## FY2021 ACL Congressional Justification

## Executive Summary - 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 to live independently and participate fully in their communities.

ACL works to achieve its mission by funding services and supports provided primarily by networks of community-based organizations and by investing in research, education, and innovation. This is critical given the number of people these programs serve:

* The U.S. population over age 60 is projected to increase by 6 percent between 2018 and 2020, from 72.8 million to 77.1 million.[[1]](#footnote-1)
* According to the U.S. Census Bureau, in 2010, there were 56.7 million Americans with disabilities of all ages living in the community. Of these, more than 12 million required assistance with activities of daily living or instrumental activities of daily living.[[2]](#footnote-2)
* There are an estimated 3.9 to 5.4 million individuals with developmental disabilities.[[3]](#footnote-3)
* The number of people age 65 and older with severe disabilities – defined as three or more limitations in activities of daily living – is projected to increase from 3.9 million individuals in 2018 to 4.2 million (6 percent increase) by the year 2020.[[4]](#footnote-4) These individuals are at the greatest risk of nursing home admission
* Community living means that older adults and people with disabilities live alongside people of all ages, with and without disabilities, and have the same opportunities as everyone else to earn a living and to make decisions about their lives. Community living is preferred by older Americans and people with disabilities and is usually less expensive than institutional care. That combination of cost-effectiveness and consumer satisfaction makes community living an exceptional value. As we transform the health care to a system that pays for outcomes, and prioritizes care in the lowest-cost appropriate settings, the complimentary systems of non-medical long-term services and supports provided by ACL’s networks are expected to play an increasingly important role in the Department’s efforts to deliver more effective services at lower costs. Overview of the Budget Request

To make community living possible for millions of older adults and people with disabilities, the Administration for Community Living (ACL) funds services and supports and invests in training, education, research, and innovation. In order to ensure that ACL’s programs are tailored to the unique needs of the people they serve, ACL works closely with States and Tribes and provides services primarily through networks of community-based organizations. ACL’s programs work together to encourage and support independence, resilience and self-sufficiency throughout the lifespan. As the primary system for addressing the many social determinants of health for older adults and people with disabilities, these programs also play a critical role in improving the health of Americans and reducing costs of care.

The FY 2021 discretionary request for ACL is $2,108,207,000, or -$114,908,000 below the FY 2020 Enacted level. ACL’s request prioritizes critical operational risk mitigation; creates opportunities for innovation and expands State flexibility to increase effectiveness and sustainability of programs; and supports States and communities in meeting the needs of older adults and people with disabilities. In addition, recognizing the importance of ensuring all citizens can participate in elections, the budget maintains support for voting access for people with disabilities.

Risk Mitigation

The request seeks an increase of +$1 million for Program Administration to provide additional staffing and to make mission critical investments in information technology, for a total request of $42.1 million.

Since ACL was formed in 2012, many programs have been transferred to the agency; increased administrative resources are needed to ensure the full portfolio of ACL’s programs do not incur operational risk. For example, data gathering and reporting for transferred programs largely has been incorporated into existing systems that do not fully, or most efficiently, support the oversight and evaluation needs of the programs. The number of technology systems managed by ACL also has increased and additional funding is needed to meet cybersecurity and usability requirements, which also continue to increase in number and complexity.

The requested Program Administration funding will allow ACL to add three additional FTE to increase support to functions such as program evaluation, IT operations, cybersecurity, and program monitoring and oversight in order to begin to mitigate these and similar risks. Without this additional funding, ACL will be forced to cut other core operating expenses, such as performance measurement, business process reengineering, and human capital development, increasing the exposure of ACL’s programs to operational risk.

Innovation

The number of people served by ACL is growing at an unprecedented rate. The number of older adults in the United States ages 65 and older is projected to increase by 58 percent, from 49 million to nearly 78 million, between 2016 and 2035. The number of people with disabilities also is growing, in part because of the increasing lifespan of people with all types of disabilities. Innovation and flexibility are critical to providing effective services to increasing numbers of people with level funding. To this end, the FY 2021 Budget includes the following proposals:

* Increased State Flexibility: The budget continues a proposal to allow States to shift funding between four Older Americans Act programs--Home and Community Based Services, Nutrition Services, Family Caregiver Services, and Preventive Health Services. A second proposal would consolidate Chronic Disease Self-Management Education and the Falls Prevention programs into the Preventive Health Services program, at the current funding level of the Preventive Health Services Program (-$13 million, compared to the combined funding of the three programs). Both proposals increase States’ ability to meet their individual, and highly variable, local needs.
* Expanded State Innovation Authority: Based on three years of nutrition program successes in using up to 1% of nutrition appropriations to modernize and innovate, ACL proposes to extend this authority to the Home and Community-Based Services program.

* Employment Grants: The Budget includes $5 million within the Centers for Independent Living to test evidence-based models of employment support and training to help individuals with disabilities live independently and participate in all facets of American society including the workplace.

Increased Response to the Opioid Crisis:

* The Budget provides an additional $4 million (for a total funding level of $6 million) within the Elder Justice Program to expand the two pilot technical assistance efforts funded in the FY 2020 Budget, to add 5 competitive State grants, and 2 competitive Tribal grants, and a small addition to the resource center to assist with the new Opioid efforts.

Program Investment Summary

The FY 2021 ACL budget request continues to fund programs and oversight activities with a commitment to fiscal responsibility.

* Prioritizes Direct Services Programs: The Budget maintains funding at the FY 2020 Enacted level for several of ACL’s direct services programs. These include Home and Community Based Supportive Services and Nutrition Services, which are the largest programs serving older adults, as well as the Alzheimer’s Disease Program, which providespecialized services to support resilience and independence for people with disabilities and caregivers of individuals with Alzheimer’s.
* Maintain 2020 Budget Program Levels: The Budget maintains funding levels for fourteen programs flat with the FY 2020 President’s Budget levels, which represents a total reduction of -$143 million from the FY 2020 enacted levels.
* Program Eliminations: Funding for the Alternative Financing Grant Competition would be eliminated (-$2 million). This program is no longer authorized by the Assistive Technology Act, and it is redundant to ACL’s Assistive Technology State grant program, which allows states to offer alternative financing.

Conclusion

With the appropriate services and supports, most people who are aging or who have disabilities of all types can live in their own homes or in other community settings—which is overwhelmingly preferred and typically less expensive. ACL remains committed to its central mission of supporting people with disabilities and older adults so they can live independently and fully participate in their communities. This budget allows ACL to continue to serve its populations while expanding program flexibilities and supporting targeted efforts to address the priorities identified by the President.

1. [U.S. Census Bureau](https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html.), “2017 National Population Projections,” Table 3. Projected 5-Year Age Groups and Sex Composition of the Population for the United States: 2017 to 2060. Original Release Date: March 2018, Revised Release Date: September 2018. Accessed 10 December 2019. U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups Sex, for the United States: April 1, 2010 to July 1, 2018. Released June 2019. [↑](#footnote-ref-1)
2. [U.S. Census Bureau, “Americans with Disabilities: 2010,” Issued July 2012](https://www2.census.gov/library/publications/2012/demo/p70-131.pdf.), Accessed 21 August 2014. [↑](#footnote-ref-2)
3. [Extrapolated from Developmental Disabilities Assistance and Bill of Rights Act of 2000, Section 101(a)(1)](https://www.acl.gov/sites/default/files/about-acl/2016-12/dd_act_2000.pdf) and 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, 2017. Accessed 7 August 2018. [↑](#footnote-ref-3)
4. U.S. Census Bureau, “2017 National Population Projections,” Table 3. Projected 5-Year Age Groups and Sex Composition of the Population for the United States: 2017 to 2060. Original Release Date: March 2018, Revised Release Date: September 2018. https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html. Accessed 10 December. U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex, for the United States: April 1, 2010 to July 1, 2018: Released June 2019, https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml. Accessed 10 December 2019. Centers for Medicare & Medicaid Services, ACL analysis of 2016 Medicare [Current Beneficiary Survey](%2C%20https%3A/www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index). Accessed 10 December 2019. [↑](#footnote-ref-4)