

**Administration on Aging  
Release of the FY 2013 Budget Request to Congress  
Monday, February 13, 2012**

On February 13, 2012, the Administration on Aging's (AoA) Fiscal Year 2013 budget request to Congress of **\$2.012 billion** was released as part of the U.S. Department of Health and Human Services (HHS) budget request. This request builds on the FY 2012 enacted budget, proposing level funding for core areas along with modest strategic investments where the need and payoff are greatest, and making offsetting reductions in other areas. The request also includes \$10 million from the Prevention and Public Health Fund (PPHF) for Chronic Disease Self-Management Programs.

One critical area for which additional funding is sought is the protection of vulnerable older adults. While there is no single set of national elder abuse prevalence data, the number of reported cases of elder abuse, neglect, and exploitation is on the rise. Together, the data suggest that more than 5 million, or 10 percent of elders are abused, neglected, and/or exploited annually. 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. The result of these unnecessary health problems is a growing number of seniors who access the health care system more frequently (including emergency room visits and hospital admissions), and are ultimately forced to leave their homes and communities prematurely. To address this growing problem, the FY 2013 budget request includes \$8 million in new funding for Adult Protective Services demonstrations, including \$1 million for grants to Native American communities, to strengthen the evidence base so that states and communities on the front lines of this serious problem can direct their resources to what works.

The request maintains \$1.4 billion in support for a vibrant array of existing programs that focus on health and independence for seniors and their caregivers. Authorized under the Older Americans Act (OAA) and administered by the national aging services network, these core programs include home and community-based services, nutrition programs, preventive health services and services to assist caregivers. These programs help families keep their loved ones at home for as long as possible. Services complement existing medical and health care systems, help to prevent hospital readmissions, provide transport to doctors appointments, and support some of life's most basic functions, such as providing assistance in elders' homes to help them with bathing or preparing food. The national aging services network also helps consumers learn about and access the services and supports that are available in the community and addresses issues related to caregivers. OAA services are less expensive than institutional care and performance data show that they are very effective.

AoA's emphasis on community living is further strengthened in the FY 2013 budget by the transfer to AoA of the State Health Insurance Assistance Programs (SHIPs) from the Centers for Medicare & Medicaid Services and the Senior Community Service Employment Program (SCSEP) from the Department of Labor. SHIPs, which is funded at \$51.9 million, the same level as in FY 2012, provide one-on-one counseling to help aging and disabled beneficiaries and coming-of-agers navigate complex health and long-term care decisions. This transfer will enable grantees, about two-thirds of which are State Units on Aging, to enhance efficiency and better

complement AoA's Aging and Disability Resource Centers (ADRCs) that serve as community level "one-stop shop" entry points for people of all ages who have chronic conditions and disabilities.

SCSEP, authorized under Title V of the OAA, also would continue to be funded at the FY 2012 level of \$448.3 million. This proposed transfer recognizes that SCSEP can be more effective when its services are closely integrated with the supports that are provided by AoA's existing aging services programs. The wages earned by participants while in this program and after finding unsubsidized employment are key to allowing more seniors to remain economically independent and in their communities.

The budget also requests an additional \$5.5 million to restore funding for the Alzheimer's Disease Supportive Services program, which was reduced in the FY 2012 appropriation. This partial restoration of funding will allow AoA to continue implementing the only program within HHS which targets supportive services to patients suffering from Alzheimer's disease and their caregivers. This request will complement the Alzheimer's Initiative recently announced by HHS, which totals \$156 million over two years, including an additional \$26 million for caregiver support, provider education, public awareness and improvements in data infrastructure.