 2010 FTEs	FY 2010 CEs	FY 2011 Total	FY 2011 FTEs	FY 2011 CEs	FY 2012 Total	FY 2012 FTEs	FY 2012 CEs
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$ -	0	0	$ -	0	0	$ 6,000	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$ -	0	0	$ -	0	0	$ 10,000	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ -	0	0	$ -	0	0	$ -	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ -	0	0	$ -	0	0	$ 4,000	0	0
Falls Prevention--(PPHF)	Section 4002	$ -	0	0	$ -	0	0	$ -	0	0

Programs authorized by ACA but funded by other sources (Discretionary)	Section	FY 2010 Total	FY 2010 FTEs	FY 2010 CEs	FY 2011 Total	FY 2011 FTEs	FY 2011 CEs	FY 2012 Total	FY 2012 FTEs	FY 2012 CEs
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$ -	0	0	$ -	0	0	$ -	0	0

Pre-existing programs funded by ACA (Mandatory)	Section	FY 2013 Total	FY 201 FTEs	FY 2013 CEs	FY 2014 Total	FY 2014 CEs FTEs	FY 2014 CEs	FY 2015 Total	FY 2015 FTEs	FY 2015 CEs
National Clearinghouse for Long-Term Care Information	Title VIII	$ 86	0	0	$ -	0	0	$ -	0	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$ 25,000	0	0	$ -	0	0	$ -	0	0

New programs authorized and funded by ACA (Mandatory)	Section	FY 2013 Total	FY 201 FTEs	FY 2013 CEs	FY 2014 Total	FY 2014 CEs FTEs	FY 2014 CEs	FY 2015 Total	FY 2015 FTEs	FY 2015 CEs
Aging and Disability Resource Centers	Section 2405	$ 9,490	4	0	$ 9,280	3	0	$ -	0	0

FTEs Funded by P.L. 111-56 (CR) and Any Supplementals - Continued

Administration for Community Living

(Program Level in Millions)

New programs funded from the PPHF under ACA (Discretionary)	Section	FY 2013 Total	FY 201 FTEs	FY 2013 CEs	FY 2014 Total	FY 2014 CEs FTEs	FY 2014 CEs	FY 2015 Total	FY 2015 FTEs	FY 2015 CEs
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$ 2,000	0	0	$ -	0	0	$ -	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$ 7,086	1	0	$ 8,000	0	0	$ 8,000	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ -	0	0	$ 10,500	0	0	$ 10,500	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ 150	0	0	$ 4,200	0	0	$ 4,200	0	0
Falls Prevention--(PPHF)	Section 4002	$ -	0	0	$ 5,000	0	0	$ 5,000	0	0

Programs authorized by ACA but funded by other sources (Discretionary)	Section	FY 2013 Total	FY 201 FTEs	FY 2013 CEs	FY 2014 Total	FY 2014 CEs FTEs	FY 2014 CEs	FY 2015 Total	FY 2015 FTEs	FY 2015 CEs
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$ -	0	0	$ -	0	0	$ 4,000	0	0

Pre-existing programs funded by ACA (Mandatory)	Section	FY 2016 Total	FY 2016 FTEs	FY 2016 CEs	FY 2017 Total	FY 2017 FTEs	FY 2017 CEs	FY 2018 Annual-ized CR Total	FY 2018 Annual-ized CR FTEs	FY 2018 Annual-ized CR CEs
National Clearinghouse for Long-Term Care Information	Title VIII	$ 1,000	0	0	$ -	0	0	$ -	0	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$ -	0	0	$ -	0	0	$ -	0	0

New programs authorized and funded by ACA (Mandatory)	Section	FY 2016 Total	FY 2016 FTEs	FY 2016 CEs	FY 2017 Total	FY 2017 FTEs	FY 2017 CEs	FY 2018 Annual-ized CR Total	FY 2018 Annual-ized CR FTEs	FY 2018 Annual-ized CR CEs
Aging and Disability Resource Centers	Section 2405	$ -	0	0	$ -	0	0	$ -	0	0

FTEs Funded by P.L. 111-56 (CR) and Any Supplementals - Continued

Administration for Community Living

(Program Level in Millions)

New programs funded from the PPHF under ACA (Discretionary)	Section	FY 2016 Total	FY 2016 FTEs	FY 2016 CEs	FY 2017 Total	FY 2017 FTEs	FY 2017 CEs	FY 2018 Annual-ized CR Total	FY 2018 Annual-ized CR FTEs	FY 2018 Annual-ized CR CEs
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$ -	0	0	$ -	0	0	$ -	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$ 8,000	0	0	$ 8,000	0	0	$ 7,223	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ 10,500	0	0	$ 10,500	0	0	$ 9,480	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ 4,200	0	0	$ 4,200	0	0	$ 3,792	0	0
Falls Prevention--(PPHF)	Section 4002	$ 5,000	0	0	$ 5,000	0	0	$ 4,515	0	0

Programs authorized by ACA but funded by other sources (Discretionary)	Section	FY 2016 Total	FY 2016 FTEs	FY 2016 CEs	FY 2017 Total	FY 2017 FTEs	FY 2017 CEs	FY 2018 Annual-ized CR Total	FY 2018 Annual-ized CR FTEs	FY 2018 Annual-ized CR CEs
Elder Justice Initiative/Adult Protective Services	6703	$ 8,000	1	0	$ 10,000	2.5	0	$ 9,932	2.7	0

Pre-existing programs funded by ACA (Mandatory)	Section	FY 2019 Total	FY 2019 FTEs	CEs
National Clearinghouse for Long-Term Care Information	Title VIII	$ -	0	0
Medicare Improvements for Patients & Providers Act Programs New programs authorized and funded by ACA (Mandatory)	Section 3306	$ -	0	0

New programs authorized and funded by ACA (Mandatory)	Section	FY 2019 Total	FY 2019 FTEs	CEs
Aging and Disability Resource Centers	Section 2405	$ -	0	0

New programs funded from the PPHF under ACA (Discretionary)	Section	FY 2019 Total	FY 2019 FTEs	CEs
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$ -	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$ -	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ -	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ -	0	0
Falls Prevention--(PPHF) Programs authorized by ACA but funded by other sources (Discretionary)	Section 4002 Subtitle H, Sections 6701-6703	$ 8,000	2.7	0

FTEs Funded by P.L. 111-56 (CR) and Any Supplementals - Continued

Administration for Community Living

(Program Level in Millions)

Programs authorized by ACA but funded by other sources (Discretionary)	Section	FY 2019 Total	FY 2019 FTEs	CEs
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$8,000	2.7	0

Summary of Proposed Changes in Performance Measures

Administration for Community Living

Unique Identifier	Change Type	Prior Content in FY 2018 CJ	Change	Reason for Change	HHS Performance Plan (APP/R) Measure
ALZ.3	New	--	Improve dementia capability of long-term support systems to create dementia-friendly, livable communities.	New measure that reflects the overall goal of the program	Yes
8F	New	--	As a result of the Protection and Advocacy Program's individual or systemic advocacy, the percentage of individuals with developmental disabilities whose right to be safe, receive an appropriate education, live in the community, be economically self-sufficient and/or participate in their communities is enforced, retained, restored or expanded	New measure that reflects the overall goal of the program	Yes
8G	New	--	Increase the percentage of people with developmental disabilities and their family members increasing their advocacy knowledge	New measure that reflects the overall goal of the program	No
CD2	Retire	Increase the percentage of individuals who complete the CDSME program. (Outcome)	Goal discontinued in FY 2019	Program eliminated in President's FY 2019 budget	No
CD1	Retire	Total number of individuals with chronic conditions completing the CDSME program. (Output)	Goal discontinued in FY 2019	Program eliminated in President's FY 2019 budget	No

Physicians' Comparability Allowance Worksheet

Administration for Community Living

ACL does not have anything to submit for this section.

Programs Proposed for Elimination

Administration for Community Living

(Dollars in thousands)

Program	FY 2018 Annualized CR	Rationale
Chronic Disease Self-Management Education	8,000	CDSME programs provide models for helping people to better self-manage their chronic conditions. These models can be picked up by States under the expanded flexibilities allowing States to transfer up to 100% of the funds they receive for HCBS, Nutrition, Preventive Health and Caregivers programs.
Elder Falls Prevention	5,000	Falls prevention programs which educate participants on how to reduce falls and fall risk factors, can be picked up by States as needed under the expanded flexibilities allowing States to transfer up to 100% of the funds they receive for HCBS, Nutrition, Preventive Health and Caregivers programs.
Limb Loss Resource Center*	2,483	Other ACL programs such as Aging Disability Resource Center's (ADRC's), Centers for Independent Living (CIL'S), and Assistive Technology (AT), provide resources and services to people with significant disabilities.
Paralysis Resource Center*	6,655	Other ACL programs such as Aging Disability Resource Center's (ADRC's), Centers for Independent Living (CIL'S), and Assistive Technology (AT), provide resources and services to people with significant disabilities.
State Health Insurance Assistance Programs*	46,795	While ACL will reduce the scale of its one-on-one person assistance through the State Health Insurance Assistance Program, Medicare beneficiaries will continue to have access to online tools such as Plan Finder and phone assistance such as CMS's 1-800-MEDICARE helpline. Some states also support SHIP programs. CMS in coordination with ACL and states will work to ensure that existing CMS resources continue to provide accurate, comprehensive, understandable information to individuals.

*These programs were proposed for elimination in the FY 2018 President's Budget.

Significant Items in Appropriations Committee Reports

Administration for Community Living

1. **Developmental Disabilities Protection and Advocacy—**The Committee strongly urges the DD Act programs (state developmental disabilities councils, protection and advocacy systems and university centers for excellence in developmental disabilities) to continually consult with parents and guardians of those individuals within these facilities. The Committee urges the Administration on Community Living to monitor this matter and to include an update on the efforts to ensure compliance with bill language requiring notification in the fiscal year 2019 Congressional Justification. The Committee strongly urges the Department to ensure that DD Act programs properly account for the needs and desires of patients, their families, and caregivers, and the importance of affording patients the proper setting for their care, into their enforcement of the ADA. (Page 97, H. Rept. 115-244)

   Action To Be Taken: The DD Act programs (State Councils on Developmental Disabilities, Protection and Advocacy Systems, and University Centers for Excellence in Developmental Disabilities) do not enforce the ADA, but work to assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

   The DD Act programs are required to consult with and get input from the public on the needs of individuals with developmental disabilities and their families. The DD Act programs use a variety of strategies to receive such input, including public forums, surveys, visits to institutions, training events, and other venues. In addition, individuals with developmental disabilities and family members are required members of the State Councils that are responsible for developing the State Plan; and at least one of the Council members must be an individual with a developmental disability who resides or previously resided in an institution, or a family member or guardian of such an individual. University Centers are required to have a Consumer Advisory Committee comprised of individuals with developmental disabilities and families that assists with the development of the Center's plan. AIDD monitors how the DD Act programs receive input as required under the Act and ensures technical assistance is provided where needed. AIDD will continue to provide such oversight and technical assistance.

2. **Home- and Community-Based Supportive Services -** The Committee directs ACL to work with States to prioritize innovative service models, like naturally occurring retirement communities [NORCs], which help older Americans remain independent as they age. (Page 143, S. Rept. 115-150)

   Action To Be Taken: The Administration for Community Living (ACL) has a long and successful history of supporting and advancing innovative service models that support the independence of older adults and their family caregivers. These innovations have included

the concept of aging in place and livable communities, the basic principles inherent in naturally occurring retirement communities. Further, these innovations have focused on improving access to services and supports, enhancing choice and control over the services received, and building dementia capability at the state and community levels.

Beginning in 2003, the Administration on Aging (later brought into ACL) partnered with the Centers for Medicare and Medicaid Services (CMS) to launch the Aging and Disability Resource Center/No Wrong Door program so that individuals of any age with a disability and their family caregivers could more easily access needed long-term services and supports (LTSS). In 2012, ACL and CMS expanded their collaboration to include the Department of Veterans Affairs (VA) to create with the Veteran-Directed Home and Community-Based Services (VD-HCBS) program, providing veterans of all ages and their family caregivers improved access to, and greater choice and control over the services and supports they receive.

Through the Alzheimer's Disease Supportive Services Program (ADSSP) and more recently, the Alzheimer's Disease Initiative – Specialized Supportive Services (ADI-SSS) program[134], ACL is making it possible for states and communities, respectively, to improve HCBS to become dementia capable by improving the responsiveness to the needs of persons with Alzheimer's disease and related dementias (ADRD) and their families, identifying and filling gaps in services and supports, and improving the quality and effectiveness of programs and services. ACL will continue to look for opportunities to advance these age-friendly principles and other innovative service models in both its formula and discretionary grant programs and help states identify, prioritize, and implement them in effective and sustainable ways.

[134] The FY 2019 Budget consolidates Alzheimer's programs into a single grant making Program in ACL. The Alzheimer's Disease Program will provide greater flexibility to States, territories, Tribes and localities to meet the specific needs of their communities.

Text Description Administration for Community Living Organizational Chart (Page 6)

The U.S. Administration for Community Living (ACL) is led by the Administrator, who also serves as the Assistant Secretary for Aging. The Administrator is directly supported by the Principal Deputy Administrator. The following staff offices report directly to the Administrator:

- Office of External Affairs
- Office of Regional Operations, which includes ten offices located in various regions of the United States

ACL is comprised of the following units, which report directly to the Administrator:

- Administration on Aging
- Administration on Disabilities
- Center of Integrated Programs
- Center for Management and Budget
- Center for Policy and Evaluation
- National Institute on Disability, Independent Living, and Rehabilitation Research

The Administration on Aging is led by the Assistant Secretary for Aging, who is directly supported by the Deputy Assistant Secretary for Aging. Reporting directly to the Deputy Assistant Secretary for Aging are the following offices:

- Office of Supportive and Caregiver Services
- Office of Nutrition and Health Promotion Programs
- Office of Elder Justice and Adult Protective Services
- Office of American Indian, Alaskan Native and Native Hawaiian Programs
- Office of Long-Term Care Ombudsman Programs

The Administration on Disability is headed by a Commissioner, who reports directly to the ACL Administrator, and a Deputy Commissioner who also serves as Director of Independent Living. Reporting directly to the Commissioner and Deputy Commissioner are the following offices:

- Administration on Intellectual and Developmental Disabilities
- Independent Living Administration

Reporting directly to the Deputy Administrator of the Center for Integrated programs are the following offices:

- Office of Healthcare Information and Counseling
- Office of Consumer Access and Self-Determination
- Office of Integrated Care Innovations

Reporting directly to the Deputy Administrator of the Center for Management and Budget are the following offices:

- Office of Budget and Finance
- Office of Administration and Personnel
- Office of Grants Management
- Office of Information Resources Management

Reporting directly to the Director of the Center for Policy and Evaluation are the following offices:

- Office of Policy Analysis and Development
- Office of Performance and Evaluation

Reporting directly to the Director of the National Institute on Disability, Independent Living, and Rehabilitation Research are the following offices:

- Office of Research Sciences
- Office of Research Evaluation and Administration