DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2021

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 2021 President's Budget Request for $2.1 billion. The request reflects ACL's need to make administrative investments to adequately support programs added during the rapid expansion of the agency. It also reflects a strategic focus on program innovation, a commitment to increasing state flexibility to meet the unique needs of their communities, and continued prioritization of programs that provide direct services for older adults and people of all ages with disabilities.

The bulk of ACL's request funds programs that directly support community living for older adults and people with disabilities. These programs work together to encourage and support independence, resilience and self-sufficiency, and the community-based organizations that provide them are critical partners to health care for improving outcomes and lowering health care costs for the people we serve.

One of the hallmarks of our country is the freedom each of us has to build our lives around the people, communities and experiences we choose for ourselves. It includes equal opportunities to learn, work, and contribute, and the right to live free from abuse or neglect. That freedom is the birthright of every American, with and without disabilities, and it remains ours throughout our lives. The overwhelming majority of Americans want to live in the community, and our communities and our economy are stronger when everyone can contribute. ACL and I remain committed to making community living an option for every American, regardless of age or disability, and this budget aligns with that commitment.

Lance Robertson

Administrator and Assistant Secretary for Aging

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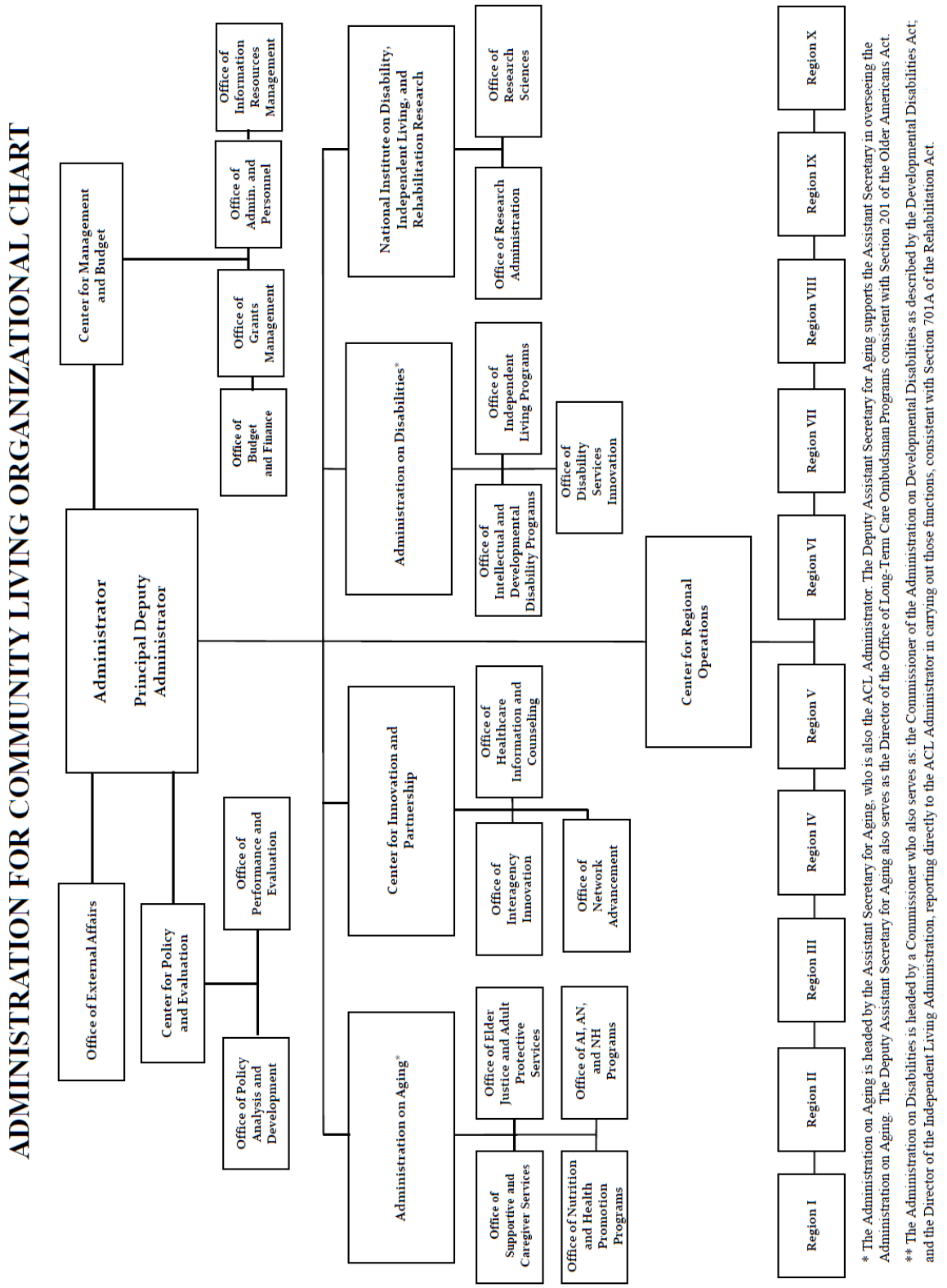

EXECUTIVE SUMMARY

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]

- 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]

- There are an estimated 3.9 to 5.4 million individuals with developmental disabilities.[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] 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

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[1] 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 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.

[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.

[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.

[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, , https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index. Accessed 10 December 2019.

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 provides

- specialized 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.

Overview of Performance

ACL programs and activities have a fundamental 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 to maintain their health and independence in their homes and communities and to participate fully in society. This purpose led ACL to focus on the following categories of performance measures: 1) improving consumer outcomes and delivery systems; 2) effectively targeting services to at risk populations; and 3) improving program efficiency. Each performance measure is aligned with a goal and represents activities that span across ACL. Progress toward the goal is tracked using performance indicators.

Overview of Performance

ACL's home and community-based programs, nutrition programs, and family caregiver support programs continue to meet or exceed their targets for most measures including increasing the likelihood that the most vulnerable people receiving services will continue to remain in their homes (measure 2.10) and serving a disproportionately large percentage of people living in poverty (2.6), a having greater than 90% of respondents rates the services as good or excellent (2.9a/2.9b/2.9c). ACL has exceeded its targets in terms of serving older Americans living in rural areas (measure 3.3) and living in poverty (measure 3.6), which are risk factors for institutionalization. Unfortunately, with relatively stagnant funding and annual rises in expenditures per unit of service, we have not be able to meet our targets for people served per million dollars of HCBS funding (1.1) or thousand dollars of Title VI funding (1.3). This issue is also seen with regard to year over year reductions in the number of transportation (output C), case management (output F), and caregiver counseling and training (output J) services provided. Interestingly the unit cost for other services such as adult day care have declined over the past year (output E). ACL is closely monitoring these trends and once the new data collection system is in place for FY2022, ACL will have improved information for understanding such year to year changes.

ACL's performance in protecting vulnerable adults continues to exceed targets in areas such as reducing the number of complaints made to Long-Term Care Ombudsmen that are not resolved to the clients' satisfaction (measure 2.14). ACL projects continued growth in the amount of funds that states can leverage for prevention of elder abuse and neglect based on their use of Older Americans Act (OAA) funding (measure output U). A significant performance-based accomplishment in this area is the design of a new Adult Protective Services (APS) Client outcomes study to determine how APS makes a difference in the lives of the older adults and adults with disabilities who interact with it. .

ACL continues to expand its reach through its disability programs, research, and services; for example, through an increased percentage of individuals with developmental disabilities served by people who have been trained by ACL-funded University Centers for Excellence in Developmental Disabilities (UCEDDS) (measure 8D). ACL has several new performance measures for its disability programs, research, and services. These include three new measures related to the use and availability of assistive technology, and more robust measures of enforcing,

retaining, restoring, or expanding the rights of individuals with developmental disabilities (measure 8F and 8G). A significant performance-based accomplishment in this area is the drafting of new performance measures for three programs (Traumatic Brain Injury, Independent Living Services and Centers for Independent Living) to support program management and services to individuals with disabilities.

ACL's Internal Performance Management Process

ACL's performance data is reported and tracked for three primary reasons: 1) to monitor the administration's progress towards achieving departmental and agency strategic goals, objectives, and priorities: 2) to support ACL's budget justifications; and 3) to monitor program performance and support improvement. ACL employs a program performance management strategy with multiple components. This includes coordination and collaboration with other agencies and organizations, enhanced partnerships between aging and disability networks, and senior leadership involvement in performance management.

ACL's performance management strategy sets the foundation for a full learning agenda that will help ACL to identify the most important questions that need to be answered to improve program implementation and performance, strategically prioritize the questions and the research activities needed to answer them, and ultimately guide ACL's ability to act on the results by using the information for policy decisions and continuous program improvement. The strategy presents a high-level approach to the planning, and implementation of performance management, and represents ACL's commitment to providing rigorous, relevant, and transparent performance data.

The National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Long-Range Plan is a five-year agenda to support ACL's research efforts in the areas of applied disability, independent living, and rehabilitation research and will guide the development and refinement of performance measurement for NIDILRR's programs (see new performance measures, R1b, and R2 proposed last year, and R3 being proposed this year in the Summary of Proposed Changes in Performance Measures). The Plan emphasizes consumer relevance and scientific rigor, presents a 5-year agenda that is scientifically sound and accountable, and will contribute to the refinement of national policy affecting people with disabilities.

ACL's senior management directly engages in performance management activities through grants and procurement planning. Developmental disability programs under ACL have implemented a quality review system (QRS) that uses a three-tiered model to review program compliance, outcomes, and fiscal operations. ACL's Older Americans Act Title III and VII state formula grant programs continue development of a formula-grant monitoring framework that combines assessments of grantee's progress toward program goals and objectives with identification of risk and instances of fraud, waste and abuse. Older Americans Act programs also have an annual state review tool that assesses program performance and a state fiscal monitoring review tool that assesses fiscal operations. Results of reviews are used to target and coordinate technical assistance.

In addition to monitoring grants, each program within ACL develops a Program Funding Plan for senior management review and approval. The plan details proposed grant and procurement

activities and justifies how the activity supports ACL's mission and performance goals. ACL is enhancing this process by including formal reviews of Funding Opportunity Announcements (FOAs) to ensure alignment with ACL's priorities. All FOAs will identify measureable performance metrics, including requiring outcomes demonstrating the value of the program in both the grant application and progress reports.

Senior leadership has established processes for use of performance data for management decision-making, including a periodic grants dashboard, monthly reports for the Administrator/Assistant Secretary, quarterly reviews of operating budgets, managers meetings and bi-weekly center director meetings. In collaboration with the aging and disability networks, ACL is committed to high performance and delivery to accomplish our performance goals.

ACL's Use of Performance Information for Management Purposes

ACL grant awards are made, in part, based on the clarity and nature of proposed outcomes and whether the proposed project evaluation reflects a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved its proposed outcome. This approach includes the qualitative and/or quantitative methods necessary to measure outcomes; and is designed to capture "lessons learned" from the overall effort that might be of use to others, especially those who might be interested in replicating the project. ACL also works through its resource centers to help grantees use evidence to drive improvements in outcomes for older adults and individuals with disabilities. For example, ACL funds:

- A Business Acumen Resource Center which uses research to provide resources to sustain disability organizations. Center recently has released the second module of their toolkit: "Disability Network Business Strategies: A Roadmap to financial and Programmatic Sustainability for Community-Based Organizations." This resource is a "how-to' guide designed to help Community-Based Organizations (CBOs) evaluate, plan, develop and implement strategies to help build and sustain their organizations in various business climates and provides information about which approaches are most likely to provide increased ROI for ACL to use when making future grants.

- Sixty-eight University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDs) throughout the United States and its territories to serve as liaisons between academia and the community and fund model demonstrations to build evidence for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

ACL collects administrative data from grantees to improve its programs and the capacity of service providers. Examples include:

- In 2014, ACL developed a Dementia Capability Assessment Tool in support of its programs to expand dementia capability in communities. In 2017, the tool was translated

into an on-line format, making it possible to analyze each program's progress toward dementia capability in its entirety or broken down by sector. These data are reported AZL .3.

- Veteran Directed Care (VDC, formerly known as Veterans Directed-Home and Community-Based Services) data is used to make the business case to offer Veterans at risk of nursing home admission the opportunity to self-direct their care through Veteran Directed Care. For the same cost as serving one Veteran in a community nursing home, three Veterans could be served through VDC in the community. VDC enables the VA to serve more Veterans with same investment. The program has a very high satisfaction ratings from the veterans who have used it.

- The VA is using the VDC case-mix methodology as an approach to determine the amount of personal care services (Homemaker/Home Health Aide, Adult Day Care, Home Respite) a Veteran should receive based on their needs related to Activities of Daily Living (ADLs) such as eating, bathing, dressing, behavioral health needs, and specialized rehabilitation.

- The Administration for Intellectual and Developmental Disabilities is building the capacity of state developmental disabilities agencies to gather vital information on service outcomes through the National Data Measurement Project and the adoption of the National Core Indicators (NCI) as the uniform dataset. The NCI framework comprises over 100 key outcome indicators that are designed to gather valid and reliable data across five broad domains: individual outcomes; family outcomes; health, welfare, and rights; staff stability; and system performance.

- With funding from ACL, the National Resource Centers at NCOA, in collaboration with the Evidence-Based Leadership Council, led an innovative vetting process to increase the number of programs available to ACL's aging network that meet the Title III-D evidence-based criteria. This process resulted in adding six new health promotion programs and three new programs for preventing falls.

ACL continually monitors its support of grantees to ensure the provision of high quality services. Three examples are provided below.

- State Councils on Developmental Disabilities are working with an ACL contractor to identify Council practices with evidence of positive self-advocacy outcomes. Once the effectiveness of these practices is verified using rigorous criteria, ACL will promote them to Councils to support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions in furtherance of the legislative goal of empowering individuals and their families both to advocate for themselves and to seek long-term solutions through systems change, creating an environment of self-sufficiency, self-determination, inclusion, and acceptance.

- Protection and Advocacy for Individuals with Developmental Disabilities (PADD)/Protection and Advocacy for Voting Accessibility (PAVA) programs receive training and technical assistance (T/TA) from ACL. ACL is currently examining the utility of that support in order to build upon components and strategies that show value, develop an updated model for T/TA provision, and promote partnerships with other Federal stakeholders.

Voluntary Consensus Guidelines for State Adult Protective Services systems were developed by ACL to promote an effective adult protective services (APS) response across the country. ACL is engaged in a study of states to understand how/extent to which guidelines help states improve policy and practice of APS as states integrate the consensus guidelines into policy and practice. ACL will then refine and expand its support of APS systems so that all older adults and adults with disabilities, regardless of the state or jurisdiction in which they live, have similar protections and service delivery from APS systems.
ACL also has several projects to improve its program administrative and performance data. These include:

- ACL's Data Council, started in October 2019, will improve the coordination of ACL's data governance writ large. This includes examining and enhancing processes and standards for defining, collecting, reviewing, certifying, analyzing, and presenting ACL data. This will strengthen the evidence available about the value of ACL's programs to individuals, families, and communities. With better data ACL can improve its performance reporting, evaluation and other research planning, and work more collaboratively with key stakeholders such as grantees, advocacy groups, and Congress. Topics for the first year include developing standards and guidelines for certifying ACL's data submissions; determining which Federal standards (e.g., the Evidence Act of 2018, Federal Data Strategy) apply to ACL and how to best meet their requirements.

- Data restructuring activities allow ACL to continue to assess the data hosted on the Aging, Independence, and Disability Program Data Portal (AGID), and test a potential restructuring of the data in order to make it useful and usable for stakeholders.

Overview of ACL's Evaluations and Other Evidence Building

In 2019, ACL started or continued evaluations of the following programs:

New Evaluations:

- Designing an approach for an Adult Protective Services Client Outcomes Study

Existing Evaluations:

- Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community-Based Services for Individuals with Developmental Disabilities Grantees;
- Community of Practice Supporting Families;

- Partnerships in Employment Systems Change grants
- Evaluation of the Longer-term outcomes of NIDILRR programs and the Effectiveness and Efficiency of the Grant-making Process;
- Older Americans Act Title VI Tribal Grants Programs; and
- Older Americans Act Long Term Care Ombudsman Program,

In FY 2019, ACL published the number of evaluation reports on its website and data briefs on its data presentation portal AGID (www.AGID.ACL.Gov):

- Older Americans Act Title VI Services - Nutrition (pdf)
- Older Americans Act Nutrition Services Program (pdf)
- National Survey of Older Americans Act Participants (pdf)
- National Family Caregiver Support Program (pdf)
- Title VI – Social Connectedness (pdf)
- Using Data to Tell a Story with Soul (pdf)
- Administration for Community Living Supports for Family Caregivers across the Lifespan (pdf)
- Title VI Programs: Year 2 Interim Report (PDF)
- Interim findings from the evaluation of the Living Well Program (PDF)
- Interim findings from the evaluation of ACL's Communities of Practice for Supporting Families (PDF)
- Presentation of interim evaluation findings related to the process evaluation of the Long-term Care Ombudsman Program (LTCOP) (PowerPoint).

ACL is committed to conducting rigorous, relevant evaluations and using evidence from evaluations to inform policy and practice. ACL adopted a learning agenda approach, which involves annual reviews with each ACL Office/Center to support the generation and use of evaluation findings to inform agency strategies and decision-making.

Legislative Proposal:

ACL's budget request includes a legislative proposal to increase the allowance for evaluation under Section 206(g) of the Older American Act from ½ of one percent to one percent. Increased investment in evaluation and related performance activities will permit more comprehensive reviews of programs and data to advance ACL's learning agenda and other Federal Evidence-Building activities mandated under the Evidence Act of 2018 that supports administration and congressional actions for addressing this growing population's changing needs. Additional funding would also allow ACL more flexibility to conduct specialized studies to examine differences in service and outcomes in targeted geographies and with important sub-populations. ACL would be better positioned to know what works best for whom and in what context.

Impact of Budget Changes on ACL's Performance Targets

Budget changes have a range of impacts on ACL performance targets. For targets that are highly budget sensitive, such as increasing the number of caregivers served through the National Family Caregiver Support Program (measure 3.1), as funding levels increase or decrease there is expected to be a related change in ACL's projected targets. For other programs where funding level changes may affect program operations, the changes in ACL targets may be dependent on how programs react to funding level changes. For example, the evaluation of the Older Americans Act Nutrition Services Program found that, based on changes in program costs or funding levels, many agencies reported reducing staff or staff hours (47 percent), reducing the number of days of service per week at congregate locations (34 percent), reducing the number of congregate nutrition sites (33 percent), and reducing the frequency of home-delivered meals (32 percent). However, many agencies also reported modifying menus or, in the home-delivered nutrition program, increasing the use of frozen meals (49 and 39 percent, respectively). Such changes may effect measures of program satisfaction, such as 2.9a, or the degree to which the programs can help those served remain in their homes and communities (measure 2.10).

All Purpose Table
Administration for Community Living
(Dollars in Thousands)

Program	FY 2019 Final/1	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- 2020 Enacted
Health & Independence for Older Adults				
Home & Community-Based Supportive Services	384.676	390.074	390.074	-
Nutrition Services	905.815	936.753	936.753	-
Congregate Nutrition Services (non-add)	*494.830*	*510.342*	*510.342*	-
Home-Delivered Nutrition Services (non-add)	*251.082*	*266.342*	*266.342*	-
Nutrition Services Incentive Program (non-add)	*159.903*	*160.069*	*160.069*	-
Preventive Health Services	24.822	24.848	24.848	-
Chronic Disease Self-Management Education [PPHF]/2	8.000	8.000	-	(8.000)
Elder Falls Prevention [PPHF]/2	5.000	5.000	-	(5.000)
Native American Nutrition & Supportive Services	34.173	34.708	34.708	-
Aging Network Support Activities	16.400	12.461	11.503	(0.958)
Holocaust Survivor Assistance {non-add}	*4.976*	*5.000*	*5.000*	-
Care Corp (non-add)	*4.000*	-	-	-
Subtotal, Health & Independence for Older Adults	1,378.886	1,411.844	1,397.886	(13.958)
Caregiver & Family Support Services				
Family Caregiver Support Services	180.999	185.936	150.586	(35.350)
Native American Caregiver Support Services	10.046	10.306	10.306	-
Alzheimer's Disease Program	19.996	26.500	26.500	-
Alzheimer's Disease from Direct Appropriations {Non-Add}	*5.296*	*11.800*	*26.500*	14.700
Alzheimer's Disease from PPHF {Non-Add} 2/	*14.700*	*14.700*	-	(14.700)
Lifespan Respite Care	4.096	6.110	3.360	(2.750)
Subtotal, Caregiver & Family Support Services	215.136	228.852	190.752	(38.100)
Protection of Vulnerable Adults				
Long-Term Care Ombudsman Program	16.868	17.885	15.855	(2.030)
Prevention of Elder Abuse & Neglect	4.768	4.773	4.773	-
Senior Medicare Patrol Program/HCFAC /3	*18.000*	*18.000*	*18.000*	-
Elder Rights Support Activities	15.819	15.874	17.874	2.000
Elder Justice {non-add}	*11.958*	*12.000*	*14.000*	2.000
Subtotal, Protection of Vulnerable Adults	55.455	56.532	56.502	(0.030)
Disability Programs, Research & Services				
State Councils on Developmental Disabilities	75.921	78.000	56.000	(22.000)
Developmental Disabilities Protection and Advocacy	40.692	40.784	38.734	(2.050)
University Centers for Excellence in Developmental Disabilities	40.478	41.619	32.546	(9.073)
Projects of National Significance	11.958	12.250	1.050	(11.200)
Independent Living	116.063	116.183	113.646	(2.537)
Limb Loss Resource Center	3.488	4.000	4.000	-
Paralysis Resource Center	8.670	9.700	9.700	-
Traumatic Brain Injury	11.291	11.321	11.321	-
National Institute on Disability, Independent Living, and Rehab. Research	108.592	111.970	90.371	(21.599)
Subtotal, Disability Programs, Research & Services	417.155	425.827	357.368	(68.459)

All Purpose Table - Continued

Division	FY 2019 Final/1	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- 2020 Enacted
Consumer Information, Access and Outreach				
Aging and Disability Resource Centers	8.091	8.119	6.119	(2.000)
State Health Insurance Assistance Program	49.115	52.115	36.115	(16.000)
Voting Access for People with Disabilities (HAVA)	6.956	7.463	7.463	-
Assistive Technology	35.955	37.000	31.939	(5.061)
Assistive Technology - {non-add}	*33.962*	*35.000*	*31.939*	(3.061)
Assistive Technology - Alternative Financing Program {non-add}	*1.993*	*2.000*	-	(2.000)
Medicare Improvements for Patients and Providers Act [TRA/BBA]/4	37.500	37.500	37.500	-
Current Law Mandatory {non-add}/4	37.500	24.146	-	(24.146)
Proposed Law Mandatory {non-add}	-	13.354	37.500	24.146
Subtotal, Consumer Information, Access & Outreach/4	137.617	142.197	119.136	(23.061)
Program Administration	40.921	41.063	42.063	1.000
Subtotal, Program Level/4	**2,245.170**	**2,306.315**	**2,163.707**	**(142.608)**
Less: Funds From Mandatory Sources				
HCFAC Funds for Senior Medicare Patrol Program /3	(18.000)	(18.000)	(18.000)	-
Prevention & Public Health Fund	(27.700)	(27.700)	-	27.700
Medicare Improvements for Patients and Providers Act/4	(37.500)	*(37.500)*	(37.500)	-
Current Law Mandatory {non-add}/4	*(37.500)*	*(24.146)*	-	24.146
Proposed Law Mandatory {non-add}	-	*(13.354)*	(37.500)	(24.146)
Total, Discretionary Budget Authority	**2,161.970**	**2,223.115**	**2,108.207**	**(114.908)**
NEF	**4,850.000**			
ACL Data	1,000			
Older Americans Act Performance System	1,500			
ACL Reporting Enhancements	1,000			
ACL.gov Enhancements	500			
ACL Knowledge Management	500			
HHS Accessibility and Usability Shared Service Pilot	350			

1/ Reflects FY 2019 required and permissive transfers and rescissions of $7.345, except the NSIP transfer to USDA of $1.9 million.

2/ In FY 2019 and FY 2020 these programs were funded out of the Prevention and Public Health Fund.

3/ In FY 2019 and FY 2020 appropriations state that SMP/HCFAC is paid for out of discretionary CMS appropriations for HCFAC to the Centers for Medicare & Medicaid Services based on the Secretary of HHS's determination fo the amount needed to provide full funding and not less than the floor provided in appropriations lanuage. The FY 2020 amount serves as a placeholder for FY 2020 pending final decisions on the amount by the Secretary of HHS.

4/The FY 2020 appropriation extended the MIPPA programs through May 22, 2020. The FY 2021 President's Budget extends funding for these programs at the annualized level through FY 2021.

Appropriations Language
Administration for Community Living

ADMINISTRATION FOR COMMUNITY LIVING
AGING AND DISABILITY SERVICES PROGRAMS
(INCLUDING TRANSFER OF FUNDS)

For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 (''OAA''), the RAISE Family Caregivers Act, the Supporting Grandparents Raising Grandchildren Act, 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, titles II and VII (and section 14 with respect to such titles) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities, **[$2,171,000,000]***$2,072,092,000* together with **[$52,115,000]***$36,115,000* to be transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to carry out section 4360 of the Omnibus Budget Reconciliation Act of 1990: *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 up to one percent of amounts made available under this heading to carry out section 321 of the OAA shall be available for developing and implementing evidence-based practices to enhance home and community-based supportive services: 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, including medically-tailored meals: *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 of the amount made available under this heading, $5,000,000 shall be available for a program under which the Secretary may make competitive grants to centers for independent living that have received grants under part C of chapter 1 of title VII of the Rehabilitation Act of 1973, to develop evidence-based interventions to increase employment of individuals with disabilities:* **[*Provided further*, That $2,000,000 shall be for competitive grants to support alternative financing programs that provide for the purchase of assistive technology devices, such as a low-interest loan fund; an interest buy-down program; a revolving loan fund; a loan guarantee; or an insurance program: *Provided further*, That applicants shall provide an assurance that, and information describing the manner in which, the alternative financing program will expand and emphasize consumer choice and control: *Provided further*, That State agencies and community-based disability organizations that are directed by and operated for individuals with disabilities shall be eligible to compete:]** *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. *(Department of Health and Human Services Appropriations Act, 2020)*

GENERAL PROVISIONS

SEC. 225.

(a) IN GENERAL. Under the conditions listed in subsection (b), the Secretary or the head of a major organizational unit within the Department may in this fiscal year enter into a reimbursable agreement with the head of another major organizational unit within the Department or of another agency under which --

> *(1) the head of the ordering agency or unit delegates to the head of the servicing agency or unit the authority to issue a grant or cooperative agreement on behalf of the ordering agency or unit;*

(2) the servicing agency or unit will execute or manage a grant or cooperative agreement on behalf of the ordering agency or unit; and

(3) the ordering agency or unit will reimburse the servicing unit or agency for the amount of the grant or cooperative agreement and for the service of executing or managing the grant or cooperative agreement.

(b) CONDITIONS. The conditions for making an agreement described in subsection (a) are that

(1) amounts are available;

(2) the head of the ordering agency or unit decides the agreement is in the best interest of the United States Government; and

(3) the agency or unit to execute or manage the grant or cooperative agreement is able to provide that service.

(c) PAYMENT. Payment shall be made promptly through the Intra-governmental Payment and Collection system at the request of the agency or unit providing the service. Payment may be in advance or on providing all or part of the service, and shall be for any part of the estimated or actual cost as determined by the agency or unit providing the service. A bill submitted or a request for payment is not subject to audit or certification in advance of payment. Proper adjustment of amounts paid in advance shall be made as agreed to by the heads of the agencies or units on the basis of the amount of the grant or cooperative agreement and the actual cost of service provided.

(d) LIMITATIONS ON FUNDS. A condition or limitation applicable to amounts for grant or cooperative agreements of the ordering agency or unit applies to an agreement made under this section and to a grant or cooperative agreement made under such agreement.

(e) OBLIGATION OF APPROPRIATIONS. An agreement made under this section obligates an appropriation of the ordering agency or unit. The amount obligated is deobligated to the extent that the agency or unit providing the service has not incurred obligations, before the end of the period of availability of the appropriation, in--

(1) awarding the grant or cooperative agreement; or

(2) providing the agreed-on services.

(f) NO EFFECT ON OTHER LAWS. This section does not affect other laws about reimbursable agreements.

SEC. 226. (a) IN GENERAL.—A State or tribal organization which receives grant funds attributable to appropriations under the heading "Department of Health and Human Services—Administration for Community Living—Aging and Disability Services Programs" to carry out programs under parts B, C, D, or E of title III (with respect to States) or under title VI (with respect to tribal organizations) of the Older Americans Act of 1965 (OAA) may elect to transfer up to 100 percent of such received funds among such title III or title VI programs (respectively), subject to OAA sections 306(a)(9) and 307(a)(9) but notwithstanding any otherwise-applicable limitations on such transfers under the OAA or such heading.

(b) NOTIFICATION OF PROPOSED TRANSFER; SECRETARIAL APPROVAL.—

A State or tribal organization which elects to make a transfer under subsection (a) shall notify the Secretary of Health and Human Services of such proposed transfer, including a description of the amount to be transferred, the purposes of the transfer, the need for the transfer, and the

impact of the transfer on the provision of services from which the funding would be transferred. The Secretary shall approve any such transfer unless the Secretary determines that such transfer is not consistent with the objectives of the OAA.

(c) RULES OF CONSTRUCTION.—No transfer of grant funds by a State or tribal organization under this section shall be construed—

(1) as inconsistent with the authorized use of such funds under the OAA, including for purposes of OAA administration and oversight by the Secretary; or (2) to relieve the State or tribal organization from applicable reporting requirements under the OAA regarding the use of such funds.

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"), the RAISE Family Caregivers Act, the Supporting Grandparents Raising Grandchildren Act, 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, titles II and VII (and section 14 with respect to such titles) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities, **[$2,171,000,000]***$2,072,092,000*, together with $**[52,115,000]***36,115,000* to be transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to carry out section 4360 of the Omnibus Budget Reconciliation Act of 1990:	Sets out the budget authority for the Aging and Disability Services Programs appropriation.
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 up to one percent of amounts made available under this heading to carry out section 321 of the OAA shall be available for developing and implementing evidence-based practices to enhance home and community-based supportive services:	Proposes new language to allow ACL to use up to 1% of appropriations for home and community-based supportive services for innovation demonstrations to improve and enhance HCBS services, comparable to the innovation authority provided for the nutrition programs.

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, including medically-tailored meals:	Continues existing language allowing ACL to use up to 1% of nutrition appropriations for innovation demonstrations 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.
Provided further, That of the amount made available under this heading, $5,000,000 shall be available for a program under which the Secretary may make competitive grants to centers for independent living that have received grants under part C of chapter 1 of title VII of the Rehabilitation Act of 1973, to develop evidence-based interventions to increase employment of individuals with disabilities:	Allows $5 million of the funding provided to Centers for Independent Living (CILs) that have already received a formula grant, to be awarded competitively to develop evidence-based interventions that could be replicated and used by any CIL to increase the employment of individuals with disabilities.
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	Identifies the purpose, and limits on the use of funds provided for Protection and Advocacy.

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.	Identifies the limitations that are not applicable to listed individuals.

GENERAL PROVISIONS

Language Provision	Explanation
(a) IN GENERAL. Under the conditions listed in subsection (b), the Secretary or the head of a major organizational unit within the Department may in this fiscal year enter into a reimbursable agreement with the head of another major organizational unit within the Department or of another agency under which -- *(1) the head of the ordering agency or unit delegates to the head of the servicing agency or unit the authority to issue a grant or cooperative agreement on behalf of the ordering agency or unit;* *(2) the servicing agency or unit will execute or manage a grant or cooperative agreement on behalf of the ordering agency or unit; and* *(3) the ordering agency or unit will reimburse the servicing unit or agency for the amount of the grant or cooperative agreement and for the service of executing or managing the grant or cooperative agreement.*	Proposed language 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

(b) CONDITIONS. The conditions for making an agreement described in subsection (a) are that *(1) amounts are available;* *(2) the head of the ordering agency or unit decides the agreement is in the best interest of the United States Government; and* *(3) the agency or unit to execute or manage the grant or cooperative agreement is able to provide that service.* *(c) PAYMENT. Payment shall be made promptly through the Intra-governmental Payment and Collection system at the request of the agency or unit providing the service. Payment may be in advance or on providing all or part of the service, and shall be for any part of the estimated or actual cost as determined by the agency or unit providing the service. A bill submitted or a request for payment is not subject to audit or certification in advance of payment. Proper adjustment of amounts paid in advance shall be made as agreed to by the heads of the agencies or units on the basis of the amount of the grant or cooperative agreement and the actual cost of service provided.* *(d) LIMITATIONS ON FUNDS. A condition or limitation applicable to amounts for grant or cooperative agreements of the ordering agency or unit applies to an agreement made under this section and to a grant or cooperative agreement made under such agreement.* *(e) OBLIGATION OF APPROPRIATIONS. An agreement made under this section obligates an appropriation of the ordering agency or unit. The amount obligated is deobligated to the extent that the agency or unit providing the service has not incurred obligations, before the end of the period of availability of the appropriation, in--* *(1) awarding the grant or cooperative agreement; or* *(2) providing the agreed-on services.* *(f) NO EFFECT ON OTHER LAWS. This section does not affect other laws about reimbursable agreements.*	disabled veterans). Collaboration allows the grantees to create a synergy that cannot be realized when working in silos. That synergy brings opportunities to people with disabilities with greater speed and impact. NIDILRR had such authority when it was part of the Department of Education. The same language has been included in both the FY 2018 and FY 2019 requests.

(a) IN GENERAL.—A State or tribal organization which receives grant funds attributable to appropriations under the heading "Department of Health and Human Services—Administration for Community Living—Aging and Disability Services Programs" to carry out programs under parts B, C, D, or E of title III (with respect to States) or under title VI (with respect to tribal organizations) of the Older Americans Act of 1965 (OAA) may elect to transfer up to 100 percent of such received funds among such title III or title VI programs (respectively), subject to OAA sections 306(a)(9) and 307(a)(9) but notwithstanding any otherwise-applicable limitations on such transfers under the OAA or such heading. *(b) NOTIFICATION OF PROPOSED TRANSFER; SECRETARIAL APPROVAL.—* *A State or tribal organization which elects to make a transfer under subsection (a) shall notify the Secretary of Health and Human Services of such proposed transfer, including a description of the amount to be transferred, the purposes of the transfer, the need for the transfer, and the impact of the transfer on the provision of services from which the funding would be transferred. The Secretary shall approve any such transfer unless the Secretary determines that such transfer is not consistent with the objectives of the OAA.* *(c) RULES OF CONSTRUCTION.—No transfer of grant funds by a State or tribal organization under this section shall be construed—* *(1) as inconsistent with the authorized use of such funds under the OAA, including for purposes of OAA administration and oversight by the Secretary; or* *(2) to relieve the State or tribal organization from applicable reporting requirements under the OAA regarding the use of such funds.*	Proposed language would provide States the ability to transfer nearly all of the OAA title III funds the receive for Home and community-based supportive services, Nutrition, Preventive Health and Family Caregivers between any of these programs to best address the unique needs of the people in each State. Comparable language is proposed to give Tribes the same flexibility with regard to funding they receive for OAA Title VI programs.

Amounts Available for Obligation
Administration for Community Living

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
General Fund Discretionary Appropriation:			
Appropriation (L/HHS, Ag, or, Interior)	2,120,200,000	2,171,000,000	2,072,092,000
Secretary's Transfer	7,345,095	-	-
Subtotal, adjusted appropriation	2,112,854,905	2,171,000,000	2,072,092,000
Transfer of Funds to Department of Agriculture 1/	(1,902,259)	(1,381,186)	-
Total, Discretionary Appropriation	2,110,952,646	2,169,618,814	2,072,092,000
Mandatory Appropriation:			
BA Transfer (PPACA) from Prevention Funds 2/	30,945,816	28,506,740	0
Appropriation (MACRA/FCAA) MIPPA 3/	24,421,779	27,080,776	24,500,000
Subtotal, adjusted mandatory appropriation	55,367,595	55,587,516	24,500,000
Offsetting collections from:			
Trust Funds: HCFAC HI 4/	17,965,073	18,098,804	18,000,000
Trust Funds: SHIP HI/SMI	49,115,000	52,115,000	36,115,000
Subtotal, offsetting collections	67,080,073	70,213,804	54,115,000
Unobligated balance, lapsing	-1,016,177	-	-
Total obligations	2,232,384,137	2,295,420,134	2,150,707,000

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/ Includes carryover funding in FY 2019 and FY 2020.

3/ 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. Includes carryover in FY 2019 and FY 2020.

4/ FY 2019 and FY 2020 include carryover.

Summary of Changes
Administration for Community Living
(Dollars in Thousands)

2020 Enacted	
Total estimated budget authority	2,223,115
(Obligations)	2,221,734
2021 President's Budget	
Total estimated budget authority	2,108,207
(Obligations)	2,108,207
Net Change	114,908

	FY 2020 Final	FY 2021 PB FTE	FY 2021 PB BA	FY 2021 +/- FY 2020 FTE	FY 2021 +/- FY 2020 BA
Increases:					
A. Built-in:					
1. Program Administration	41,063	174	42,063	3.0	1,000
Subtotal, Built-in Increases				3.0	1,000
A. Program:					
1. Alzheimer's Disease Program (Direct Approps)	11,800		26,500		14,700
2. Elder Rights Support Activities	15,874	3.0	17,874	0.4	2,000
Subtotal, Program Increases	27,674	3.0	44,374	0.4	16,700
Total Increases				3.4	17,700
Decreases:					
A. Built-in:					
Subtotal, Built-in Decreases	-	-	-	-	-
A. Program:					
1. Aging Network Support Activities	12,461	0.4	11,503		(958)
2. Family Caregiver Support Services	185,936		150,586		(35,350)
3. Lifespan Respite	6,110		3,360		(2,750)
4. Long-Term Care Ombudsman Program	17,885		15,855		(2,030)
5. State Councils on Developmental Disabilities	78,000		56,000		(22,000)
6. Developmental Disabilities Protection & Advocacy	40,784		38,734		(2,050)
7. University Centers on Excellence in DD	41,619		32,546		(9,073)
8. Projects of National Significance	12,250		1,050		(11,200)
9. Independent Living	116,183	1.0	113,646		(2,537)
9. National Institute on Disability, Independent Living and Rehabilitation Research	111,970		90,371		(21,599)
10. Aging and Disability Resource Centers	8,119		6,119		(2,000)
11. State Health Insurance Assistance Programs	52,115	4.0	36,115	0.6	(16,000)
12. Assistive Technology	37,000	-	31,939	-	(5,061)
Subtotal, Program Decreases				0.6	(132,608)
Total Decreases				0.6	(132,608)
Net Change				4.0	(114,908)

Budget by Activity
Administration for Community Living

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Health & Independence for Older Adults			
Home & Community-Based Supportive Services	384,676	390,074	390,074
Nutrition Services	905,815	936,753	936,753
Preventive Health Services	24,822	24,848	24,848
Native American Nutrition & Supportive Services	34,173	34,708	34,708
Aging Network Support Activities	16,400	12,461	11,503
Subtotal, Health & Independence for Older Adults	1,365,886	1,398,844	1,397,886
Caregiver & Family Support Services			
Family Caregiver Support Services	180,999	185,936	150,586
Native American Caregiver Support Services	10,046	10,306	10,306
Alzheimer's Disease Program	5,296	11,800	26,500
			-
PPHF Funding [non-add]	*14,700*	*14,700*	-
Lifespan Respite Care	4,096	6,110	3,360
Subtotal, Caregiver & Family Support Services	200,436	214,152	190,752
Protection of Vulnerable Adults			
Long-Term Care Ombudsman Program	16,868	17,885	15,855
Prevention of Elder Abuse & Neglect	4,768	4,773	4,773
Elder Rights Support Activities	15,819	15,874	17,874
Subtotal, Protection of Vulnerable Adults	37,455	38,532	38,502
Disability Programs, Research & Services			
State Councils on Developmental Disabilities	75,921	78,000	56,000
Developmental Disabilities Protection and Advocacy	40,692	40,784	38,734
University Centers for Excellence in Developmental Disabilities	40,478	41,619	32,546
Projects of National Significance	11,958	12,250	1,050
Independent Living	116,063	116,183	113,646
Limb Loss Resource Center	3,488	4,000	4,000
Paralysis Resource Center	8,670	9,700	9,700
Traumatic Brain Injury	11,291	11,321	11,321
National Institute on Disability, Independent Living, and Rehab. Research	108,592	111,970	90,371
Subtotal, Disability Programs, Research & Services	417,155	425,827	357,368
Consumer Information, Access & Outreach			
Aging and Disability Resource Centers [Discretionary]	8,091	8,119	6,119
State Health Insurance Assistance Program	49,115	52,115	36,115
Voting Access for People with Disabilities (HAVA)	6,956	7,463	7,463
Assistive Technology	35,955	37,000	31,939
Subtotal, Consumer Information, Access & Outreach	100,117	104,697	81,636
Program Administration	40,921	41,063	42,063
Total, Discretionary Budget Authority	2,161,970	2,223,115	# 2,108,207
Total FTE	180	189	195

1/Reflects FY 2019 required and permissive transfers and rescissions except the NSIP transfer to USDA of $1.9 million which is shown for consistency with State funding tables.

Authorizing Legislation
Administration for Community Living

	FY 2020 Amount Authorized	FY 2020 Amount Appropriated	FY 2021 Amount Authorized	FY 2021 President's Budget
1) Home and Community-Based Supportive Services:				
OAA Section 303 (a)(1).....	Expired	390,074,000	Expired	390,074,000
2) Nutrition Services				
OAA Section 303 (b)(1)(2), 311(e)	Expired	936,753,000	Expired	936,753,000
3) Preventive Health Services:				
OAA Section 361.....	Expired	24,848,000	Expired	24,848,000
4) Chronic Disease Self-Management Education: OAA Section 411, Sections 311 and 317(k)(2) of the Public Health Service Act.....	Expired	8,000,000	Expired	-
5) Falls Prevention:				
OAA Section 411	Expired	5,000,000	Expired	-
6) National Family Caregiver Support Program:				
OAA Section 303 (e).....	Expired	185,936,000	Expired	150,586,000
7) Native American Nutrition and Supportive Services:				
OAA Section 643.....	Expired	34,708,000	Expired	34,708,000
8) Native American Caregiver Support Program:				
OAA Section 631.....	Expired	10,306,000	Expired	10,306,000
9) Alzheimer's Disease Program:				
OAA Section 411	Expired	11,800,000	Expired	26,500,000
Patient Protection & Affordable Care Act, Sect 4002	N/A	14,700,000		-
10) Long-Term Care Ombudsman Program:				
OAA Section 702(a).....	Expired	17,885,000	Expired	15,855,000
11) Prevention of Elder Abuse and Neglect:				
OAA Section 702(b).....	Expired	4,773,000	Expired	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	Expired	15,874,000	Expired	17,874,000
13) Aging Network Support Activities:				
OAA Sections 202, 215 and 411.....	Expired	12,461,000	Expired	11,503,000
14) Lifespan Respite Care				
Lifespan Respite Care Act of 2006 and				
Public Health Service Act Title XXIX.....	Expired	6,110,000	Expired	3,360,000
15) Program Administration:				
OAA Section 216 (a).....	Expired	41,063,000	Expired	42,063,000

Authorizing Legislation – Continued

16) Aging and Disability Resource Centers				
OAA Sections 216 (b)(4).....	Expired	8,119,000	Expired	6,119,000
17) State Health Insurance Assistance Program:				
Omnibus Budget Reconciliation Act of 1990 Section 4360	Expired	52,115,000	Expired	36,115,000
18) State Councils on Developmental Disabilities				
DD Act Section 129(a).....	Expired	78,000,000	Expired	56,000,000
19) Protection and Advocacy				
DD Act Section 145.....	Expired	40,784,000	Expired	38,734,000
20) University Centers for Excellence in Developmental Disabilities				
DD Act Section 156.....	Expired	41,619,000	Expired	32,546,000
21) Projects of National Significance				
DD Act Section 163.....	Expired	12,250,000	Expired	1,050,000
22) Voting Assistance for People with Disabilities				
Help America Vote Act Section 291.....	Expired	7,463,000	Expired	7,463,000
24) Paralysis Resource Center				
Public Health Services Act Sections 311 and 317(k)(2).	N/A	9,700,000	N/A	9,700,000
25) National Institute on Disability, Independent Living, and Rehabilitation Research 4/				
Rehabilitation Act of 1973 Sect. 201.....	122,143,000	111,970,000	Expired	90,371,000
26) Independent Living				
Rehabilitation Act of 1973, Title VII, Parts B, C, and Chapter 2				
Independent Living State Grants Section 714.....	26,877,000	25,378,000	Expired	23,731,684
Centers for Independent Living Section 727.....	91,992,000	90,805,000	Expired	89,914,316
27) Assistive Technology (AT)				
AT Act (including but not limited to Section 4-6).....	Expired	37,000,000	Expired	31,939,000
28) Limb Loss Resource Center				
Public Health Services Act, Title III.....	N/A	4,000,000	N/A	4,000,000
29) Sections 1252 and 1253 of the Public Health Service Act as amended by the Traumatic Brain Injury Reauthorization Act of 2014, P.L. 113-196.				
Traumatic Brain Injury State Grants.....	Expired	7,321,000	Expired	7,321,000
Traumatic Brain Injury Protection and Advocacy.....	Expired	4,000,000	Expired	4,000,000
30) Medicare Improvements for Patients and Providers Act/1				
Aging and Disabilty Resource Centers.....	3,219,000	3,219,000	Expired	5,000,000
Area Agencies on Aging.....	4,831,000	4,831,000	Expired	7,500,000
National Center for Benefits Outreach and Enrollment	7,726,000	7,726,000	Expired	12,000,000
State Health Insurance Assistance Program.....	8,370,000	8,370,000	Expired	13,000,000
Total Request Level		2,274,961,000		2,145,707,000

Unfunded Authorizations:

1) Legal Assistance:				
OAA Section 702(b).....	Expired	-	Expired	-

1/ MIPPA amounts are authorized and appropriated only through.

Appropriations History
Administration for Community Living

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2012 /1	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 /2	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 /3	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 /4	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 /5	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
FY 2017 /6	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 /7,8	1,851,449,000	2,237,224,000	1,966,115,000	2,144,215,000
FY 2018 Transfers				-7,951,453
Subtotal				2,136,263,547

Appropriations History – Continued

FY 2019 /9	1,818,681,000	2,186,732,000	2,149,515,000	2,169,315,000
FY 2019 Transfers				-1,902,259
Subtotal				2,167,412,741
	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2020 /10	2,032,671,000	2,349,343,000	2,175,415,000	2,223,115,000
FY 2020 Transfers				-1,381,186
Subtotal				2,221,733,814
FY 2021	2,108,207,000			

1/ 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.
2/ 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
3/ 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.
4/ 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.
5/ 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.
6/ 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.
7/ Includes $2,752,453 in FY 2018 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/ Includes $1,902,259 in FY 2019 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-31.
10/ Includes $1,381,186 in FY 2020 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-31.

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 2020
Older Americans Act of 1965	FY 2019	$1,585,693,875	$1,643,100,000	$1,682,600,000
Traumatic Brain Injury: Sections 1252 and 1253 of the Public Health Service Act	FY 2019	$8,600,000	$11,321,000	$11,321,000
Elder Justice / Adult Protective Services: Social Security Act, Title XX-B	FY 2014	$129,000,000	$12,000,000	$12,000,000
Lifespan Respite Care: Lifespan Respite Care Act of 2006	FY 2011	$94,810,000	$2,495,000	$6,110,000
Assistive Technology: The Assistive Technology Act of 2004	FY 2010	Such Sums	$25,000,000	$37,000,000
Developmental Disabilities Programs: Developmental Disabilities Assistance and Bill of Rights Act	FY 2007	Such Sums	$155,115,000	$172,653,000
Paralysis Resource Center: Christopher and Dana Reeve Paralysis Act, title XIV of the Omnibus Public Land Management Act of 2009, P.L. 111-11 and Public Health Service Act, Sections 311 and 317(k)(2)	FY 2011	$25,000,000	$6,352,000	$9,700,000

Appropriations Not Authorized by Law - Continued

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2020
Limb Loss Resource Center:				
Public Health Service Act Section 301 (a) and Section 317	N/A	N/A	N/A	$4,000,000
Independent Living and the National Institute on Disability, Independent Living and Rehabilitation Research:				
Rehabilitation Act of 1973, Titles II & VII	FY 2020	$214,135,000	$228,153,000	$228,153,000
Voting Access for People with Disabilities:				
Help America Vote Act - Section 291	FY 2005	$17,410,000	$13,879,000	$7,463,000
State Health Insurance Assistance Programs: Omnibus Budget Reconciliation Act of 1990	FY 1996	$10,000,000	N/A	$52,115,000

Program Authorizing Legislation Table
Administration for Community Living

Account Name	Program Name	Location of Program Authorization	Legal Citation (US Code)	Most Recent (Re)Authorizing Legislation	FY 2020 Funding Level in the Authorization	FY Auth. Expires or Expired	Nature of Expiration
Aging and Disability Services Programs	Home and Community-Based Supportive Services	Older Americans Act (P.L. 89-73): Section 321, Section 303(a)(1) (Authorization of Appropriations).	42 U.S.C. 3030d; 42 USC 3023	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Congregate Nutrition Services	Older Americans Act (P.L. 89-73): Section 331, Section 303(a)(1) (Authorization of Appropriations).	42 U.S.C. 3030e; 42 USC 3023	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Home-Delivered Nutrition	Older Americans Act (P.L. 89-73): Section 336, Section 303(a)(1) (Authorization of Appropriations).	42 U.S.C. 3030f; 42 USC 3023	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Nutrition Services Incentives Program	Older Americans Act (P.L. 89-73): Section 311, Section 303(a)(1) (Authorization of Appropriations).	42 U.S.C. 3030a; 42 USC 3023	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Preventive Health Services	Older Americans Act (P.L. 89-73): Section 361, Section 303(a)(1) (Authorization of Appropriations).	42 U.S.C. 3030n; 42 USC 3023	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	National Family Caregivers Support Services	Older Americans Act (P.L. 89-73): Sections 371-374, Section 303(a)(1) (Authorization of Appropriations).	42 U.S.C. 3001 note; 42 U.S.C. 3030s; 42 U.S.C. 3030s–1; 42 U.S.C. 3030s–2; 42 USC 3023	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Chronic Disease Self-Management Education	Older Americans Act, Section 411, P.L 89-73.	42 USC 3032a	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority
Aging and Disability Services Programs	Falls Prevention	Older Americans Act, Section 411, P.L 89-73.	42 USC 3032a	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority
Aging and Disability Services Programs	Aging Network Support Activities	Older Americans Act, Section 411; Authorization of Appropriations, Sections 216 and 411, P.L 89-73.	42 USC 3032a; 40 USC 3032(14)(b)(1)	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Alzheimer's Disease Program	Older Americans Act, Section 411, P.L 89-73.	42 USC 3032a	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority
Aging and Disability Services Programs	Senior Medicare Patrols/Health Care Fraud and Abuse Control	Older Americans Act (P.L 89-73): Section 411; and the Social Security Act as established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191): Section 1128C(a).	42 USC 3032a and 42 USC 1320a-7c	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority
Aging and Disability Services Programs	Elder Rights Support Activities	Older Americans Act (P.L 89-73): Section 411; and Sections 216 and 411 (Authroization of Appropriations).	42 USC 3032a; 40 USC 3032(14)(b)(2)	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Aging and Disability Resource Centers	Older Americans Act (P.L. 89-73): Sections 202(b) and 41; Section 216 (Authorization of Appropriations)	42 USC 3032a; 42 U.S.C. 3012; 40 USC 3032(14)(b)(2)	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Native American Nutrition and Suportive Services	Older Americans Act (P.L. 89-73): Sections 611 and 621; Section 643 (Authorization of Appropriations).	42 USC 3057n	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation

Program Authorizing Legislation Table - Continued

Account Name	Program Name	Location of Program Authorization	Legal Citation (US Code)	Most Recent (Re)Authorizing Legislation	FY 2020 Funding Level in the Authorization	FY Auth. Expires or Expired	Nature of Expiration
Aging and Disability Services Programs	Native American Caregivers Support Progeram	Older Americans Act (P.L. 89-73): Section 631; Section 643 (Authorization of Appropriations).	42 USC 3057n	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Long-Term Care Ombudsman Program	Older Americans Act (P.L. 89-73): Section 731; Section 702(a) (Authorization of Appropriations).	42 USC 3058a	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Prevention of Elder Abuse and Neglect	Older Americans Act, Section 721; Authorization of Appropriations, Section 702(b), P.L. 89-73 Older Americans Act (P.L. 89-73): Section 721; Section 702(b) (Authorization of Appropriations).	42 USC 3058a	Older Americans Reauthorization Act of 2016, P.L. 114-144	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Lifespan Respite Care	Lifespan Respite Care Act of 2006, Title XXIX, Section 2905 of the Public Health Service Act	42 USC 201 et seq.	Lifespan Respite Care Act of 2006, Title XXIX of the Public Health Service Act	Expired	FY 2011	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	State Councils on Developmental Disabilities	Developmental Disabilities Assistance and Bill of Rights Act, Section 125; Authorization of Appropriations, Section 129, P.L. 106-402	42 USC 15029	Developmental Disabilities Assistance and Bill of Rights Act of 2000, P.L. 106-402	Expired	FY 2007	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Developmental Disabilities Protection and Advocacy	Developmental Disabilities Assistance and Bill of Rights Act, Section 141; Authorization of Appropriations, Section 145, P.L. 106-402	42 USC 15045	Developmental Disabilities Assistance and Bill of Rights Act of 2000, P.L. 106-402	Expired	FY 2007	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	University Centers of Excellence in Developmental Disabilities	Developmental Disabilities Assistance and Bill of Rights Act, Section 151; Authorization of Appropriations, Section 156, P.L. 106-402	42 USC 15066	Developmental Disabilities Assistance and Bill of Rights Act of 2000, P.L. 106-402	Expired	FY 2007	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Projects of National Significance	Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402): Section 161; Section 163 (Authorization of Appropriations).	42 USC 15083	Developmental Disabilities Assistance and Bill of Rights Act of 2000, P.L. 106-402	Expired	FY 2007	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Independent Living	Rehabilitation Act of 1973, Title VII, Parts B&C and Chapter 2, Sections 711 and 721; Authorization of Appropriations, Sections 714 and 727, P.L. 93-112	29 USC 796e-3 and 29 USC 796f-6	Workforce Innovation and Opportunities Act of 2014, P.L. 113-128	State Grants--26,877,000; Centers for Independent Living--91,992,000	FY 2020	Program Authority AND Auth of Appropriation

Program Authorizing Legislation Table - Continued

Account Name	Program Name	Location of Program Authorization	Legal Citation (US Code)	Most Recent (Re)Authorizing Legislation	FY 2020 Funding Level in the Authorization	FY Auth. Expires or Expired	Nature of Expiration
Aging and Disability Services Programs	National Institute on Disabilities, Independent Living and Rehabilitation Research	Rehabilitation Act of 1973, Title II (P.L. 93-112): Section 202(a)(1); Section 201 (Authorization of Appropriations).	29 USC 761	Workforce Innovation and Opportunities Act of 2014, P.L. 113-128	122,143,000	FY 2020	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Limb Loss Resource Center	Public Health Service Act Section 301 (a) and Section 317	42 USC 241(a); 42 USC 247(b)	Public Health Service Act Section 301 (a) and Section 317	Expired	N/A	Program Authority
Aging and Disability Services Programs	Paralysis Resource Center	Christopher and Dana Reeve Paralysis Act, title XIV of the Omnibus Public Land Management Act of 2009, P.L. 111-11 and Public Health Service Act, Sections 311 and 317(k)(2)	42 USC 284o	Christopher and Dana Reeve Paralysis Act, title XIV of the Omnibus Public Land Management Act of 2009, P.L. 111-11 and Public Health Service Act, Sections 311 and 317(k)(2)	Expired	FY 2013	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Traumatic Brain Injury	Traumatic Brain Injury Act of 1996, P.L. 104-166	42 USC 280b et seq.	Traumatic Brain Injury Reauthorization Act of 2014, P.L. 113-196	Expired	FY 2019	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	State Health Insurance Assistance Program	Omnibus Budget Reconciliation Act of 1990, Section 4360, P.L. 101-508	42 USC 1395b-4	Omnibus Budget Reconciliation Act of 1990, Section 4360, P.L. 101-508	Expired	N/A	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Voting Access for People with Disabilities	Help America Vote Act of 2002 (P.L. 107-252): Section 291; Section 292 (Authorization of Appropriations)	42 USC 15462	Help America Vote Act of 2002, Section 291, P.L 107-252	Expired	FY 2005	Program Authority AND Auth of Appropriation
Aging and Disability Services Programs	Assistive Technology	Technology-Related for Individuals with Disabilities Assistance Act of 1988	29 USC 3007	Improving Access to Assistive Technology for Individuals with Disabilities Act of 2004, P.L. 108-364	Expired	FY 2010	Program Authority AND Auth of Appropriation
Not Applicable	Medicare Improvements for Patients and Providers Act	Medicare Improvements for Patients and Providers Act of 2008, Section 119, P.L. 110-275	42 USC 1395	Consolidated Appropriations Act of 2018, P.L. 115-141	Expired	FY 2019	Appropriation in Authorizing Legislation
Aging and Disability Services Programs	Program Administration	Older Americans Act, Developmental Disabilities Assistance and Bill of Rights Act, the Help America Vote Act, the Assistive Technology Act, the Rehabilitation Act, Public Health Services Act, the Elder Justice Act	N/A	Older Americans Act, Developmental Disabilities Assistance and Bill of Rights Act, the Help America Vote Act, the Assistive Technology Act, the Rehabilitation Act, Public Health Services Act, the Elder Justice Act	N/A	N/A	Program Authority

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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 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 services.

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.[5] 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 6 percent over the same period.[6] 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 example, 68 percent of congregate and 88 percent of home-delivered meal recipients reported that the meals allowed them to continue living in their own homes.[7] Additionally, 69 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.[8]

The Budget includes proposals to introduce innovation into ACL programs including:

- Allowing up to one percent of Home and Community Based Services funding to be used to conduct innovation demonstration grants to improve the provision of Home and Community Based Services; and
- Giving States maximum flexibility to transfer funding between HCBSS, Nutrition, Preventive Health Services, and Family Caregivers Support Services programs, to achieve the funding that best addresses the community's unique needs of people in each state.

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[5] 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 2019. 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.

[6] 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 2019. 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, https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index. Accessed 10 December 2019.

[7] 2019 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

[8] Ibid.

ACL's FY 2021 funding request for Health and Independence for Older Adults programs is $1.4 billion, a reduction of -$13.9 million below the FY 2020 Enacted level. FY 2021 specific program requests include:

- $390.1 million for Home and Community-Based Supportive Services (HCBSS), the same as the FY 2020 Enacted level. The request includes a proposal to use up to 1% of program funding to conduct innovation grants, similar to the authority that ACL has for its nutrition programs. HCBSS provides grants to states to fund an 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, thus taking more time away from their work and other family responsibilities.

- $936.8 million for Congregate Nutrition, Home-Delivered Nutrition and the Nutrition Services Incentives Program, the same as the FY 2020 Enacted level. Nutrition Services programs will help over 2.25 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 214.3 million meals.

- $24.8 million for Preventive Health Services, the same as the FY 2020 Enacted level. The request allows States the flexibility to also fund Chronic Disease Self-Management and Falls Prevention programs as part of their Preventive Health Services, to meet the greatest areas of need in their communities. ACL is not requesting separate funding for the Chronic Disease Self-Management Education (CDSME) program and the Falls Prevention programs.

- $34.7 million for Native American Nutrition and Supportive Services, the same level as the FY 2020 Enacted level. These funds will provide approximately 4.2 million meals and 566,090 rides for Native American seniors to critical daily activities such as meal sites, medical appointments, and grocery stores.

- $11.5 million for Aging Network Support Activities, a reduction of -$0.9 million below the FY 2020 Enacted level. The level does not include funding for the Care Corps Demonstration Program, and includes a decrease in Program Performance and Technical Assistance. 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

Program: Health and Independence for Older Adults

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 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 2018: 7,821 clients Target: 8,800 clients (Target Not Met)	7,799 clients	7,517 clients	-282 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 2018: 66.7 weighted average Target: 63.25 weighted average (Target Exceeded)	64 weighted average	64.7 weighted average	+0.7 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 2018: 34.61% Target: 26.2% (Target Exceeded)	35.87%	34.9%	-0.97
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 2018: 33.6% Target: 25.68% (Target Exceeded)	32.66%	33.11%	+0.45

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Home and Community-Based Supportive Services

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Home and Community-Based Supportive Services	$384,676	$390,074	$390,074	--

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 303 (a)(1) of the Older Americans Act of 1965, Public Law 89-73

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization: .....Expired

Authorization Expiration Date.....2019

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, it is the combination of supports tailored to the needs of the individual that ensures clients remain in their homes and communities, instead of entering 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," with nearly half (47%) of adults in their 40s and 50s having a parent age 65 or older and either raising a young child or financially supporting a grown child (age 18 or older).[9]

[9] The Sandwich Generation: Rising Financial Burdens for Middle-Aged Americans http://www.pewsocialtrends.org/2013/01/30/the-sandwich-generation/. Accessed 12-3-2018

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, 48 percent are unable to perform one or more critical activities of daily living and require long-term support.[10] Data also show that over 96 percent of seniors age 85 and older have at least one chronic condition and 87 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 Older Americans Act (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 1.7 million seniors who live in institutional settings.[14] Nationally, 24 percent of individuals 60 and older live alone,[15] and in FY 2017, 44 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 2018 include:

[10] Centers for Medicare & Medicaid Services, ACL analysis of 2016 Medicare Current Beneficiary Survey, https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index. Accessed 10 December 2019.

[11] Ibid.

[12] ACL'S OAA State Performance Report, FY 2017.

[13] Ibid.

[14] Centers for Medicare & Medicaid Services ACL analysis of 2016 Medicare Current Beneficiary Survey. https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index. Accessed 10 December 2019.

[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 (2017), accessed 10 December, 2019.

[16] ACL'S OAA State Performance Report, FY 2017.

[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.

- *Transportation Services* provided more than 20.2 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 more than 47.8 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]

- *Adult Day Care/Day Health* provided over 11.7 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 nearly 3.5 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 most in need, 46 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 71 percent of transportation riders have at least one chronic conditions that could impair their ability to navigate safely.[23]

Of the transportation participants, 96 percent take daily medications, with over 20 percent taking 10 to 25 medications daily.[24] Data from ACL's National Surveys of OAA Participants show that services such as transportation are providing seniors with the assistance and information they need to help them remain at home. For example, 53 percent of seniors using transportation services rely on ACL services for the majority of their transportation needs and would otherwise be homebound. Over 82 percent of clients receiving case management also reported that, as a result of the services arranged by the case manager, they were better able to care for themselves.[25] In addition, a study published in the Journal of Aging and Health shows that the services provided by the HCBSS program, specifically in this study personal care services, play an important role in helping frail older adults remain in their homes and out of nursing home care.[26]

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[18] ACL'S OAA State Performance Report, FY 2018.

[19] Id.

[20] Id.

[21] Id.

[22] 2019 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

[23] Id.

[24] Id.

[25] Id.

[26] 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.

Funding History:

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

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 .....$385,074,000
FY 2019 .....$384,676,000
FY 2020 Enacted $390,074,000
FY 2021 President's Budget $390,074,000

Budget Request:

The FY 2021 request for Home and Community-Based Supportive Services (HCBS) is $390,074,000 the same as the FY 2020 Enacted level. Within this level the Budget provides two areas of expanded flexibility. The creation of innovation funding authority, and the flexibility to shift up to one hundred percent of funding between nutrition programs, HCBS, and Preventive Health Services.

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Based on feedback over the years and ACL's knowledge of needs and gaps in the field of aging, ACL anticipates testing innovative approaches in areas such as the following:

- Transportation – key areas of need for innovations include specialized transportation, volunteer transportation, mobility management, and travel training.
- Senior Centers – the transformation and modernization of senior centers to spark relevancy and the ability to attract new, younger participants and to expand into the areas of overall wellness as well as to position them as community hubs.
- Intergenerational Programming – there is substantial research about the benefits of intergenerational programming for both older individuals as well as children. ACL is interested in testing it to combat social isolation, depression, and the benefits associated with civic engagement.
- Use of Technology – based on the roadmap outlined in the White House report, *Emerging Technologies to Support an Aging Population*, ACL is interested in exploring the practical

+}?_"{P)gvuses of technology in providing HCBS supports and in enhancing the ability of individuals to live independently in their homes and communities.

- Home Modification – ACL is interested in implementing and testing models that our National Resource Center on Aging in Place by Enhancing Access to Home Modifications has identified to make homes safer and more accessible.
- Dementia Innovations – ACL is interested in exploring the translation and expansion of the principles of dementia-friendly and dementia-capable communities.
- Case Management and Care Coordination – ACL is interested in testing the most effective means of providing care coordination, especially as the network interfaces with the healthcare sector in the provision of the social determinants of health.
- Aging in Place – ACL is interested in exploring flexible opportunities for community-based organizations to test or take to scale innovating approaches to serve older adults and their caregivers.

Expanded Transfer Authority: 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 2021, ACL is continuing to propose a 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 the community unique needs of the people in each state.

The Budget request supports an estimated additional 0.4 million units of adult day care for older adults; a reduction of -0.9 million rides for activities such as visiting the doctor, the pharmacy, or grocery stores; and an additional 0.4 million hours of assistance for seniors who are unable to perform daily activities. These estimates take into account State, local, and private funding streams that also support these activities.

Outputs and Outcomes Table:

Home and Community-Based Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 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 2018: 7,821 clients Target: 8,800 clients (Target Not Met)	7,799 clients	7,517 clients	-282 clients
2.9b Maintain at 90% or higher the percentage of transportation clients who rate services good to excellent. (Outcome)	FY 2018: 94% Target: 90% (Target Exceeded)	90%	94%	+4
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 2018: 66.7 weighted average Target: 63.25 weighted average (Target Exceeded)	64 weighted average	64.7 weighted average	+0.7 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 2018: 34.61% Target: 26.2% (Target Exceeded)	35.87%	34.9%	-0.97
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 2018: 33.6% Target: 25.68% (Target Exceeded)	32.66%	33.11%	+0.45

Indicator	Year and Most Recent Result /	FY 2020 Projection	FY 2021 Projection	FY 2021 Projection +/-FY 2020 Projection
Output C: Transportation Service Units *(Output)*	FY 2018: 20,259,508	18.8 M	17.9 M	-0.9 M
Output D: Personal Care, Homemaker and Chore Services units *(Output)*	FY 2018: 47,804,092	51.8 M	52.2 M	+0.4 M
Output E: Adult Day Care/Day Health units *(Output)*	FY 2018: 11,662,539	12.7 M	13.1 M	+0.4 M
Output F: Case Management Services units *(Output)*	FY 2018: 3,515,043	2.8 M	2.7 M	-0.1 M

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

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$6,827,997	$6,895,951	$6,826,295
Range of Awards	$238,980/ $39,743,942	$241,358/ 40,077,468	$238,920/ $39,672,649

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

FY 2021 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	5,736,488	5,786,994	5,728,540	(58,454)
Alaska	1,911,839	1,930,866	1,911,362	(19,504)
Arizona	8,335,736	8,557,702	8,526,158	(31,544)
Arkansas	3,508,869	3,527,647	3,492,014	(35,633)
California	39,743,942	40,077,468	39,672,649	(404,819)
Colorado	5,699,077	5,818,782	5,760,006	(58,776)
Connecticut	4,317,097	4,332,729	4,288,964	(43,765)
Delaware	1,911,839	1,930,866	1,911,362	(19,504)
District of Columbia	1,911,839	1,930,866	1,911,362	(19,504)
Florida	28,572,320	29,014,716	28,721,638	(293,078)
Georgia	10,258,188	10,428,072	10,322,738	(105,334)
Hawaii	1,911,839	1,930,866	1,911,362	(19,504)
Idaho	1,911,839	1,942,995	1,923,369	(19,626)
Illinois	14,029,336	14,100,613	13,958,183	(142,430)
Indiana	7,396,558	7,465,207	7,389,801	(75,406)
Iowa	4,085,780	4,085,780	4,044,509	(41,271)
Kansas	3,291,834	3,291,834	3,258,583	(33,251)
Kentucky	5,114,777	5,154,501	5,102,435	(52,066)
Louisiana	5,072,693	5,115,472	5,063,801	(51,671)
Maine	1,911,839	1,930,866	1,911,362	(19,504)
Maryland	6,569,648	6,627,280	6,560,338	(66,942)
Massachusetts	7,942,180	8,012,991	7,932,052	(80,939)
Michigan	12,028,499	12,142,985	12,020,329	(122,656)
Minnesota	6,224,393	6,312,823	6,249,057	(63,766)
Mississippi	3,317,665	3,343,410	3,309,638	(33,772)
Missouri	7,183,739	7,242,037	7,168,885	(73,152)
Montana	1,911,839	1,930,866	1,911,362	(19,504)
Nebraska	2,200,628	2,200,628	2,178,399	(22,229)
Nevada	3,274,944	3,327,195	3,293,587	(33,608)
New Hampshire	1,911,839	1,930,866	1,911,362	(19,504)

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	10,179,027	10,179,027	10,076,209	(102,818)
New Mexico	2,453,623	2,485,576	2,415,442	(70,134)
New York	23,285,517	23,285,517	23,050,310	(235,207)
North Carolina	11,619,807	11,805,182	11,685,938	(119,244)
North Dakota	1,911,839	1,930,866	1,911,362	(19,504)
Ohio	13,962,633	14,073,418	13,931,262	(142,156)
Oklahoma	4,303,247	4,335,316	4,291,525	(43,791)
Oregon	5,054,067	5,119,419	5,067,708	(51,711)
Pennsylvania	17,145,210	17,145,210	16,972,026	(173,184)
Rhode Island	1,911,839	1,930,866	1,911,362	(19,504)
	-	-	-	-
South Carolina	6,116,777	6,232,652	6,169,696	(62,956)
South Dakota	1,911,839	1,930,866	1,911,362	(19,504)
Tennessee	7,697,603	7,778,235	7,699,667	(78,568)
Texas	25,454,775	25,890,035	25,628,519	(261,516)
Utah	2,441,265	2,492,613	2,457,565	(35,048)
Vermont	1,911,839	1,930,866	1,911,362	(19,504)
Virginia	9,168,569	9,293,610	9,199,735	(93,875)
Washington	8,110,742	8,253,685	8,170,314	(83,371)
West Virginia	2,659,561	2,659,561	2,632,697	(26,864)
Wisconsin	6,889,191	6,974,603	6,904,152	(70,451)
Wyoming	1,911,839	1,930,866	1,911,362	(19,504)
Subtotal	**375,299,912**	**379,083,912**	**375,254,782**	**(3,829,130)**
American Samoa	452,907	452,907	448,332	(4,575)
Guam	955,920	965,433	955,681	(9,752)
Northern Mariana Islands	238,980	241,358	238,920	(2,438)
Puerto Rico	4,464,217	4,464,217	4,419,124	(45,093)
Virgin Islands	955,920	965,433	955,681	(9,752)
Subtotal	**382,367,856**	**386,173,260**	**382,272,520**	**(3,900,740)**
Program Support 1/	2,308,144	3,900,740	7,801,480	3,900,740
Total States/Territories	**384,676,000**	**390,074,000**	**390,074,000**	**-**

1/ Program Support- Includes funds for Older American Act statutory requirements, including 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.

Nutrition Services

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget Level	FY 2021 (+/-) FY 2020
Congregate Nutrition Services	$494,830	$510,342	$510,342	--
Home-Delivered Nutrition	$251,082	$266,342	$266,342	--
Nutrition Services Incentive Program[27]	$159,903	$160,069	$160,069	--
Total:	$905,815	$936,753	$936,753	--

*BA is in thousands of dollars.

Original Authorizing Legislation: Sections 311, 331 and 336 of the Older Americans Act of 1965, Public Law 89-73

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method..... Formula Grant/Competitive Grants

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

[27] Includes $1,902,259 that was transferred to USDA to pay for State elections of commodities in FY 2019, and $1,381,186 that was transferred to USDA in FY 2020.

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 7,000 local nutrition service providers.[28] 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 Services* provided 73.6 million meals to more than 1.5 million seniors in a variety of community settings in 2018.[29]

- 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 service helps frail home-bound seniors' combat isolation and maintain contact with the outside world. Home-delivered meals provided to caregivers also represent an essential service, helping them maintain their own health and well-being while caring for their loved ones. *Home-Delivered Nutrition Services* provided 147.0 million meals to over 871,000 individuals in FY 2018.[30]

- 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. Five states elected to spend over $1.2 million on commodities (plus $154,089 assessed by USDA as administrative expenses) in FY 2020.

Consistent with the Administrator's focus on identifying new ways to efficiently improve direct service programs, ACL, under its 1% Nutrition authority, is using $7.5 million in FY 2020 to fund nutrition innovations and test ways to modernize how meals are provided to a changing senior population. One promising demonstration currently being carried out by the Georgia State University Research Foundation[31] that has drawn widespread attention is an effort to train volunteers who deliver home-delivered meals to recognize and report indicators of suicidal intent

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

[29] Id.

[30] Id.

[31] Double Blind Randomized Control Trial on the Effect of Evidence-Based Suicide Intervention Training on the Home-Delivered and Congregate Nutrition Program through the Atlanta Regional Commission.

and other mental health issues, so that they can be addressed. Suicide is a significant problem among elderly individuals, many of whom may be isolated, live in rural areas at a distance from neighbors or be depressed.[32] Results from this demonstration can be used to support programs led by Veterans' Affairs and Health and Human Services/Substance Abuse Mental Health Services Administration.

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 (2017)[33] 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 38 percent in 2017.[34] 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 67 percent of home-delivered meal recipients have annual incomes at or below $20,000.[35] Nearly 61 percent of recipients of home-delivered meals, and 54 percent of participants in congregate meals, report these meals as half or more of their food intake for the day.[36]

- The prevalence of multiple chronic conditions is higher among congregate and home-delivered meal program participants in comparison to the general Medicare population. In fact, data from ACL's National Survey of OAA Participants indicate that 57 percent of congregate, and 64 percent of home-delivered, meal participants have six or more chronic health conditions. About 30 percent of congregate, and 54 percent of home-delivered, meal participants take over six medications per day and some take as many as 20 medications.[37]

- Nutrition is one of the major determinants of successful aging. It plays an important role in preventing and treating many of the most common chronic conditions, such as hypertension, heart disease, diabetes, osteoporosis, and obesity.[38] Therefore, the provision of healthy meals, access to lifestyle modification programs, and evidence-based advice,

[32] Older Adult Behavioral Health Technical Assistance Center. (2012). Issue B: Preventing Suicide in Older Adults https://www.ncoa.org/resources/issue-brief-4-preventing-suicide-in-older-adults/. Accessed December 21, 2018.

[33] Id.

[34] Id.

[35] 2019 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

[36] Id.

[37] Id.

[38] Kimokoti and Millen, 2016; Bernstein and Munoz, 2012.

such as nutrition education and counseling, are important to helping these older individuals avoid more intensive and costly medical care.

- About 16 percent of people who participate in congregate meal programs, and 50 percent of home-delivered participants, need help in getting outside the house, thus limiting their ability to shop for food themselves.[39]

- About 43 percent of congregate participants, and 58 percent of home-delivered participants, live alone.[40] Living alone is a risk factor for social isolation, poorer health, and nursing home placement.

Data has shown that Nutrition Services are effective in helping older adults improve their nutritional intake and remain at home. For example, 70 percent of congregate meal participants, and 83 percent of home-delivered meal participants, say they eat healthier meals due to the programs, and 67 percent of congregate meal participants, and 88 percent of home-delivered meal recipients, say that the meals enable them to continue living in their homes.[41] Eighty nine percent of congregate meal clients, and 91 percent of home-delivered meal clients, rate service as good to excellent.[42]

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.[43] 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.[44]

[39] Id.
[40] Id.
[41] Id.
[42] Id.
[43] 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.
[44] Id.

Funding History:

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

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 .....$837,753,000
FY 2018 .....$896,753,000
FY 2019 .....$905,815,000
FY 2020 Enacted.....$936,753,000
FY 2021 President's Budget....$936,753,000

Budget Request:

The FY 2021 request is $936,753,000 for Nutrition Services, the same as the FY 2020 Enacted level. The request demonstrates the Administration's dedication to providing vital nutrition services. This request represents only a portion of the total funding for meals programs.[45] Combined with state and local contributions, the request is projected to provide over 214.3 million meals to more than 2.25 million older Americans in a variety of community settings. In FY 2021, 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. The FY 2021 request also would continue to allow up to 1% of the funds appropriated for congregate and home-delivered nutrition be used for nutrition innovations.

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 continuing to propose a 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; and to allow Tribes to transfer funding between NSIP, Native American Nutrition and Supportive Services, and Native American Caregiver Support Services.

An evaluation of the OAA Title III-C Nutrition Services program (NSP) is ongoing. The Process Evaluation of Older Americans Act Title III-C Nutrition Services Program Report is available at: https://www.acl.gov/sites/default/files/programs/2017-02/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 first client outcome report is available at: https://www.acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf;

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

and the second client outcome report is available at: https://acl.gov/sites/default/files/programs/2018-10/NSPevaluation_healthcareutilization.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.

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, 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 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 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 2018: 7,821 clients Target: 8,800 clients (Target Not Met)	7,799 clients	7,517 clients	-282 clients
2.9a Maintain at 90% or higher the percentage of clients receiving home delivered meal who rate services good to excellent. (Outcome)	FY 2018: 91% Target: 90% (Target Exceeded)	90%	92%	+2
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 2018: 66.7 weighted average Target: 63.25 weighted average (Target Exceeded)	64 weighted average	64.7 weighted average	+0.7 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 2018: 34.61% Target: 26.2% (Target Exceeded)	35.87%	34.9%	-0.97
3.5 Increase the percentage of older persons with severe disabilities who receive home-delivered meals. (Outcome)	FY 2018: 38.8% Target: 42.4% (Target Not Met)	42.2%	40.5%	-1.7
3.6 The percentage of OAA clients served who live in poverty is 150% greater than the percent of all U.S. elders living	FY 2018: 33.6% Target: 25.68% (Target Exceeded)	32.66%	33.11%	+0.45

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 Target
below the poverty level. (Outcome)				

Indicator	Year and Most Recent Result /	FY 2020 Projection	FY 2021 Projection	FY 2021 Projection +/-FY 2020 Projection
Output G: Number of Home-Delivered meals served *(Output)*	FY 2018: 146,995,223	148.8 M	146.2 M	-2.6 M
Output H: Number of Congregate meals served *(Output)*	FY 2018: 73,644,475	70.5 M	68.1 M	-2.4 M
Outputs G & H: Total Number of Meals *(Output)*	FY 2018: 220,639,698	219.3 M	214.3 M	-5 M

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

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$8,836,250	$9,113,250	$9,113,250
Range of Awards	$303,976/ $51,215,322	$303,397/ $52,241,412	$303,397/ $52,241,412

Home-Delivered Nutrition Programs Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$4,436,507	$4,660,985	$4,660,985
Range of Awards	$155,278/ $26,014,649	$163,134/ $27,283,024	$163,134/ $27,283,024

Nutrition Services Incentive Program Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	270	270	270
Average Award	$588,389	$580,991	$580,991
Range of Awards	$65,799 - $16,483,002	$64,952 - $16,226,419	$64,952 - $16,226,419

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

FY 2021 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	7,392,223	7,543,409	7,543,409	-
Alaska	2,447,751	2,500,676	2,500,676	-
Arizona	10,741,697	11,155,058	11,227,347	72,289
Arkansas	4,521,642	4,598,326	4,598,326	-
California	51,215,322	52,241,412	52,241,412	-
Colorado	7,344,014	7,584,846	7,584,846	-
Connecticut	5,563,150	5,647,759	5,647,759	-
Delaware	2,447,751	2,500,676	2,500,676	-
District of Columbia	2,447,751	2,500,676	2,500,676	-
Florida	36,819,207	37,820,997	37,820,997	-
Georgia	13,219,030	13,593,104	13,593,104	-
Hawaii	2,447,751	2,500,676	2,500,676	-
Idaho	2,447,751	2,532,715	2,532,715	-
Illinois	18,078,652	18,380,301	18,380,301	-
Indiana	9,531,442	9,730,978	9,730,978	-
Iowa	4,930,575	4,930,575	4,930,575	-
Kansas	4,165,238	4,241,634	4,241,634	-
Kentucky	6,591,065	6,718,948	6,718,948	-
Louisiana	6,536,834	6,668,073	6,668,073	-
Maine	2,447,751	2,508,371	2,508,371	-
Maryland	8,465,859	8,638,732	8,638,732	-
Massachusetts	10,234,547	10,445,021	10,445,021	-
Michigan	15,500,309	15,828,512	15,828,512	-
Minnesota	8,020,953	8,228,833	8,228,833	-
Mississippi	4,275,249	4,358,171	4,358,171	-
Missouri	9,257,196	9,440,074	9,440,074	-
Montana	2,447,751	2,500,676	2,500,676	-
Nebraska	2,722,261	2,774,068	2,774,068	-
Nevada	4,220,197	4,337,035	4,337,035	-
New Hampshire	2,447,751	2,500,676	2,500,676	-

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	13,117,020	13,246,259	13,246,259	-
New Mexico	3,161,817	3,239,975	3,180,683	(59,292)
New York	29,026,177	29,306,930	29,306,930	-
North Carolina	14,973,656	15,388,183	15,388,183	-
North Dakota	2,447,751	2,500,676	2,500,676	-
Ohio	17,992,696	18,344,852	18,344,852	-
Oklahoma	5,545,302	5,651,132	5,651,132	-
Oregon	6,512,832	6,673,218	6,673,218	-
Pennsylvania	20,869,802	21,232,902	21,232,902	-
Rhode Island	2,447,751	2,500,676	2,500,676	-
South Carolina	7,882,275	8,124,330	8,124,330	-
South Dakota	2,447,751	2,500,676	2,500,676	-
Tennessee	9,919,378	10,139,013	10,139,013	-
Texas	32,801,838	33,747,941	33,747,941	-
Utah	3,145,892	3,249,147	3,236,150	(12,997)
Vermont	2,447,751	2,500,676	2,500,676	-
Virginia	11,814,912	12,114,322	12,114,322	-
Washington	10,451,763	10,758,768	10,758,768	-
West Virginia	3,207,757	3,230,673	3,230,673	-
Wisconsin	8,877,632	9,091,470	9,091,470	-
Wyoming	2,447,751	2,500,676	2,500,676	-
Subtotal	**480,468,174**	**490,993,503**	**490,993,503**	**-**
American Samoa	577,176	577,176	577,176	-
Guam	1,223,876	1,250,338	1,250,338	-
Northern Mariana Islands	305,969	312,584	312,584	-
Puerto Rico	5,751,221	5,751,221	5,751,221	-
Virgin Islands	1,223,876	1,250,338	1,250,338	-
Subtotal	**489,550,292**	**500,135,160**	**500,135,160**	**-**
Program Support 1/	5,279,708	10,206,840	10,206,840	-
Total States/Territories	**494,830,000**	**510,342,000**	**510,342,000**	**-**

1/ Program Support- Includes funds for Older American Act statutory requirements, including 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 2021 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: Home-Delivered Nutrition Services (CFDA 93.045)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	3,754,855	3,939,538	3,939,538	-
Alaska	1,242,222	1,305,076	1,305,076	-
Arizona	5,456,208	5,825,717	5,863,469	37,752
Arkansas	2,296,753	2,401,471	2,401,471	-
California	26,014,649	27,283,024	27,283,024	-
Colorado	3,730,367	3,961,178	3,961,178	-
Connecticut	2,825,783	2,949,537	2,949,537	-
Delaware	1,242,222	1,305,076	1,305,076	-
District of Columbia	1,242,222	1,305,076	1,305,076	-
Florida	18,702,192	19,751,976	19,751,976	-
Georgia	6,714,562	7,098,985	7,098,985	-
Hawaii	1,242,222	1,305,076	1,305,076	-
Idaho	1,242,222	1,322,708	1,322,708	-
Illinois	9,182,990	9,599,093	9,599,093	-
Indiana	4,841,464	5,081,993	5,081,993	-
Iowa	2,444,855	2,557,396	2,557,396	-
Kansas	2,115,719	2,215,189	2,215,189	-
Kentucky	3,347,909	3,508,964	3,508,964	-
Louisiana	3,320,363	3,482,394	3,482,394	-
Maine	1,242,222	1,309,994	1,309,994	-
Maryland	4,300,205	4,511,569	4,511,569	-
Massachusetts	5,198,604	5,454,901	5,454,901	-
Michigan	7,873,330	8,266,424	8,266,424	-
Minnesota	4,074,216	4,297,500	4,297,500	-
Mississippi	2,171,598	2,276,050	2,276,050	-
Missouri	4,702,162	4,930,069	4,930,069	-
Montana	1,242,222	1,305,076	1,305,076	-
Nebraska	1,382,764	1,448,754	1,448,754	-
Nevada	2,143,635	2,265,012	2,265,012	-
New Hampshire	1,242,222	1,305,076	1,305,076	-

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	6,662,746	6,917,845	6,917,845	-
New Mexico	1,606,035	1,692,074	1,661,109	(30,965)
New York	14,743,749	15,305,514	15,305,514	-
North Carolina	7,605,818	8,036,463	8,036,463	-
North Dakota	1,242,222	1,305,076	1,305,076	-
Ohio	9,139,329	9,580,580	9,580,580	-
Oklahoma	2,816,718	2,951,298	2,951,298	-
Oregon	3,308,171	3,485,081	3,485,081	-
Pennsylvania	10,600,746	11,088,861	11,088,861	-
Rhode Island	1,242,222	1,305,076	1,305,076	-
South Carolina	4,003,775	4,242,923	4,242,923	-
South Dakota	1,242,222	1,305,076	1,305,076	-
Tennessee	5,038,515	5,295,089	5,295,089	-
Texas	16,661,584	17,624,827	17,624,827	-
Utah	1,597,945	1,696,864	1,690,077	(6,787)
Vermont	1,242,222	1,305,076	1,305,076	-
Virginia	6,001,345	6,326,692	6,326,692	-
Washington	5,308,938	5,618,756	5,618,756	-
West Virginia	1,621,442	1,687,216	1,687,216	-
Wisconsin	4,509,363	4,748,011	4,748,011	-
Wyoming	1,242,222	1,305,076	1,305,076	-
Subtotal	**243,970,288**	**256,393,366**	**256,393,366**	**-**
American Samoa	155,278	163,134	163,134	-
Guam	621,111	652,538	652,538	-
Northern Mariana Islands	155,278	163,134	163,134	-
Puerto Rico	2,921,314	2,990,450	2,990,450	-
Virgin Islands	621,111	652,538	652,538	-
Subtotal	**248,444,380**	**261,015,160**	**261,015,160**	**-**
Program Support 1/	2,637,620	5,326,840	5,326,840	-
Total States/Territories	**251,082,000**	**266,342,000**	**266,342,000**	**-**

1/ Program Support- Includes funds for Older American Act statutory requirements, including 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 2021 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: Nutrition Services Incentive Program (CFDA 93.053)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	3,305,548	3,263,000	3,263,000	-
Alaska	481,849	475,647	475,647	-
Arizona	1,830,611	1,807,048	1,807,048	-
Arkansas	2,398,139	2,367,271	2,367,271	-
California	13,339,978	13,168,269	13,168,269	-
Colorado	1,435,191	1,416,717	1,416,717	-
Connecticut	1,394,074	1,376,130	1,376,130	-
Delaware	727,481	718,117	718,117	-
District of Columbia	826,081	815,448	815,448	-
Florida	5,682,172	5,609,033	5,609,033	-
Georgia	2,741,635	2,706,346	2,706,346	-
Hawaii	505,007	498,507	498,507	-
Idaho	788,608	778,457	778,457	-
Illinois	6,939,566	6,850,242	6,850,242	-
Indiana	1,396,201	1,378,229	1,378,229	-
Iowa	1,496,973	1,477,704	1,477,704	-
Kansas	2,324,657	2,294,734	2,294,734	-
Kentucky	1,535,066	1,515,307	1,515,307	-
Louisiana	3,492,294	3,447,342	3,447,342	-
Maine	601,210	593,471	593,471	-
Maryland	1,657,806	1,636,467	1,636,467	-
Massachusetts	6,821,166	6,733,366	6,733,366	-
Michigan	7,725,865	7,626,420	7,626,420	-
Minnesota	1,773,889	1,751,056	1,751,056	-
Mississippi	1,426,940	1,408,573	1,408,573	-
Missouri	4,029,903	3,978,032	3,978,032	-
Montana	1,190,894	1,175,565	1,175,565	-
Nebraska	1,056,843	1,043,239	1,043,239	-
Nevada	1,637,388	1,616,312	1,616,312	-
New Hampshire	1,177,814	1,162,653	1,162,653	-

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	3,458,191	3,413,678	3,413,678	-
New Mexico	2,303,349	2,273,701	2,273,701	-
New York	16,438,002	16,226,419	16,226,419	-
North Carolina	3,278,529	3,236,329	3,236,329	-
North Dakota	791,309	781,124	781,124	-
Ohio	5,625,724	5,553,311	5,553,311	-
Oklahoma	1,819,089	1,795,675	1,795,675	-
Oregon	1,793,536	1,770,450	1,770,450	-
Pennsylvania	6,610,409	6,525,322	6,525,322	-
Rhode Island	403,439	398,246	398,246	-
South Carolina	1,785,790	1,762,804	1,762,804	-
South Dakota	954,326	942,042	942,042	-
Tennessee	1,640,637	1,619,519	1,619,519	-
Texas	11,891,629	11,738,563	11,738,563	-
Utah	1,283,557	1,267,035	1,267,035	-
Vermont	777,996	767,982	767,982	-
Virginia	1,914,467	1,889,825	1,889,825	-
Washington	2,362,994	2,332,578	2,332,578	-
West Virginia	1,514,426	1,494,933	1,494,933	-
Wisconsin	2,816,751	2,780,494	2,780,494	-
Wyoming	885,838	874,436	874,436	-
Subtotal	**152,090,837**	**150,133,168**	**150,133,168**	**-**
Indian Tribal Grants	3,678,177	3,678,177	3,678,177	-
American Samoa	84,042	82,960	82,960	-
Guam	395,828	390,733	390,733	-
Northern Mariana Islands	65,799	64,952	64,952	-
Puerto Rico	2,444,490	2,413,025	2,413,025	-
Virgin Islands	105,969	104,605	104,605	-
Subtotal	**158,865,142**	**156,867,620**	**156,867,620**	**-**
*USDA Transfer*1/	*1,902,259*	-	-	-
Program Support	1,037,858	3,201,380	3,201,380	-
Total States/Territories	**159,903,000**	**160,069,000**	**160,069,000**	**-**

1/ State levels include transfers for distributions of commodities which are provided by USDA to grantees; in FY 2018, the amount that was transferred is shown for comparability purposes.

2/Program Support- Includes funds for Older American Act statutory requirements, including 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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Preventive Health Services

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Preventive Health Services	$24,822	$24,848	$24,848	--

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 361 of the Older Americans Act of 1965, Public Law 89-73

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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 to 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 provides flexibility to allocate resources to best meet local needs. Priority is given to providing access to programs for elders living in medically underserved areas or those with 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

19.54 years.[46] The population of older Americans is also growing, particularly the population age 85 and over, which is projected to grow from 6.5 million in 2018 to 9.1 million by the year 2030.[47] One consequence of this increased longevity is a higher incidence of chronic diseases such as arthritis, cancer, and diabetes.[48] In addition, approximately 25 percent of older adults report falling each year, with 3 million falls resulting in emergency department visits. This percentage is increasing for all older adults, but especially for those age 85 and over.[49]

Since FY 2012, ACL has requested and Congress has 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 evidence-based, 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 proven to be effective at helping participants adopt healthy behaviors and improve their psychological and physical health status. Evidence suggests that CDSME programs may also significantly reduce the use of hospital care and physician services, as well as reduce health care costs.[50]

- *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

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[46] Murphy SL, Xu JQ, Kochanek KDArias E. Mortality in the United States, 2016. NCHS Data Brief, no 328. Hyattsville, MD: National Center for Health Statistics. 2018. https://www.cdc.gov/nchs/nvss/deaths.htm..

[47] 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. Released March 2018, https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html. Accessed 10 December 2019. 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.xhtm. Accessed 10 December 2019.

[48] Kingston, A., L. Robinson, H. Booth, M. Knapp, C. Jagger. 2018. Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model. Age and Ageing; 47: 374–380.

[49] Burns, E. R. Kakara. Deaths from Falls Among Persons Aged => 65 Years – United States, 2007-2016. MMWR Morb Mortal Wkly Rep 2018;67:509-514.

[50] Ahn et al. 2013. The impact of chronic disease self-management programs: healthcare savings through a community-based intervention. BMC Public Health. 13(1141).

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 reducing 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 2017 .....$19,802,000
FY 2018 .....$24,848,000
FY 2019 .....$24,848,000
FY 2020 Enacted.....$24,848,000
FY 2021 President's Budget.....$24,848,000

Budget Request:

The FY 2021 request for Preventive Health Services is $24,848,000 the same as the FY 2020 Enacted level. The Budget does not request separate funding for CDSME and Falls Prevention, and consolidates those programs into Preventive Health Services to allow States the flexibility to also fund Chronic Disease Self-Management and Falls Prevention programs as part of their Preventive Health Services to meet the greatest areas of need in their communities. ACL continues to propose a general provision to maximize funding flexibility to allow states to transfer Older American Act funding, between HCBSS, Nutrition, Preventive Health, and Caregivers, to direct funding to activities that best addresses their individual State's unique needs.

ACL will continue to provide guidance regarding what meets the evidence-based requirement for this program. 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.

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 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.

Output Table:

Preventive Health Services

Indicator	**Year and Most Recent Result /**	**FY 2020 Projection**	**FY 2021 Projection**	**FY 2021 Projection +/-FY 2020 Projection**
Output AB: The number of people served with health and disease prevention programs. *(Output)*	FY 2018: 755,096	593,949	520,123	-73,826

Grant Awards Tables:

Preventive Health Services Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$440,352	$439,277	$439,277
Range of Awards	$15,412 - $2,581,995	$15,374 - $2,575,693	$15,374 - $2,575,693

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

FY 2021 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	372,676	371,766	371,766	-
Alaska	123,299	122,998	122,998	-
Arizona	541,538	540,216	543,759	3,543
Arkansas	227,957	227,401	227,401	-
California	2,581,995	2,575,693	2,575,691	(2)
Colorado	370,245	369,341	369,341	-
Connecticut	280,464	279,779	279,779	-
Delaware	123,299	122,998	122,998	-
District of Columbia	123,299	122,998	122,998	-
Florida	1,856,225	1,851,694	1,851,694	-
Georgia	666,432	664,805	664,805	-
Hawaii	123,299	122,998	122,998	-
Idaho	123,299	122,998	122,998	-
Illinois	911,428	909,203	909,203	-
Indiana	480,524	479,351	479,351	-
Iowa	242,656	242,064	242,064	-
Kansas	209,989	209,476	209,476	-
Kentucky	332,286	331,475	331,475	-
Louisiana	329,552	328,748	328,748	-
Maine	123,299	122,998	122,998	-
Maryland	426,803	425,761	425,761	-
Massachusetts	515,970	514,711	514,711	-
Michigan	781,442	779,535	779,535	-
Minnesota	404,373	403,386	403,386	-
Mississippi	215,535	215,009	215,009	-
Missouri	466,698	465,559	465,559	-
Montana	123,299	122,998	122,998	-
Nebraska	137,242	136,907	136,907	-
Nevada	212,759	212,240	212,240	-
New Hampshire	123,299	122,998	122,998	-

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	661,289	659,675	659,675	-
New Mexico	159,402	159,013	156,103	(2,910)
New York	1,463,342	1,459,770	1,459,770	-
North Carolina	754,891	753,048	753,048	-
North Dakota	123,299	122,998	122,998	-
Ohio	907,094	904,880	904,880	-
Oklahoma	279,564	278,882	278,882	-
Oregon	328,342	327,541	327,541	-
Pennsylvania	1,052,142	1,049,574	1,049,574	-
Rhode Island	123,299	122,998	122,998	-
South Carolina	397,382	396,412	396,412	-
South Dakota	123,299	122,998	122,998	-
Tennessee	500,081	498,860	498,860	-
Texas	1,653,691	1,649,655	1,649,655	-
Utah	158,599	158,212	157,579	(633)
Vermont	123,299	122,998	122,998	-
Virginia	595,644	594,190	594,190	-
Washington	526,921	525,635	525,635	-
West Virginia	161,146	160,753	160,753	-
Wisconsin	447,562	446,470	446,470	-
Wyoming	123,299	122,998	122,998	-
Subtotal	24,214,768	24,155,664	24,155,662	(2)
American Samoa	15,412	15,374	15,375	1
Guam	61,649	61,499	61,499	-
Northern Mariana Islands	15,412	15,374	15,375	1
Puerto Rico	290,820	290,110	290,110	-
Virgin Islands	61,649	61,499	61,499	-
Subtotal	24,659,710	24,599,520	24,599,520	-
Undistributed 1/	162,290	248,480	248,480	-
Total States/Territories	24,822,000	24,848,000	24,848,000	-

1/ Program Support- includes funds for Older American 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

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Chronic Disease Self-Management Education	$8,000	$8,000	--	-$8,000

*BA is in thousands of dollars.

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, Public Law 89-73.

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144, and Sections 311 and 317(k)(2) of the Public Health Service Act.

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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, 77 percent of Medicare beneficiaries age 65 and over have multiple (two or more) chronic conditions,[53] placing them at greater risk for premature death, poor functional status,

[53] Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services, ACL analysis of 2015 Medicare Current Beneficiary Survey. https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index Accessed on 10 December 2019.

unnecessary hospitalizations, adverse drug events, and nursing home placement.[54] Chronic conditions also impact health care costs, as 93 percent of Medicare expenditures are for beneficiaries with chronic conditions.[55]

Funding History:

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

FY 2017 .....$8,000,000
FY 2018 .....$8,000,000
FY 2019 .....$8,000,000
FY 2020 Enacted $8,000,000
FY 2021 President's Budget.....$0

Budget Request:

The FY 2021 Budget proposes to consolidate this activity into the Preventive Health Services program and, therefore, no funding is requested. This request represents a decrease of -$8,000,000 below the FY 2020 Enacted level. ACL continues to propose a 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 and to modify existing CDSME programs to best meet the needs within their state.

[54] 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.

[55] 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/.

Grant Awards Table:

Chronic Disease Self-Management Education Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	12	12	-
Average Award	$636,726	$636,726	-
Range of Awards	$149,925-$1,000,000	$149,925-$1,000,000	-

Resource and Program Data:

Chronic Disease Self-Management Education
(Dollars in Thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	11	6,641	11	6,641	--	
Continuations	1	1,000	1	1,000	--	
Contracts	1	88	1	88	--	
Interagency Agreements	--	--	--	--	--	--
Program Support[56]	--	272	--	272	--	
Total Resources		8,000		8,000		

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

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Falls Prevention

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Falls Prevention	$5,000	$5,000	--	-$5,000

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 411 of the Older Americans Act of 1965, Public Law 89-73

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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.[57] Many people limit their activity after a fall, which may reduce strength, physical fitness, and mobility.[58] 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.[59] Even without a major injury, falls can cause an older adult to become

[57] 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

[58] 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.

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

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 50,000 older adults across the U.S. 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 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 decreased by 55 percent;[60] and the Stepping On program reduction was 31 percent.[61] A Matter of Balance is an evidence-based program designed to reduce the fear of falling and increase activity levels among older adults.

Funding History

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

FY 2017 .....$5,000,000
FY 2018 .....$5,000,000
FY 2019 .....$5,000,000
FY 2020 Enacted.....$5,000,000
FY 2021 President's Budget.....$0

Budget Request:

The FY 2021 Budget proposes to consolidate the Falls Prevention program into the Preventive Health Services program and, therefore, no funding is requested. This represents a reduction of -$5,000,000 below the Enacted FY 2020 level. ACL continues to propose a general provision that would build on existing flexibility and give states the ability to transfer nearly all of the funds they receive between Home and Community Based Services, Nutrition, Preventive Health and Caregivers to achieve the funding distribution that best addresses their individual State's unique needs.

[60] 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.

[61] 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.

Grant Awards Table:

Falls Prevention Program Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	13	12	-
Average Award	$378,779	$410,508	-
Range of Awards	$147,364 - $750,000	$147,364- $750,000	-

Resource and Program Data:

Falls Prevention
(Dollars in Thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	12	4,324	11	4,324	--	
Continuations	1	600	1	600	--	
Contracts	--		--		--	
Interagency Agreements	--	--	--	--	--	--
Program Support[62]	--	76	--	76	--	
Total Resources		5,000		5,000		

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

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Native American Nutrition and Supportive Services

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Native American Nutrition and Supportive Services	$34,173	$34,708	$34,708	--

*BA is in thousands of dollars.

Original Authorizing Legislation: Sections 201, 613, and 623 of the Older Americans Act of 1965, Public Law 89-73

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Formula Grant/Competitive Grant/Contract

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 944,000 people age 60 and over identify themselves as Native American or Alaskan Native alone or in combination

with another racial group.[63] Over 578,000 of those elders identify as Native American or Alaskan Native with no other racial group.[64]

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. ACL's congregate meal program currently 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.

Services provided by this program in FY 2018 include:

- *Transportation Services*, which provided over 566,000 rides to meal sites, medical appointments, pharmacies, grocery stores, and other critical daily activities.[65]

- *Home-Delivered Nutrition Services,* under which almost 2.6 million meals were provided to more than 24,000 home bound Native American elders. The program also provides social contacts that help to reduce the risk of depression and isolation experienced by many home-bound Native American elders.[66]

- *Congregate Nutrition Services*, which provided more than 2.5 million meals to more than 70,000 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.[67]

- *Information, Referral and Outreach Services*, which provided more than 761,000 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.[68]

The Native American Nutrition and Supportive Services program also provides training and technical assistance to Tribal organizations to support the development of comprehensive and

[63] 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 2018. Released June 2019 https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtm. Accessed 10 December, 2019.

[64] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin 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.

[65] ACL's OAA Title VI Program Performance Report, PY 2018.

[66] Id.

[67] Id.

[68] Id.

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 2018, grants were awarded to 270 Tribal organizations (representing 400 Tribes and villages), including one organization serving Native Hawaiian elders.

Funding History:

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

FY 2017 .....$31,136,000
FY 2018 .....$33,208,000
FY 2019 .....$34,173,000
FY 2020 Enacted $34,708,000
FY 2021 President's Budget.....$34,708,000

Budget Request:

The FY 2021 request for Native American Nutrition and Supportive Services (NANSS) is $34,708,000, the same as the FY 2020 Enacted level. At the requested level NANSS provides a broad range of services, and reduces the need for more expensive institutional services. These services include adult day care, personal care, chore services, and home-delivered meals that 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.

The FY 2021 Budget is estimated to provide funding for over 566 thousand rides, 2.1 million meals at home, and 2.1 million meals at congregate sites in Tribal communities.[69] In FY 2021, 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 to be 182, a 10 percent decrease below the FY 2020 base of 203. This is largely due to yearly increases of almost 9% in cost per client. Over the past several years, Native American services have generally met or

[69] Id.

exceeded their efficiency and output targets for meals and trips, due in part to increased contributions from tribal organizations.

Outcomes and Outputs Table:

Native American Nutrition & Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 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 2018: 204 Target: 303 (Target Not Met)	203	182	-21

Indicator	Year and Most Recent Result /	FY 2020 Projection	FY 2021 Projection	FY 2021 Projection +/-FY 2020 Projection
Output L: Transportation Services units *(Output)*	FY 2018: 777,992	639,228	566,090	-73,138
Output M: Home-Delivered Nutrition meals *(Output)*	FY 2018: 2,459,878	2.2 M	2.1 M	-0.1 M
Output N: Congregate Nutrition meals *(Output)*	FY 2018: 2,505,536	2.2 M	2.1 M	-0.1 M
Output O: Information, Referral and Outreach units *(Output)*	FY 2018: 761,438	628,311	557,614	-70,697

Grant Awards Table:

Native American Nutrition & Supportive Services Formula Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	275	272	272
Average Award	$121,134	$123,540	$123,540
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)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	270	32,754	270	33,203	270	33,203
New Discretionary	1	200	--	--	1	200
Continuations	4	358	2	400	1	200
Contracts	1	721	1	735	1	735
Interagency Agreements	--	--	--	--	--	--
Program Support[70]	--	140	--	370	--	370
Total Resources		34,173		34,708		34,708

[70] 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

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Aging Network Support Activities	$16,400	$12,461	$11,503	-$958
FTE	.9	.9	.4	-.5

*BA is in thousands of dollars.

Authorizing Legislation: Section 202, 215, and 411 of the Older Americans Act of 1965, Public Law 89-73

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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 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. The activities of national significance help seniors and their families to obtain information about their care options and benefits. The program also provides ongoing support for the national aging services network and helps 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 awards are made for periods of one to five years.

National Eldercare Locator and Engagement

Older Americans and their caregivers face a complicated array of choices and decisions regarding 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.

Research suggests that social engagement remains an important determinant of physical health into very late adulthood.[71] ACL is interested in expanding the reach of the Aging Services network to more effectively assist older adults in remaining 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.

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. The outcomes of these services are often the difference between dependence on government support and having sustainable income. Data for the program show that:

[71] Katie E. Cherry, Erin Jackson Walker, Jennifer Silva Brown, Julia Volaufova, Lynn R. LaMotte, David A. Welsh, L. Joseph Su, S. Michal Jazwinski, Rebecca Ellis, Robert H. Wood, and Madlyn I. Frisard. 2013. "Social Engagement and Health in Younger, Older, and Oldest-Old Adults in the Louisiana Heathy Aging Study. J Appl Gerontol Feb 1;32(1):51-75.

- Since its inception, 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.

Pension Counseling projects also provide indirect services to tens of thousands of seniors and their families through information sharing, hosting websites, and conducting outreach, education and awareness efforts.

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 with information on health and long-term care. This project 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 is 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 also developed and published over 175 Fact Sheets tailored to the specific needs of hard-to-reach women. The Center maintains an interactive web site. This program is one that helps to create economic mobility for women who are most at risk of not having adequate savings for retirement.

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 this important, but underserved, population. 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 frontline 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 focused 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 referral database of Chronic Disease Self-Management Education (CDSME) workshops, a series of bilingual Influenza Vaccination Promotion materials, 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 approximately 100,000 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 focuses 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. Program Performance and Technical Assistance (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.

Care Corps Program

In FY 2019 ACL put out a cooperative agreement to establish the National Volunteer Care Corps program. The program tests models of programming designed to place volunteers in communities to assist caregivers, older adults, and persons with disabilities in maintaining independence by providing non-medical care. The initial cooperative agreement tested a variety of different volunteering models. In FY 2020 ACL plans on continuing testing of the volunteer models set up using FY 2019 funding.

Funding History:

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

FY 2017 .....$9,938,000
FY 2018 .....$12,461,000
FY 2019 .....$16,400,000
FY 2020 Enacted.....$12,461,000
FY 2021 President's Budget.....$11,503,000

Budget Request:

The FY 2021 request for Aging Network Support Activities is $11,503,000, a reduction of -$958,000 million below the FY 2020 Enacted level. This level does not include funding for the Care Corps Program, which was not funded in the FY 2020 appropriation, and includes a decrease in the Program Performance and Technical Assistance line. Programs funded by this request provide ongoing support for the national aging services network and support the activities of ACL's core service delivery programs. They provide a variety of unique services – such as the Pension Counseling and the National Eldercare Locator – and strengthen and streamline ACL's core services.[72]

The request will continue, as permitted by statute, to support .4 FTE (costs not to exceed $100,000) for administration of the Pension Counseling program.

[72] 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.

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 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Aging Network Support Activities: National Eldercare Locator and Engagement	2,028	2,038	2,038
Pension Counseling and Retirement Information	1,850	1,858	1,858
National Resource Centers on Native Americans	652	655	655
National Minority Aging Organizations	1,160	1,165	1,165
Holocaust Survivor Assistance	4,976	5,000	5,000
Program Performance and Technical Assistance	1,737	1,745	788
Care Corps	4,000	-	-
Total, Aging Network Support Activities	**16,400**	**12,461**	**11,503**

Grant Awards Table:

Aging Network Support Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	27	25	24
Average Award	$563,175	$452,969	$459,339
Range of Awards	$50,000-$4,935,000	$50,000-$4,935,000	$50,000-$4,935,000

Resource and Program Data:

Aging Network Support Activities
(Dollars in thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	2	6,268	10	6,869	5	1,004
Continuations	25	8,938	15	4,455	14	10,020
Contracts	3	718	2	821	2	176
Interagency Agreements	--	--	--	--	--	--
Program Support[73]	--	477	--	316	--	303
Total Resources		16,400		12,461		11,503

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

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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 by existing responsibilities. ACL's caregiver programs provide services that address the needs of unpaid, informal caregivers, allowing 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 determines whether an older person can remain in his or her home or must be institutionalized. In 2014, approximately 34.2 million adult caregivers provided uncompensated care to those 50 years of age and older.[74] An estimated 117 million Americans will need assistance of some kind by 2020.[75] These trends are already being felt in the marketplace, where employers are losing an estimated $33 billion per year due to employees' caregiving responsibilities.[76]

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.[77]

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-five percent of the caregivers served by OAA programs report that these services allow them to provide care longer than they otherwise could have.[78]

By 2020, the U.S. Census Bureau estimates there will be 13.1 million non-institutionalized seniors age 65 and over with 1+ ADL deficits, an increase of almost 800,000 older adults (or 6 percent increase between 2018 and 2020) needing caregiver assistance.[79] To help address these

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[74] https://acl.gov/about-acl/reports-congress-and-president; FY15OAAReportCongress, page 25.

[75] https://www.rand.org/pubs/external_publications/EP66196.html.

[76] http://www.caregiving.org/data/Caregiver%20Cost%20Study.pdf "The MetLife Caregiving Cost Study: Productivity Losses to U.S. Business, Page 17.

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

[78] 2018 National Survey of Older Americans Act Participants https://agid.acl.gov/.

[79] 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 2019. 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 &

caregiver-related needs, and to avoid an increasing burden on Medicare and Medicaid expenses for LTC, ACL proposes to expand existing transfer authorities to give States maximum flexibility to transfer funding between four Older Americans Act Programs. These are Home and Community Based Supportive Services, Nutrition Programs, Family Caregiver Services, and Preventive Health Services. In addition, ACL requests a total of $190.8 million for caregiver support programs, a reduction of -$38.1 million below the FY 2020 Enacted level. The request includes:

- $150.6 million for Family Caregiver Support Services, a reduction of -$35.4 million below the FY 2020 Enacted 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.

- $10.3 million for Native American Caregiver Support Services, the same as the FY 2020 Enacted 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.

- $26.5 million for the Alzheimer's Disease Program the same as the FY 2020 Enacted level. The Alzheimer's Disease Program includes two classes of competitive grants – to States that want to improve or 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. In addition, these funds support a training and technical assistance resource center and a national call center.

- $3.4 million for Lifespan Respite Care, a reduction of -$2.8 million below the FY 2020 Enacted level. At this level, the Lifespan Respite Care program will continue its efforts to develop more efficient, cost-effective methods that reach 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.

Medicaid Services, ACL analysis of 2016 Medicare Current Beneficiary Survey, https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index. Accessed 10 December 2019.

Family Caregiver Support Services

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Family Caregivers Support Services	$180,999	$185,936	$150,586	-$35,350

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 371 of the Older Americans Act of 1965, Public Law 89-73.

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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. These services include:

- *Access Assistance Services* provided nearly 1.6 million contacts to caregivers assisting them in locating services from a variety of public and private agencies (Output I).[80]

[80] ACL'S OAA State Performance Report, FY 2018.

- *Counseling and Training Services* provided over 111,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).[81]

- *Respite Care Services* provided over 58,500 caregivers with nearly 6.2 million hours of temporary relief, at home or in an adult day care or nursing home setting, from their caregiving responsibilities (Output K).[82]

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[83] and $522 billion annually, which is roughly equivalent to the cost of *all* Medicaid spending in FY 2016 (Federal and state: $553 billion).[84]

Research has also shown that caregiving exacts a heavy emotional, physical, and financial toll. Caregivers often experience conflicts between work and caregiving, with 65% reporting that providing care interfered with their job.[85] According to data from ACL's National Survey of OAA Participants, 22 percent of caregivers reported that they are assisting two or more individuals.[86] Seventy-eight percent of Title III caregivers are 60 or older, making them more susceptible to a decline in their own health, and 35 percent describe their own health as fair to poor.[87] 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, often while 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.[88]

Additionally, data from ACL's National Surveys shows that ACL services are effective in helping caregivers keep their loved ones at home. Approximately 75 percent of caregivers of program clients reported that services enabled them to provide care longer than otherwise would have been possible.[89] Caregivers receiving services were also asked whether the care recipient would have

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[81] Id.

[82] Id.

[83] Ibid.

[84] Ibid.

[85] 2018 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

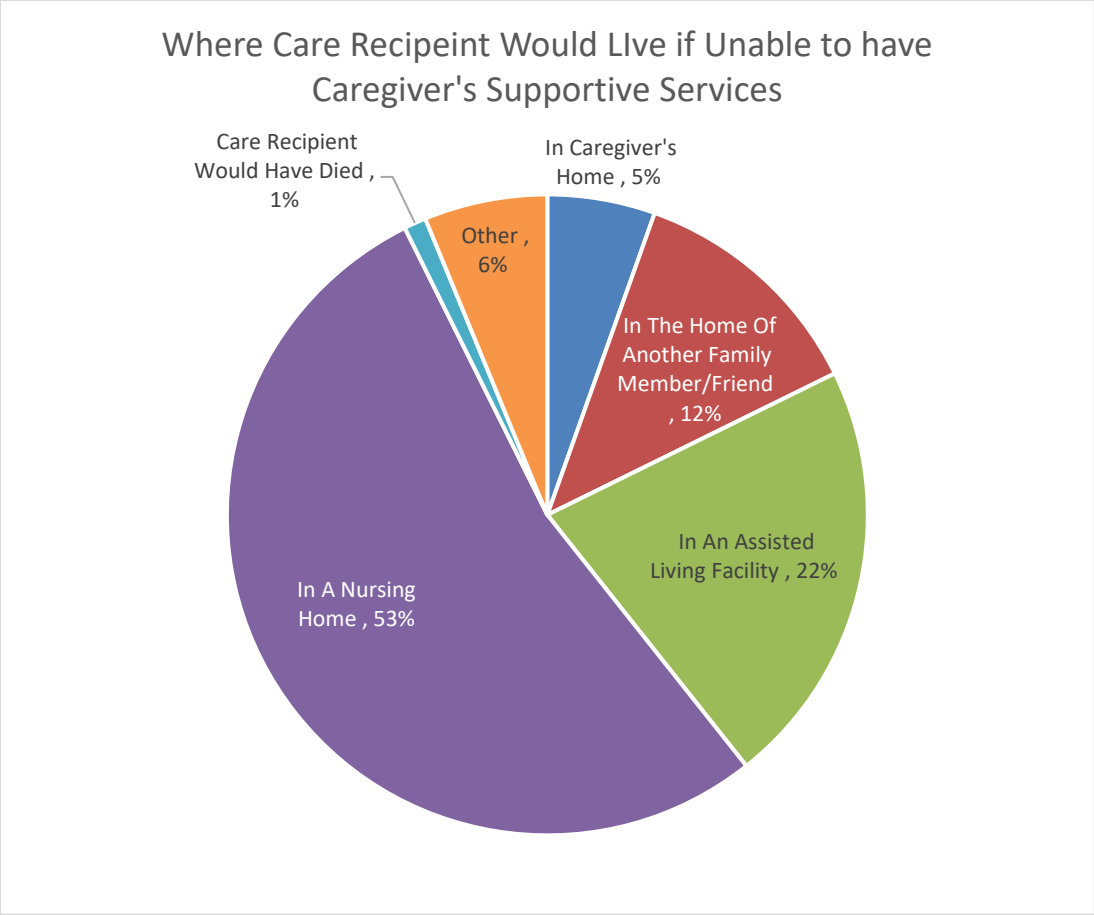
[86] Id.

[87] Id.

[88] *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.

[89] 2018 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

been able to live in the same residence if the services had not been available. Thirty six percent of caregivers indicated that the care recipient would be unable to remain at home without the support services.[90] Those respondents were then asked to identify where the care recipient would be living without services. A significant majority of those caregivers, 75 percent,[91] 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 2017 .....$150,240,000
FY 2018 .....$180,586,000
FY 2019 .....$180,999,000
FY 2020 Enacted.....$185,936,000
FY 2021 President's Budget.....$150,586,000

[90] Id.

[91] Id.

Budget Request:

The FY 2021 request for Family Caregiver Support Services is $150,586,000, the same level as the FY 2020 President's Budget. Funding for Family Caregiver Support Services will allow ACL to continue 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.

States now 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. ACL continues to propose a general provision to maximize funding flexibility for states to use Older American Act funding, between HCBSS, Nutrition, Preventive Health and Caregivers, to direct funding to activities that best addresses their individual State's unique needs.

The requested funding level for Family Caregiver Supportive Services will allow more than 757,000 caregivers (Outcome 3.1) to receive supportive services, including respite care or other temporary relief from their caregiving responsibilities. At the requested level, ACL will continue support for the Raise Family Caregivers Act, and the Supporting Grandparents Raising Grandchildren Act. In addition, more than 93,000 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 2021, ACL anticipates that the aging services network will 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 has occurred at the State level as a result of ongoing program development, improved 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; by 2017, that rate had been reduced to 33 percent of caregivers reporting difficulty getting services.[92]

For FY 2021, 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.

[92] Id.

Outcomes and Outputs Table:

Family Caregiver Support Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 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 2018: 7,821 clients Target: 8,800 clients (Target Not Met)	7,799 clients	7,517 clients	-282 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 2018: 31% Target: 30% (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 2018: 92% Target: 90% (Target Exceeded)	90%	92%	+2
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 2018: 66.7 weighted average Target: 63.25 weighted average (Target Exceeded)	64 weighted average	64.7 weighted average	+0.7 weighted average
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2018: 814,495 caregivers Target: 850,000 caregivers (Target Not Met but Improved)	790,900 caregivers	757,822 caregivers	-33,078 caregivers

Indicator	Year and Most Recent Result /	FY 2020 Projection	FY 2021 Projection	FY 2021 Projection +/-FY 2020 Projection
Output I: Caregivers access assistance units of service. *(Output)*	FY 2018: 1,632,838	2.0 M	1.8 M	-0.2 M
Output J: Caregivers receiving counseling and training. *(Output)*	FY 2018: 111,571	112,296	93,301	-18,995
Output K: Caregivers receiving respite care services. *(Output)*	FY 2018: 58,576	62,227	53,860	-8,367

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

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$3,201,878	$3,287,083	$2,662,145
Range of Awards	$112,066 - $18,547,749	$115,048 - $19,017,356	$93,175 - $15,401,791

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

FY 2021 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	2,697,025	2,771,402	2,244,505	(526,897)
Alaska	896,525	920,383	745,400	(174,983)
Arizona	4,156,306	4,355,339	3,527,306	(828,033)
Arkansas	1,702,583	1,740,632	1,409,704	(330,928)
California	18,547,749	19,017,356	15,401,791	(3,615,565)
Colorado	2,480,538	2,592,273	2,099,433	(492,840)
Connecticut	2,087,546	2,117,074	1,714,578	(402,496)
Delaware	896,525	920,383	745,400	(174,983)
District of Columbia	896,525	920,383	745,400	(174,983)
Florida	14,911,194	15,380,602	12,456,455	(2,924,147)
Georgia	4,597,268	4,781,511	3,872,454	(909,057)
Hawaii	896,525	920,383	745,400	(174,983)
Idaho	896,525	920,383	745,400	(174,983)
Illinois	6,573,783	6,695,017	5,422,166	(1,272,851)
Indiana	3,431,688	3,510,986	2,843,480	(667,506)
Iowa	1,800,443	1,829,695	1,481,835	(347,860)
Kansas	1,524,484	1,554,805	1,259,207	(295,598)
Kentucky	2,360,334	2,419,913	1,959,841	(460,072)
Louisiana	2,309,022	2,369,981	1,919,402	(450,579)
Maine	896,525	920,383	745,400	(174,983)
Maryland	3,024,971	3,109,111	2,518,010	(591,101)
Massachusetts	3,761,378	3,846,657	3,115,334	(731,323)
Michigan	5,568,827	5,704,564	4,620,018	(1,084,546)
Minnesota	2,892,508	2,966,887	2,402,825	(564,062)
Mississippi	1,540,996	1,580,147	1,279,731	(300,416)
Missouri	3,423,150	3,495,830	2,831,206	(664,624)
Montana	896,525	920,383	745,400	(174,983)
Nebraska	999,483	1,018,436	824,812	(193,624)
Nevada	1,511,606	1,573,618	1,274,443	(299,175)
New Hampshire	896,525	920,383	745,400	(174,983)

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	4,878,287	4,916,958	3,982,150	(934,808)
New Mexico	1,150,802	1,196,291	968,852	(227,439)
New York	10,817,787	10,946,518	8,865,376	(2,081,142)
North Carolina	5,434,086	5,627,786	4,557,836	(1,069,950)
North Dakota	896,525	920,383	745,400	(174,983)
Ohio	6,534,226	6,678,212	5,408,556	(1,269,656)
Oklahoma	2,047,202	2,093,775	1,695,709	(398,066)
Oregon	2,326,220	2,419,195	1,959,260	(459,935)
Pennsylvania	7,825,257	7,962,592	6,448,751	(1,513,841)
Rhode Island	896,525	920,383	745,400	(174,983)
South Carolina	2,852,799	2,978,429	2,412,173	(566,256)
South Dakota	896,525	920,383	745,400	(174,983)
Tennessee	3,590,875	3,701,766	2,997,990	(703,776)
Texas	11,473,467	11,840,561	9,589,444	(2,251,117)
Utah	1,104,600	1,146,502	928,530	(217,972)
Vermont	896,525	920,383	745,400	(174,983)
Virginia	4,247,386	4,398,595	3,562,338	(836,257)
Washington	3,647,207	3,800,274	3,077,769	(722,505)
West Virginia	1,168,645	1,196,971	969,404	(227,567)
Wisconsin	3,193,316	3,270,752	2,648,920	(621,832)
Wyoming	896,525	920,383	745,400	(174,983)
Subtotal	175,849,869	180,571,992	146,241,794	(34,330,198)
American Samoa	112,066	115,048	93,175	(21,873)
Guam	448,263	460,192	372,700	(87,492)
Northern Mariana Islands	112,066	115,048	93,175	(21,873)
Puerto Rico	2,334,663	2,354,168	1,906,596	(447,572)
Virgin Islands	448,263	460,192	372,700	(87,492)
Subtotal	179,305,190	184,076,640	149,080,140	(34,996,500)
Program Support 1/	1,693,810	1,859,360	1,505,860	(353,500)
Total States/Territories	180,999,000	185,936,000	150,586,000	(35,350,000)

1/ Program Support- includes funds for Older American 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 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Native American Caregiver Support Services	$10,046	$10,306	$10,306	--

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 631 of the Older Americans Act of 1965, Public Law 89-73

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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 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. Native 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 2017 National Resource Center on Native American Aging's *Identifying Our Needs: A Survey of Elders* show that 33.7% of Native Elders have a family member as a caregiver; 28.3% are themselves caring for grandchildren and 10.2% of these Elders are the primary caregiver of a grandchild. The trending top five chronic diseases among Elders were high blood pressure (56.5%), arthritis (45.3%), diabetes (39.3%), cataracts (19.4%), and depression (13.3%).

The Title VI 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. Native 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 and other Native 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 2017 .....$7,539,000
FY 2018 .....$9,556,000
FY 2019 .....$10,046,000
FY 2020 Enacted.....$10,306,000
FY 2021 President's Budget.....$10,306,000

Budget Request:

The FY 2021 request for Native American Caregiver Support Services is $10,306,000, the same as the FY 2020 Enacted level. Often it is the availability of caregivers – 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 Native communities the ability to define needs from the bottom up, and the flexibility to direct funding accordingly to best meet these needs. In FY 2021, ACL continues to propose a new general provision to build on existing flexibility by giving Native communities the ability to transfer nearly all of the funds they receive for Native American Nutrition and Supportive Services and Native American Caregiver Support Services between these programs to achieve the funding distribution that best addresses their individual community's unique needs.

An estimated 994,000 persons age 60 and over identify themselves as Native American or Alaskan Native, alone or in combination with another racial group.[93] Over 548,000 of those elders identify as Native American or Alaskan Native with no other racial group.[94] 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.

Performance data indicates that these programs are an efficient means to help Native American Elders remain independent and in the community. In FY 2021, funding for the Native American Caregiver Support Program will continue to support 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 2021, an estimated 711,000 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.

[93] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin 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.

[94] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2018. Release Date: June 2019. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml. Accessed 10 December, 2019.

Outcome Table:

Native American Caregivers Supportive Services

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2020 Target**	**FY 2021 Target**	**FY 2021 Target +/-FY 2020 Target**
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2018: 814,495 caregivers Target: 850,000 caregivers (Target Not Met but Improved)	790,900 caregivers	757,822 caregivers	-33,078 caregivers

Grant Awards Table:

Native American Caregivers Supportive Services Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	238	238	238
Average Award	$41,655	$42,680	$42,680
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 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	#	$	#	$	#	$
Grants:						
Formula	238	9,914	238	10,158	238	10,158
New Discretionary	--		--		--	
Continuations	--		--		--	
Contracts	--		--		--	
Interagency Agreements	--	--	--	--	--	--
Program Support[95]	--	132	--	148	--	148
Total Resources		10,046		10,306		10,306

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

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Alzheimer's Disease Program

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Direct	$5,296	$11,800	$26,500	+$14,700
PPHF	$14,700	$14,700	--	-$14,700
Total:	$19,996	$26,500	$26,500	--

*BA is in thousands of dollars.

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, Public Law 89-73

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Expiration Date.....2019

Allocation Method.....Competitive Grants/Cooperative 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). Approximately one-third of individuals with ADRD living in the community live alone, exposing them to numerous risks, including unmet needs, malnutrition, injury, and various forms of neglect and exploitation.[96] As

[96] 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.

the number of people with ADRD is projected to grow by almost 300 percent by 2050,[97] 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.[98] 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.[99]

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 FY 2018, ACL consolidated all of its Alzheimer's and related dementias (ADRD) programs into a single, more flexible, program. The Alzheimer's Disease Supportive Services Program (ADSSP), the Alzheimer's Disease Initiative - Specialized Services Program (ADI-SSS), the ADI – Communications Campaign, and the Alzheimer's Call Center (previously funded from the ANSA) were all consolidated into the Alzheimer's Disease Programs Initiative (ADPI). The new ADPI improves the services that support caregivers and people with ADRD by dedicating resources for States and community-based organizations that provide both services and training to people with ADRD and those that support them. Through the ADPI, ACL issues two classes of competitive grants – to States and community-based organizations. Eligible applicants are those States that want to develop/improve the dementia capability of their home and community based service (HCBS) system, and community-based HCBS providers with existing dementia-capability that are prepared to expand their existing services and supports while addressing specific identified service gaps.

Collectively these grants 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;

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[97] 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.

[98] 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.

[99] 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.

- 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 also 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.

Funding History:

FY 2017	$0
FY 2018/1	$23,500,000
FY 2019	$19,996,000
FY 2020 Enacted	$26,500,000
FY 2021 President's Budget	$26,500,000

1/FY 2019 and FY 2020 totals each include $14.7 million in funding from the Prevention and Public Health Fund.

Budget Request:

In FY 2021, ACL is requesting $26,500,000 the same as the FY 2020 Enacted level. The need for cutting edge approaches for services and systems that help to support those with Alzheimer's disease and related dementias (ADRD) and their caregivers is critical for helping them to remain in the community. At this funding level, ACL will continue to assist individuals with ADRD and their caregivers.

Maintaining funding will allow ACL to continue to support community pilot projects that include dementia specific evidence-based interventions designed to support persons living with Alzheimer's disease and related dementias and their caregivers.

Each ADPI grantee dedicates a minimum of 50% of their total budget to the provision of dementia specific direct services. Program funded direct services come in many forms, including, but not limited to innovations in respite care such as:

- Volunteer companion programs,
- Caregiver training,
- Respite and culturally competent Memory Cafés.

ACL funded programs are launching education and awareness initiatives designed to identify and support persons living alone with dementia, resulting in a better trained paid and unpaid workforce. All programs include robust evaluations designed to demonstrate program impact and support sustainability beyond the federal funding period. At this funding level, ACL will continue to assist individuals with ADRD and their caregivers.

Outcome and Outputs Table:

Alzheimer's Disease Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 Target
ALZ.3 Improve dementia capability of long-term support systems to create dementia-friendly, livable communities. (Outcome)	FY 2018: 22% Target: 22% (Baseline)	33%	35%	+2

*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

Grant Awards Tables:

Alzheimer's Disease Program[100]

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	27	27	27
Average Award	$613,908	$913,180	$931,180
Range of Awards	$374,861-$1,233,571	$374,861-$1,233,571	$374,861-$1,233,571

[100] The number of awards is an estimate and may change.

Resource and Program Data:

Alzheimer's Disease Program

Mechanism	FY 2019 Final #	FY 2019 Final $	FY 2020 Enacted #	FY 2020 Enacted $	FY 2021 President's Budget #	FY 2021 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	26	16,576	26	23,422	26	23,422
Continuations	1	1,234	1	1,234	1	1,234
Contracts	1	1,700	1	1,700	1	1,700
Interagency Agreements	--	--	--	--	--	--
Program Support	--	488	--	145	--	145
Total Resources	--	19,996	--	26,500	--	26,500

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Lifespan Respite Care

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Lifespan Respite Care	$4,096	$6,110	$3,360	-$2,750

*BA is in thousands of dollars.

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

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

Current FY Authorization .....Expired

Expiration Date 2011

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. 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.[101] Many caregivers report difficulty managing both physical and emotional stress and balancing work and family responsibilities.

[101] *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

Numerous studies have shown respite to be among the most frequently requested supportive services for family caregivers.[102] Respite is second only to direct financial assistance as a key policy priority of surveyed family caregivers.[103] 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 respite at all.[104] 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.[105]

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, an ongoing formula grant program which focuses on five basic components. 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 advance state systems and capacities to deliver respite care and address the systemic infrastructure necessary to mitigate gaps in respite care services, and conduct public information, referral, and education programs on respite care. Since its creation in 2009, the Lifespan Respite Care Program has made 101 grants to 38 States to develop, expand, integrate and sustain their respite care systems, and funded a National Technical Assistance Resource Center. Examples of grantee accomplishments 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;

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[102] 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.

[103] National Alliance for Caregiving and AARP, 2009.

[104] National Alliance for Caregiving and AARP, 2009.

[105] National Alliance for Caregiving. (2012). *Multiple Sclerosis Caregivers.* Washington, DC: Author; The Arc, 2011.

- 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;

- 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.

Since 2009, state grantees have reported providing an estimated 12,000 caregivers with over 313,000 hours of respite care and training an estimated 12,345 caregivers during 469 respite training events. 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 2017 .....$3,352,000
FY 2018 .....$4,110,000
FY 2019 .....$4,096,000
FY 2020 Enacted.....$6,110,000
FY 2021 President's Budget.....$3,360,000

Budget Request:

The FY 2021 request for Lifespan Respite is $3,360,000, a reduction of -$2,750,000 below the FY 2020 Enacted Level. 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, sustain, and advance Lifespan Respite activities into broader long-term services and supports in the State; and/or 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 increased 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, in more efficient and cost-effective methods through, training, and coordination regardless of age or disability. The Lifespan Respite Care program demonstrates ACL's commitment to 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.[106] The resources requested for FY 2021 will be used to address these issues by:

- Expanding, enhancing, and advancing 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.

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

Output Table:

Lifespan Respite Care

Indicator	Year and Most Recent Result /	FY 2020 Projection	FY 2021 Projection	FY 2021 Projection +/-FY 2020 Projection
Output AJ: The number of states that have participated in the Lifespan Respite Care program. *(Output)*	FY 2018: 38	41	43	+2

Grant Awards Table:

Lifespan Respite Care Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	19	25	13
Average Award	$209,809	$238,682	$247,474
Range of Awards	$105,150 - $278,546	$105,150 - $278,546	$105,150 - $278,546

Lifespan Respite Care Program
(Dollars in thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	#	$	#	$	#	$
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	--	--	25	5,967	--	--
Continuations	19	3,986	--	--	13	3,217
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support	--	109	--	143	--	143
Total Resources	--	4,096	--	6,110	--	3,360

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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. 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.[107] 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.[108] 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.[109]

The negative effects of abuse, neglect, and exploitation on the health and independence of seniors are 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.[110] 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 who are accessing the healthcare system more frequently (including emergency room visits and hospital admissions), and are ultimately forced to leave their homes and communities prematurely.[111] 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 2021 request is $56.5 million a decrease of -$30,000 below the FY 2020 Enacted level. The request includes $6.0 million to help create innovative ways to combat the opioids epidemic, while maintaining funding for the Protection of Vulnerable Adults which helps ensure the resiliency of communities by protecting vulnerable populations:

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[107] 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.

[108] 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.

[109] Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. American Journal of Public Health, 100(2), 292–297. doi:10.2105/AJPH.2009.163089.

[110] Baker, M. W., LaCroix, A. Z., Wu, C., Cochrane, B. B., Wallace, R., & Woods, N. F. (2009). Mortality risk associated with physical and verbal abuse in women aged 50 to 79. Journal of the American Geriatrics Society, 57(10), 1799–1809. doi:10.1111/j.1532-5415.2009.02429.x

[111] Dong X, Simon MA. Association between elder abuse and use of ED: findings from the Chicago Health and Aging Project. Am J Emerg Med. 2013;31:693–698.

- $17.9 million for Elder Rights Support Activities (ERSA), an increase of $2.0 million above the FY 2020 Enacted level. ERSA includes dedicated funding for Elder Justice/Adult Protective Services, as well as funding for resource centers and activities that provide information, training, and technical assistance on elder rights issues to the national Aging Services Network. Within the requested level, ACL will build on existing Elder Justice/Adult Protective Services grants by providing $6 million for technical assistance grants/and or contracts to address the growing number of elder abuse and neglect cases resulting from opioid misuse, which is +$4 million above FY 2020.

- $15.9 million for the Long-Term Care Ombudsman Program, a reduction of -$2.0 million below the FY 2020 Enacted level. This consumer advocacy program improves the quality of care and quality of life for the residents of long-term care facilities in all states. In FY 2021, the program is projected to provide over 500,000 consultations and address 190,000 complaints, with a historic resolution rate of approximately 82 percent.

- $4.8 million for Prevention of Elder Abuse and Neglect, is the same as the FY 2020 Enacted level. This program provides formula grants to states to train, educate, and increase public awareness of how to prevent elder abuse.

- $18.0 million for the Health Care Fraud and Abuse Control/Senior Medicare Patrol Program (HCFAC/SMP), the same as the FY 2020 Enacted level. 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.

Together, these elder rights and elder justice programs 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. These programs (1) increase the information and technical assistance available to the public, States, and localities in preventing and addressing abuse; protect the rights of older adults; (2) reduce health-care fraud and abuse; and (3) provide assistance to Tribes in developing elder justice systems. This multifaceted approach to resolving elder abuse, neglect, and exploitation is essential to successfully fulfilling the shared mission of the Older mericans Act and the Elder Justice Act.

Long-Term Care Ombudsman Program

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Long-Term Care Ombudsman Program	$16,868	$17,885	$15,855	-$2,030

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 712 of the Older Americans Act of 1965, Public Law 89-73.

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Formula Grant

Program Description and Accomplishments:

The Long-Term Care (LTC) Ombudsman Program is a consumer advocacy program that improves the quality of life and care for the estimated 3 million individuals who reside in over 74,000 long-term care facilities (over 16,000 licensed nursing facilities and over 57,000 licensed board and care facilities).[112] Formula grants to states and territories are based on the number of individuals age 60 and older, and provide funding for the training, travel, and other operating costs of nearly 7,460 designated staff and volunteers. Ombudsmen resolve complaints with, and on behalf of, these residents, while advocating for systemic improvement of long-term services and supports, including routinely monitoring 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.

[112] National Ombudsman Reporting System (NORS) – FFY 2016.

Ombudsmen advocate on behalf of residents by representing their interests before government and administrative entities, while also 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.

The efficiency of the ombudsman program is due to a strong reliance on volunteers who are the primary source in assisting to resolve resident issues.[113] All but three states have volunteer Ombudsman programs. These trained and designated volunteer ombudsmen donated over 591,362 hours in FY 2017. In FY 2017, 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:

- More than 29,000 facilities were regularly visited not in response to a complaint (Output S).

- Ombudsmen investigated and worked to resolve over 201,000 complaints (Output Q).

- Ombudsmen provided over 525,000 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 to 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. These changes create new challenges for the Long-Term Care Ombudsman program (LTCOP). 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 of, and response to, the uncharted area of abuse, neglect, and exploitation of older adults and individuals with disabilities.

[113] 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.

Five Year Funding Table:

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

FY 2017 .....$15,848,000
FY 2018 .....$16,885,000
FY 2019 .....$16,868,000
FY 2020 Enacted $17,885,000
FY 2021 President's Budget $15,855,000

Budget Request:

The FY 2021 Budget request for the LTC Ombudsman Program is $15,855,000, a reduction of -$2,030,000 below the FY 2020 Enacted level. Funds will continue to support the existing infrastructure and activities of the Ombudsman program. As the senior population continues to grow, the need for safe, high-quality long-term care services (including non-nursing home alternatives) increases, even as ACL seeks 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.[114] 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 9,700 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

[114] 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.

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 2020 Target**	**FY 2021 Target**	**FY 2021 Target +/-FY 2020 Target**
2.12 Decrease the average number of complaints per LTC facility. (Outcome)	FY 2018: 2.6 Target: 2.6 (Target Met)	2.8	2.8	Maintain
2.14 Decrease the number of complaints not resolved to the satisfaction of the resident. (Outcome)	FY 2018: 9,700 Target: 9,300 (Target Not Met but Improved)	9,000	9,000	Maintain

Indicator	**Year and Most Recent Result /**	**FY 2020 Projection**	**FY 2021 Projection**	**FY 2021 Projection +/-FY 2020 Projection**
Output Q: The Number of Complaints *(Output)*	FY 2018: 194,516	184,791	190,000	+5,209
Output R: Number of Ombudsman Consultations *(Output)*	FY 2018: 543,385	535,000	535,000	Maintain
Output S: Facilities regularly visited not in response to a complaint *(Output)*	FY 2018: 30,291	30,200	30,200	Maintain

Grant Awards Table:

Long-Term Care Ombudsman Program Formula Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$300,613	$316,181	$280,294
Range of Awards	$10,521 - $1,762,724	$11,066 - $1,850,765	$9,810 - $1,640,697

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

FY 2021 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	254,425	267,241	236,909	(30,332)
Alaska	84,172	88,531	78,482	(10,049)
Arizona	369,707	395,192	350,337	(44,855)
Arkansas	155,625	162,905	144,415	(18,490)
California	1,762,724	1,850,765	1,640,697	(210,068)
Colorado	252,765	268,709	238,210	(30,499)
Connecticut	191,472	200,084	177,374	(22,710)
Delaware	84,172	88,531	78,482	(10,049)
District of Columbia	84,172	88,531	78,482	(10,049)
Florida	1,267,239	1,339,889	1,187,808	(152,081)
Georgia	454,971	481,565	426,906	(54,659)
Hawaii	84,172	88,531	78,482	(10,049)
Idaho	84,172	89,727	79,543	(10,184)
Illinois	622,229	651,161	577,253	(73,908)
Indiana	328,052	344,741	305,612	(39,129)
Iowa	165,661	173,483	153,792	(19,691)
Kansas	143,359	150,269	133,213	(17,056)
Kentucky	226,850	238,033	211,016	(27,017)
Louisiana	224,984	236,231	209,418	(26,813)
Maine	84,172	88,864	78,778	(10,086)
Maryland	291,377	306,045	271,308	(34,737)
Massachusetts	352,251	370,037	328,037	(42,000)
Michigan	533,488	560,759	497,111	(63,648)
Minnesota	276,064	291,524	258,435	(33,089)
Mississippi	147,145	154,397	136,873	(17,524)
Missouri	318,613	334,435	296,475	(37,960)
Montana	84,172	88,531	78,482	(10,049)
Nebraska	93,694	98,277	87,123	(11,154)
Nevada	145,250	153,649	136,209	(17,440)
New Hampshire	84,172	88,531	78,482	(10,049)

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	451,460	469,277	416,013	(53,264)
New Mexico	108,823	114,783	101,755	(13,028)
New York	999,019	1,038,260	920,415	(117,845)
North Carolina	515,361	545,159	483,282	(61,877)
North Dakota	84,172	88,531	78,482	(10,049)
Ohio	619,270	649,905	576,139	(73,766)
Oklahoma	190,858	200,203	177,480	(22,723)
Oregon	224,158	236,413	209,579	(26,834)
Pennsylvania	718,294	752,221	666,842	(85,379)
Rhode Island	84,172	88,531	78,482	(10,049)
South Carolina	271,291	287,822	255,153	(32,669)
South Dakota	84,172	88,531	78,482	(10,049)
Tennessee	341,404	359,196	318,426	(40,770)
Texas	1,128,970	1,195,593	1,059,890	(135,703)
Utah	108,275	115,108	102,043	(13,065)
Vermont	84,172	88,531	78,482	(10,049)
Virginia	406,644	429,176	380,463	(48,713)
Washington	359,727	381,152	337,890	(43,262)
West Virginia	109,867	114,453	101,463	(12,990)
Wisconsin	305,549	322,085	285,527	(36,558)
Wyoming	84,172	88,531	78,482	(10,049)
Subtotal	16,531,151	17,392,629	15,418,514	(1,974,115)
American Samoa	10,521	11,066	9,810	(1,256)
Guam	42,086	44,265	39,241	(5,024)
Northern Mariana Islands	10,521	11,066	9,810	(1,256)
Puerto Rico	197,945	202,859	179,834	(23,025)
Virgin Islands	42,086	44,265	39,241	(5,024)
Subtotal	16,834,310	17,706,150	15,696,450	(2,009,700)
Undistributed 1/	33,690	178,850	158,550	(20,300)
Total States/Territories	16,868,000	17,885,000	15,855,000	(2,030,000)

1/ Program Support- includes funds for Older American 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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Prevention of Elder Abuse and Neglect

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Prevention of Elder Abuse & Neglect	$4,768	$4,773	$4,773	--

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 702(b) of the Older Americans Act of 1965, Public Law 89-73.

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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 2017, over $34 million of the Elder Abuse Prevention services expenditures was leveraged from non-OAA funds, a ratio of more than $8.00 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 uses 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 2017 .....$4,762,000
FY 2018 .....$4,773,000
FY 2019 .....$4,768,000
FY 2020 Enacted $4,773,000
FY 2021 President's Budget $4,773,000

Budget Request:

The FY 2021 request for the Prevention of Elder Abuse and Neglect program is $4,773,000, the same as the FY 2020 Enacted level. The FY 2021 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 will 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 in which best practices may be developed and evaluated.

Output Table:

Prevention of Elder Abuse and Neglect

Indicator	**Year and Most Recent Result /**	**FY 2020 Projection**	**FY 2021 Projection**	**FY 2021 Projection +/-FY 2020 Projection**
Output U: Elder Abuse prevention non-OAA service expenditures *(Output, dollars in thousands)*	FY 2018: $33,449	$32,132	$32,699	+567

Grant Awards Table:

Prevention of Elder Abuse, Neglect, and Exploitation Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$84,789	$84,380	$84,380
Range of Awards	$2,968 - $471,074	$2,954 - $470,407	$2,954 - $470,407

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

FY 2021 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	76,215	76,107	76,107	-
Alaska	23,741	23,626	23,626	-
Arizona	85,675	81,384	81,384	-
Arkansas	48,157	48,089	48,089	-
California	471,074	470,407	470,407	-
Colorado	58,560	56,002	56,002	-
Connecticut	59,907	59,822	59,822	-
Delaware	23,741	23,626	23,626	-
District of Columbia	23,741	23,626	23,626	-
Florida	344,252	343,762	343,762	-
Georgia	105,407	103,174	103,174	-
Hawaii	23,741	23,626	23,626	-
Idaho	23,741	23,626	23,626	-
Illinois	197,384	197,103	197,103	-
Indiana	98,224	98,084	98,084	-
Iowa	55,927	55,847	55,847	-
Kansas	45,843	45,778	45,778	-
Kentucky	66,595	66,500	66,500	-
Louisiana	68,518	68,421	68,421	-
Maine	23,741	23,626	23,626	-
Maryland	78,087	77,976	77,976	-
Massachusetts	109,606	109,450	109,450	-
Michigan	160,862	160,633	160,633	-
Minnesota	76,347	76,238	76,238	-
Mississippi	45,198	45,134	45,134	-
Missouri	97,643	97,504	97,504	-
Montana	23,741	23,626	23,626	-
Nebraska	29,770	29,728	29,728	-
Nevada	33,651	27,590	27,590	-
New Hampshire	23,741	23,626	23,626	-

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	143,950	143,745	143,745	-
New Mexico	26,393	26,356	26,356	-
New York	318,066	317,614	317,614	-
North Carolina	126,782	126,602	126,602	-
North Dakota	23,741	23,626	23,626	-
Ohio	197,185	196,905	196,905	-
Oklahoma	60,208	60,122	60,122	-
Oregon	56,795	56,714	56,714	-
Pennsylvania	242,944	242,598	242,598	-
Rhode Island	23,741	23,626	23,626	-
South Carolina	63,080	62,990	62,990	-
South Dakota	23,741	23,626	23,626	-
Tennessee	91,810	91,679	91,679	-
Texas	274,281	273,891	273,891	-
Utah	25,085	24,802	24,802	-
Vermont	23,741	23,626	23,626	-
Virginia	102,820	102,674	102,674	-
Washington	86,291	86,168	86,168	-
West Virginia	36,736	36,684	36,684	-
Wisconsin	90,309	90,181	90,181	-
Wyoming	23,741	23,626	23,626	-
Subtotal	4,664,270	4,641,596	4,641,596	-
American Samoa	2,968	2,954	2,954	-
Guam	11,870	11,813	11,813	-
Northern Mariana Islands	2,968	2,954	2,954	-
Puerto Rico	54,217	54,140	54,140	-
Virgin Islands	11,870	11,813	11,813	-
Subtotal	4,748,163	4,725,270	4,725,270	-
Program Support 1/	19,837	47,730	47,730	-
Total States/Territories	4,768,000	4,773,000	4,773,000	-

1/ Program Support- includes funds for Older American 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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Health Care Fraud and Abuse Control/Senior Medicare Patrol Program

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Senior Medicare Patrol Program/1	$18,000	$18,000	$18,000	--
FTEs	3.25	4.5	3.75	-.75

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

1/ The FY 2019 and FY 2020 appropriations state that SMP/HCFAC is paid out of discretionary CMS appropriations for HCFAC, to the Centers for Medicare & Medicaid Services based, on the Secretary of HHS's determination of the amount needed to provide full funding and not less than the floor provided in appropriations language. The FY 2021 amount serves as a placeholder for FY 2021 pending final decisions on the amount of the Secretary of HHS.

Original Authorizing Legislation: Sections 201, 202, and 411 of the Older Americans Act of 1965, Public Law 89-73 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, P.L. 104-191

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Competitive Grant/Contracts

Program Description and Accomplishments:

The Health Care Fraud and Abuse Control/Senior Medicare Patrol (SMP) program provides competitive grants to 54 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 to provide information that empowers Medicare beneficiaries 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 2018 shows that Senior Medicare Patrol projects:

- Maintained 6,935 active SMP team members who worked over 483,056 hours to educate beneficiaries about how to prevent Medicare fraud, errors, and abuse;
- Educated 1,713,194 individuals during 26,932 group outreach and education events;
- Generated almost $12 million in estimated Medicare/Medicaid savings due to the work of SMP projects; and
- Responded to 278,761 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 40.1 million beneficiaries through 414,247 group outreach and education events, and assisted approximately 2.7 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 $126.84 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 $3.1 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 SMP Resource Center.

Funding History:

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

		FTE
FY 2017	$18,000,000	5
FY 2018	$18,000,000	5
FY 2019	$18,000,000	3.25
FY 2020 Enacted	$18,000,000	4.5
FY 2021 President's Budget	$18,000,000	3.75

Budget Request:

The FY 2021 Budget includes $18,000,000 the same as the FY 2020 Enacted level. In FY 2018 and FY 2019, funding for this program was provided to the Center for Medicare & Medicaid Services (CMS), at no less than $17,621,000. The FY 2021 request would support 3.75 FTE.

Since the Senior Medicare Patrol program's inception, SMP projects have received more than 2.7 million inquiries from Medicare beneficiaries about preventing, detecting, and reporting billing errors, potential fraud, or other discrepancies. SMPs also have educated more than 38.4 million people through group presentations and 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; this is the true value of the SMP program.

As HHS-OIG indicated in their May 2018 report on the SMP program:

> *"We note that 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 potentially 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 CMS and the OIG, there are challenges to evaluating the investigation, prosecution, and collection that is required to calculate the full savings to the government as a result of SMP referrals. 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.

HHS-OIG has documented over $126.8 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 2020 Projection**	**FY 2021 Projection**	**FY 2021 Projection +/-FY 2020 Projection**
Output W: Beneficiaries Educated and Served *(Output)*	CY 2018: 1,991,955	2,000,000	2,100,000	+100,000

Grant Awards Table:

Senior Medicare Patrol Grant Awards
(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	55	55	55
Average Award	$302,617	$302,617	$302,617
Range of Awards	$95,000 - $640,000	$95,000 - $640,000	$95,000 - $640,000

Resource and Program Data:

Senior Medicare Patrols
(Dollars in thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	--	--	1	640	--	--
Continuations	55	16,644	54	16,004	55	16,644
Contracts	3	528	2	528	2	528
Interagency Agreements	--	--	--	--	--	--
Program Support[115]	--	828	--	828	--	828
Total Resources		18,000		18,000		18,000

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

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Elder Rights Support Activities

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Elder Rights Support Activities	$15,819	$15,874	$17,874	+$2,000
FTE	2.4	2.6	3.0	+.4

*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, Public Law 89-73, Title XX of the Social Security Act, Subtitle B, as amended by the Affordable Care Act.

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization (OAA).....Expired

Authorization Expiration Date.....2019

Allocation Method .....Competitive Grants/Co-operative 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 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 system. 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 in its infancy. Historically, an absence of stewardship in APS has led to inconsistent data systems and non-uniform reporting requirements at the national level. 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, as well as the growing complexity of cases due to factors such as growing opioid misuse. The challenges have impaired States' ability to assess client outcomes and the effectiveness of the services they are providing.[116] 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 subsequent years, states have 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. States are voluntarily reporting because they have recognized the value of having consistent data to build a national profile of perpetrators and victims that leads to effective interventions. The APS program supports states by providing significant, on-going technical assistance to identify promising best practices; participating in national APS data collection efforts; and conducting research and evaluations to increase the knowledge base about effective APS practices. Through the APS program, ACL encourages states to seek system transformations that reflect a "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.

ACL is conducting research and evaluation activities to build the evidence-base for Adult Protective Services. Part of this effort involves updating the National Voluntary Consensus Guidelines on the 2-year schedule established at launch, including identifying areas where additional research on APS practice is needed. ACL plans to implement an outcome evaluation

[116] 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.

study to document the difference that APS makes in the lives of older adults and adults with disabilities.

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 conferences, and creating and disseminating 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. 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 use (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 grants 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, or 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 Center on Law and Elder Rights (NCLER)) supports the leadership, knowledge, and systems capacity development of legal and aging provider organizations. The NCLER 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 NCLER 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:

		FTE
FY 2017	$13,847,000	2.5
FY 2018	$15,835,000	2.1
FY 2019	$15,819,000	2.4
FY 2020 Enacted	$15,874,000	2.6
FY 2021 President's Budget	$17,874,000	3.0

Budget Request:

The FY 2021 request is $17,874,000, an increase of +$2,000,000 above FY 2020 Enacted. This investment demonstrates ACL's commitment to strengthening Adult Protective Services to address elder abuse and neglect nationwide. The additional funding would expand the pilot demonstration funded in the FY 2020 Budget to address opioid abuse within older adults that receive Adult Protective Services.

Opioid Focus

APS is a direct, first responder social service response system in every state for vulnerable adults experiencing abuse, neglect and exploitation, including incidents that occur as a result of substance and opioid abuse. As APS is often the first community agency to interact with older adults and adults with disabilities impacted by the opioid crisis, it places APS in a strategic position to intervene early in the progression of addiction in the family and thereby minimize harm and costs associated with the Opioid epidemic.

ACL will expand on 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. ACL is proposing to invest $6.0 million in opioids-related activities to maximize the impact on direct services through:

- grants specifically targeted the most affected communities;
- grants for projects that identify gaps in their communities which hinder APS from securing adequate services for clients affected by opioid and other substance abuse; and
- Grants to identify home-and community-based social, health, and mental/behavioral health services needed for those APS clients impacted by the opioid epidemic, and to propose solutions that quickly fill those needs and identified gaps.

Other Elder Rights Support Activities

The FY 2020 request for the remaining three Elder Rights Support Activities (Statewide Model Approaches and Legal Assistance programs, the National Center on Elder Abuse, and the National Long-Term Care Ombudsman Resource Center) maintain funding at the same level as the FY 2020 Enacted level.

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 important components 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. These programs and resource centers will help provide high-quality and efficient services and supports to further 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 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Elder Justice & APS	$11,958	$12,000	$14,000
Legal Assistance and Support	$2,583	$2,592	$2,592
National Center on Elder Abuse	$763	$765	$765
LTC Ombudsman Resource Center	$515	$516	$516
Total, Elder Rights Support Activities	$15,819	$15,874	$17,874

Grant Awards Table:

Elder Rights Support Activities Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	33	35	42
Average Award	$317,275	$297,047	$295,158
Range of Awards	$200,058-$1,251,784	$200,058-$1,251,784	$200,058-$1,251,784

Resource and Program Data:

Elder Rights Support Activities
(Dollars in thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	16	4,086	5	1,841	21	6,544
Continuations	17	6,384	30	8,555	21	5,853
Contracts	4	4,171	6	4,138	6	4,138
Interagency Agreements	--	--	--	--	--	--
Program Support	--	1,178	--	1,339	--	1,339
Total Resources		15,819		15,874		17,874

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Disability Programs, Research and Services

Summary of Request

The Disability Programs and Services programs fund direct services, capacity-building, knowledge generation, and systems change efforts to ensure that people with disabilities and their families have access to the community services and supports they need to participate in all facets of community life to and live independently. A hallmark of these programs is that people with disabilities are included in their planning and design.

The total FY 2021 request for Disability Programs and Services is $357.4 million, a decrease of -$68.5 million below the FY 2020 Enacted level. Specific requests include:

- $56.0 million for State Councils on Developmental Disabilities (SCDD), a decrease of -$22.0 million from the FY 2020 Enacted level. State Councils are charged with advocacy, capacity building, and system change activities that contribute to a coordinated and comprehensive system of community services that promote self-determination and integration for people with developmental disabilities.

- $38.7 million for Developmental Disability Protection and Advocacy systems, which is -$2.0 million below the FY 2020 Enacted level. Protection and Advocacy systems in each state and territory protect the legal and human rights of people with developmental disabilities. They have the authority to pursue legal, administrative and other remedies to address issues, including the authority to investigate incidents of abuse and neglect.

- $32.6 million for University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs), a reduction of -$9.1 million from the FY 2020 Enacted level. 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.

- $1.0 million for Projects of National Significance (PNS), -$11.2 million below the FY 2020 Enacted level. At this funding level, PNS 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.

- $113.6 million for Independent Living programs, -$2.5 million below the FY 2020 Enacted level. The request includes support for ongoing program evaluations and dedicates $5.0 million towards a new competitive grant program to increase employment for people with disabilities. These programs provide tools, resources, and supports, such as independent living skills training, assistance with transitioning from residential facilities to the community, and peer counseling and help support statewide independent living networks.

- $25.0 million for the Limb Loss Resource Center, Paralysis Resource Center, and Traumatic Brain Injury programs. This is the same as the FY 2020 Enacted level. These three programs increase resilience and support the independence of individuals who were born with or develop these disabilities.

- $90.4 million for the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), a reduction of -$21.6 million from the FY 2020 Enacted level. NIDILRR generates knowledge and promotes its use to improve the abilities of people with disabilities to live as independently as possible in the community. NIDILRR's research supports and expands society's capacity to provide full opportunities and accommodations for its citizens with disabilities.

State Councils on Developmental Disabilities

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
State Councils on Developmental Disabilities	$75,921	$78,000	$56,000	-$22,000

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 129(a) of the Developmental Disabilities Assistance and Bill of Rights Act, Public Law 106-402

Most Recent Authorizing Legislation: Section 129(a) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402

Current FY Authorization.....Expired

Authorization Expiration Date.....2007

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, or otherwise 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 in order 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 Developmental Disabilities 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 at 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 State Council on Developmental Disabilities 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 2017 .....$72,833,000
FY 2018 .....$75,943,000
FY 2019 .....$75,921,000
FY 2020 Enacted.....$78,000,000
FY 2021 President's Budget.....$56,000,000

Budget Request:

The FY 2021 request is $56,000,000 a reduction of -$22,000,000 below the FY 2020 Enacted level. 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.

Outputs and Outcomes Table:

State Councils on Developmental Disabilities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 Target
8G Increase the percentage of people with developmental disabilities and their family members increasing their advocacy knowledge. (Outcome)	FY 2017: Result Expected Dec 31, 2019 Target: Set Baseline (Pending) FY 2017: Data not available. Contractual issues with data system vendor resulted in non-delivery of data to ACL.			

*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established).

Grant Awards Tables:

State Councils on Developmental Disabilities Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$1,341,000	$1,376,488	$983,631
Range of Awards	$263,706 - $7,481,672	$271,272 - $7,706,334	$193,850 - $5,506,904

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

FY 2021 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: State Councils on Developmental Disabilities (CFDA 93.630)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	1,288,048	1,288,048	920,432	(367,616)
Alaska	506,372	520,902	372,232	(148,670)
Arizona	1,443,274	1,500,923	1,072,552	(428,371)
Arkansas	769,110	769,110	549,602	(219,508)
California	7,481,672	7,706,334	5,506,904	(2,199,430)
Colorado	970,674	1,052,292	751,966	(300,326)
Connecticut	712,150	712,150	508,900	(203,250)
Delaware	506,372	520,902	372,232	(148,670)
District of Columbia	506,372	520,902	372,232	(148,670)
Florida	3,778,592	4,114,172	2,939,966	(1,174,206)
Georgia	2,091,740	2,143,352	1,531,638	(611,714)
Hawaii	506,372	520,902	372,232	(148,670)
Idaho	506,372	520,902	372,232	(148,670)
Illinois	2,618,760	2,641,889	1,887,880	(754,009)
Indiana	1,485,102	1,488,546	1,063,706	(424,840)
Iowa	772,386	774,176	553,222	(220,954)
Kansas	613,170	614,590	439,184	(175,406)
Kentucky	1,195,440	1,195,440	854,254	(341,186)
Louisiana	1,372,542	1,375,724	983,084	(392,640)
Maine	506,372	520,902	372,232	(148,670)
Maryland	1,092,644	1,165,740	833,030	(332,710)
Massachusetts	1,360,152	1,360,152	971,956	(388,196)
Michigan	2,531,600	2,531,600	1,809,068	(722,532)
Minnesota	1,026,034	1,067,291	762,680	(304,611)
Mississippi	912,124	914,238	653,310	(260,928)
Missouri	1,361,440	1,361,440	972,878	(388,562)
Montana	506,372	520,902	372,232	(148,670)
Nebraska	506,372	520,902	372,232	(148,670)
Nevada	553,912	595,847	425,790	(170,057)
New Hampshire	506,372	520,902	372,232	(148,670)

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	1,631,672	1,691,276	1,208,576	(482,700)
New Mexico	507,174	520,902	372,232	(148,670)
New York	4,081,482	4,081,482	2,916,606	(1,164,876)
North Carolina	2,011,300	2,043,639	1,460,374	(583,265)
North Dakota	506,372	520,902	372,232	(148,670)
Ohio	2,840,136	2,846,720	2,034,250	(812,470)
Oklahoma	895,174	897,250	641,170	(256,080)
Oregon	777,558	811,758	580,078	(231,680)
Pennsylvania	3,019,520	3,026,520	2,162,734	(863,786)
Rhode Island	506,372	520,902	372,232	(148,670)
South Carolina	1,094,464	1,097,000	783,910	(313,090)
South Dakota	506,372	520,902	372,232	(148,670)
Tennessee	1,458,016	1,461,396	1,044,306	(417,090)
Texas	5,157,426	5,559,900	3,973,074	(1,586,826)
Utah	632,238	632,238	451,794	(180,444)
Vermont	506,372	520,902	372,232	(148,670)
Virginia	1,539,418	1,608,810	1,149,646	(459,164)
Washington	1,331,373	1,501,723	1,073,134	(428,589)
West Virginia	737,632	739,342	528,330	(211,012)
Wisconsin	1,305,678	1,305,678	933,030	(372,648)
Wyoming	506,372	520,902	372,232	(148,670)
Subtotal	71,540,035	73,491,316	52,516,494	(20,974,822)
American Samoa	263,706	271,272	193,850	(77,422)
Guam	263,706	271,272	193,850	(77,422)
Northern Mariana Islands	263,706	271,272	193,850	(77,422)
Puerto Rico	2,501,130	2,506,930	1,791,440	(715,490)
Virgin Islands	263,706	271,272	193,850	(77,422)
Subtotal	75,095,989	77,083,334	55,083,334	(22,000,000)
Undistributed 1/	825,011	916,666	916,666	-
Total States/Territories	75,921,000	78,000,000	56,000,000	(22,000,000)

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

Developmental Disabilities – Protection and Advocacy

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Developmental Disability Protection and Advocacy	$40,692	$40,784	$38,734	-$2,050

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 145 of the Developmental Disabilities Assistance and Bill of Rights Act, Public Law 106-402

Most Recent Authorizing Legislation: Section 145 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402

Current FY Authorization.....Expired

Authorization Expiration Date.....2007

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. 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.[117] 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 LTCOPs will increasingly need to 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 2017 .....$38,645,000
FY 2018 .....$40,677,000
FY 2019 .....$40,692,000
FY 2020 Enacted.....$40,784,000
FY 2021 President's Budget.....$38,734,000

Budget Request:

The FY 2021 request for the Developmental Disabilities Protection and Advocacy program is $38,734,000, a reduction of -$2,050,000 below the FY 2020 Enacted level. 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 key 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.[118] The 57 P&As stay at the forefront of these issues and maintain a presence in facilities that care for people with disabilities, where they monitor, investigate, and attempt to remedy any 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.

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

[118] 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.

Of the inquiries and issues received by the P&As in FY 2018:

- 76 percent of closed individual cases in which the client's objective was fully or partially met;
- 43 percent of individual clients who had their right enforced and/or restored by P&A efforts;
- 19 percent were resolved using short-term assistance/limited advocacy strategies;
- 49 percent were addressed through technical assistance in self-advocacy;
- 11 percent involved investigation and monitoring;
- 11 percent were addressed through negotiation; and
- 14 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 2020 Target**	**FY 2021 Target**	**FY 2021 Target +/-FY 2020 Target**
8F Increase the percentage of individuals with developmental disabilities whose rights were enforced, retained, restored or expanded. (Outcome)	FY 2018: 78.9% Target: Not Defined (Historical Actual)	Prior Result + 1%	Prior Result + 1%	N/A

*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

Indicator	**Year and Most Recent Result /**	**FY 2020 Projection**	**FY 2021 Projection**	**FY 2021 Projection +/-FY 2020 Projection**
8iii: Number of clients receiving professional individual legal advocacy for the Protection and	FY 2018: 14,032	N/A	N/A	N/A

Indicator	Year and Most Recent Result /	FY 2020 Projection	FY 2021 Projection	FY 2021 Projection +/-FY 2020 Projection
Advocacy program. *(Output)*				
8iv: Number of people receiving information and referral from the Protection and Advocacy program. *(Output)*	FY 2018: 17,711	N/A	N/A	N/A

Grant Awards Tables:

Developmental Disabilities – Protection and Advocacy Formula Grant Awards[119]

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	57	57	57
Average Award	$698,726	$700,120	$664,155
Range of Awards	$216,435 - $3,998,921	$216,701 - $4,034,756	$205,809 - $3,820,564

[119] Excludes grants to tribal organizations.

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

FY 2021 DISCRETIONARY STATE FORMULA GRANTS 2/

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	504,146	508,323	485,841	(22,482)
Alaska	404,556	405,053	384,693	(20,360)
Arizona	732,031	776,138	734,924	(41,214)
Arkansas	404,556	405,053	384,693	(20,360)
California	3,998,921	4,034,756	3,820,564	(214,192)
Colorado	506,685	528,522	500,463	(28,059)
Connecticut	407,815	405,053	384,693	(20,360)
Delaware	404,556	405,053	384,693	(20,360)
District of Columbia	404,556	405,053	384,693	(20,360)
Florida	2,120,721	2,139,373	2,025,938	(113,435)
Georgia	1,056,977	1,094,021	1,036,018	(58,003)
Hawaii	404,556	405,053	384,693	(20,360)
Idaho	404,556	405,053	384,693	(20,360)
Illinois	1,273,675	1,278,967	1,211,026	(67,941)
Indiana	641,102	657,028	622,160	(34,868)
Iowa	404,556	405,053	384,693	(20,360)
Kansas	404,556	405,053	384,693	(20,360)
Kentucky	462,995	481,293	455,774	(25,519)
Louisiana	546,923	522,447	494,766	(27,681)
Maine	404,556	405,053	384,693	(20,360)
Maryland	587,033	576,778	546,271	(30,507)
Massachusetts	669,808	636,929	603,106	(33,823)
Michigan	1,021,390	1,005,483	952,074	(53,409)
Minnesota	515,593	531,910	503,800	(28,110)
Mississippi	410,751	419,388	398,131	(21,257)
Missouri	583,148	602,690	570,721	(31,969)
Montana	404,556	405,053	384,693	(20,360)
Nebraska	404,556	405,053	384,693	(20,360)
Nevada	404,556	405,053	384,693	(20,360)
New Hampshire	404,556	405,053	384,693	(20,360)

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

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	862,406	817,441	774,023	(43,418)
New Mexico	404,556	405,053	384,693	(20,360)
New York	2,053,869	1,945,742	1,842,439	(103,303)
North Carolina	1,069,517	1,082,264	1,024,831	(57,433)
North Dakota	404,556	405,053	384,693	(20,360)
Ohio	1,210,263	1,187,608	1,124,562	(63,046)
Oklahoma	404,556	411,149	390,320	(20,829)
Oregon	415,057	424,475	402,091	(22,384)
Pennsylvania	1,273,771	1,289,089	1,220,660	(68,429)
Rhode Island	404,556	405,053	384,693	(20,360)
South Carolina	512,478	502,528	475,876	(26,652)
South Dakota	404,556	405,053	384,693	(20,360)
Tennessee	647,601	668,895	633,404	(35,491)
Texas	2,877,405	2,897,700	2,744,046	(153,654)
Utah	404,556	405,053	384,693	(20,360)
Vermont	404,556	405,053	384,693	(20,360)
Virginia	784,548	787,475	745,683	(41,792)
Washington	743,177	756,401	716,183	(40,218)
West Virginia	404,556	405,053	384,693	(20,360)
Wisconsin	533,911	534,615	508,065	(26,550)
Wyoming	404,556	405,053	384,693	(20,360)
Subtotal	**37,923,949**	**38,010,594**	**36,027,006**	**(1,983,588)**
Indian Tribes	216,435	216,701	205,809	(10,892)
American Samoa	216,435	216,701	205,809	(10,892)
Guam	216,435	216,701	205,809	(10,892)
Northern Mariana Islands	216,435	216,701	205,809	(10,892)
Puerto Rico	821,254	812,758	800,806	(11,952)
Virgin Islands	216,435	216,701	205,809	(10,892)
Subtotal	**39,827,378**	**39,906,857**	**37,856,857**	**(2,050,000)**
Undistributed	864,622	877,143	877,143	-
Total States/Territories	**40,692,000**	**40,784,000**	**38,734,000**	**(2,050,000)**

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

University Centers for Excellence in Developmental Disabilities

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
University Center of Excellence in Developmental Disabilities	$40,478	$41,619	$32,546	-$9,073

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 156 of the Developmental Disabilities Assistance and Bill of Rights Act, Public Law 106-402

Most Recent Authorizing Legislation: Section 156 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402

Current FY Authorization.....Expired

Authorization Expiration Date.....2007

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 entities 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 2018, the Administration on Intellectual and Developmental Disabilities (AIDD) funded 67 UCEDDs. Funding from AIDD establishes the UCEDDs 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 services, 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 address 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.

When funding is sufficient, UCEDDs also conducts national training initiatives to address unmet needs of people with developmental disabilities. Training initiatives invest in addressing critical needs for people with disabilities, such as babies born with Neonatal Abstinence Syndrome, individuals with I/DD with co-occurring mental illness, and individuals from culturally diverse backgrounds. 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 2017 .....$38,530,000
FY 2018 .....$40,543,000
FY 2019 .....$40,619,000
FY 2020 Enacted.....$41,619,000
FY 2021 President's Budget.....$32,546,000

Budget Request:

The FY 2021 request is $32,546,000, a reduction of -$9,073,000 million below the FY 2020 Enacted level. 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. Based on statutory requirements for allocating funding, national training initiatives would not be funded at the FY 2021 Budget level.

At the local level, UCEDDs train 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:

- 18 percent in academic leadership;
- 15 percent in clinical leadership;
- 4 percent in public health leadership; and
- 32 percent in public policy and advocacy leadership.

Funding for UCEDDs 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 for these 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 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 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 2018: 45.64% Target: 45.01% (Target Exceeded)	Prior Result + 1%	Prior Result + 1%	N/A

Indicator	Year and Most Recent Result /	FY 2020 Projection	FY 2021 Projection	FY 2021 Projection +/-FY 2020 Projection
8viii: Number of professionals trained by UCEDDs. (Output)	FY 2018: 5,773	N/A	N/A	N/A
8ix: Number of people reached through UCEDD community training and technical assistance activities. (Output)	FY 2018: 1,506,279	N/A	N/A	N/A
8x: Number of people receiving direct or model demonstration services from UCEDDs. (Output)	FY 2018: 25,199	N/A	N/A	N/A

Grant Awards Tables:

University Centers of Excellence in Developmental Disabilities Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	74	75	67
Average Award	$535,015	$543,091	$472,506
Range of Awards	$48,909 - $700,000	$48,909 - $700,000	$48,909 - $700,000

Resource and Program Data:

University Centers of Excellence in Developmental Disabilities

	FY 2019 Final		**FY 2020 Enacted**		**FY 2021 President's Budget**	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	4	2,162	4	2,717	2	1,517
Continuations	70	37,429	71	38,015	65	30,141
Contracts	1	817	1	817	1	817
Interagency Agreements	--	--	--	--	--	--
Program Support[120]	--	71	--	71	--	72
Total Resources		40,478		41,619		32,546

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

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Developmental Disabilities – Projects of National Significance

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Developmental Disabilities - Projects of National Significance	$11,958	$12,250	$1,050	-$11,200

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 163 of the Developmental Disabilities Assistance and Bill of Rights Act, Public Law 106-402

Most Recent Authorizing Legislation: Section 163 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402

Current FY Authorization.....Expired

Authorization Expiration Date.....2007

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 to develop and test 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 include particular focus on youth and young adults, as well as the evaluation of such efforts and technical assistance to the states that are funded.

- Longitudinal research studies of trends in residential services and supports, employment, Medicaid expenditures, and family supports related to publicly funded DD services.

- Grants to state aging and disability consortium to advance a full continuum of decision support strategies, including supported decision making, as an alternative to guardianship.

- Model system grants to strengthen state capacity around community monitoring to ensure quality community living.

- A human dignity project that addresses health disparities for people with intellectual and developmental disabilities by developing protocols for medical providers to ensure equal access to health care.

Funding History:

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

FY 2017 .....$9,977,000
FY 2018 .....$11,770,000
FY 2019 .....$11,958,000
FY 2020 Enacted.....$12,250,000
FY 2021 President's Budget.....$1,050,000

Budget Request:

The FY 2021 request for the Projects of National Significance is $1,050,000, a reduction of -$11,250,000, below the FY 2020 Enacted level. At the requested funding level, the PNS program provides continued support for 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)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	25	25	3
Average Award	$362,475	$372,375	$346,500
Range of Awards	$75,000 - $964,239	$75,000 - $964,239	$75,000 - $964,239

Resource and Program Data:

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

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	4	725	--	248	--	
Continuations	21	8,337	25	9,062	3	1,040
Contracts	8	2,298	--	2,298	--	
Interagency Agreements	2	402	--	402	--	--
Program Support[121]	--	196	--	240	--	11
Total Resources		11,958		12,250		1,050

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

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Independent Living

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Independent Living - State Grants	$25,352	$25,378	$17,841	-$7,537
Centers for Independent Living	$90,712	$90,805	$95,805	$5,000
Total:	$116,063	$116,183	$113,646	-$2,537
FTE	1.0	1.0	1.0	--

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

Original Authorizing Legislation: Rehabilitation Act of 1973, Parts B and C, and Chapter 2, Public Law 93-12

Most Recent Authorizing Legislation: Workforce Innovation and Opportunities Act of 2014 (Rehabilitation Act), Public Law 113-128

Current FY Authorization:
Independent Living State Grants.....$26,319,000
Centers for Independent Living.....$90,083,000

Expiration Date: 2019

Allocation Method .....Formula and Discretionary Grants

Program Description and Accomplishments:

ACL's Independent Living programs are rooted in the belief that people with disabilities should be able to live independently in their communities, with the same opportunities as people without disabilities. These programs provide tools, resources, and supports, such as independent living skills training, assistance with transitioning from residential facilities to the community, and peer counseling. In addition, the programs help support statewide networks of centers for independent

living (CILs) and foster working relationships between CILs, Statewide Independent Living Councils, and other federal, state and community programs that address the needs of people with disabilities.

Independent Living Services State Grants

The Independent Living Services (ILS) State Grants program funds formula grants to states and territories to support provision, expansion, and improvement of independent living services. Specifically, the program supports the operation of Statewide Independent Living Councils (SILC), as well as training and technical assistance to SILCs.

SILCs work with the state's centers for independent living to develop a State Plan for Independent Living, the state's three-year roadmap for executing and improving independent living services. Other SILC functions vary between states, but may include coordination of services provided to individuals with disabilities and resource development activities.

SILCs may retain up to 30 percent of the funding received through this grant for SILC operations. The remainder must be used for one or more of the following purposes, in accordance with their individual State Plans:

- 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, this "pass through" funding is awarded to centers for independent living to carry out direct services.

State grant funds are allotted based on total population, and states must match 10 percent of their grant with non-federal cash or in-kind resources.

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 by individuals with disabilities. The services provided by CILs vary according to local needs, but all 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 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, awards are made 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 2018, 284 centers and 56 states and territories received funding from the CIL program. In that same year, CILs served about 236,743 of the estimated 38 million individuals with a significant disability living in the United States.[122]

In addition to funding centers for independent living, the Department must annually reserve between 1.8 and 2 percent of the funds appropriated for both the Independent Living Services State Grants and the Centers for Independent Living program to provide (through grants, contracts, or cooperative agreements; or directly for the ILS State Grants) training and technical assistance for planning, developing, conducting, administering, and evaluating independent living services and 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).

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[122] 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.

Funding History:

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

Centers for Independent Living

FY 2017	$78,305,000
FY 2018	$88,305,000
FY 2019	$90,805,000
FY 2020 Enacted	$90,805,000
FY 2021 President's Budget	$95,805,000

Independent Living State Grants		***FTE***
FY 2017	$22,878,000	.7
FY 2018	$24,878,000	.8
FY 2019	$25,378,000	1.0
FY 2020 Enacted	$25,378,000	1.0
FY 2021 President's Budget	$17,841,000	1.0

Budget Request:

Independent Living Services State Grants
The FY 2021 request is $17,841,000, -$7,537,000 below the FY 2020 Enacted level. This will allow for continued support to State Independent Living Councils (SILCs) for service coordination, as well as support for direct services through funding provided to the centers for independent living. Within this funding level, ACL also will continue to reserve, in accordance with statute, at least 1.8 percent of funding for the provision of technical assistance to the SILCs, including support for one FTE to provide direct Federal technical assistance.

Centers for Independent Living
The FY 2021 request for the Centers for Independent Living program is $95,805,000, +$5,000,000 above the FY 2020 Enacted level. This funding continues to support CILs in meeting the core requirements for information and referral services, independent living skills training, peer counseling, and individual and systems advocacy; and will continue implementation of the new core service established by WIOA. As part of this requirement, CILs will develop protocols for supporting transitions, provide outreach and education, and track transition-related activities.

Competitive Employment Grants: Within this funding level, the Budget proposes to create a $5 million competitive demonstration grant program to test models for supporting people with disabilities in securing and sustaining competitive, integrated employment, and build an evidence-base to assist centers for independent living across the country to expand and strengthen

employment-related services. This request demonstrates the Administration's commitment to improving employment outcomes for people with disabilities.

> "It is essential that we continue creating an environment in which Americans with disabilities have access to full participation in our economy and the ability to experience the benefits of employment."[123] *–President Trump*

Because employment is critical to financial stability and economic mobility, it is a key social determinant of health. Research suggests that people who are employed are both healthier and happier. Employment is also fundamental to independence and individual resilience. However, there are meaningful barriers that prevent people with disabilities from accessing and sustaining employment, and while 74 percent of working-age adults without disabilities are employed, only 30 percent of people with disabilities are working. Consequently, employment also may be a key contributor to health disparities between people with and without disabilities.

Centers for independent living directly serve over 130,000 people with disabilities every year; they are uniquely positioned to deliver the employment-focused training and support that can empower people with disabilities to overcome many of the barriers to employment.

While some CILs provide employment support and training, the current statute does not require CILs to provide such services or to connect services to employment outcomes and economic mobility. The Budget requests authority within the appropriation to conduct a demonstration program to identify successful models of employment support and training that could be adopted by CILs not currently providing these services and enhance the effectiveness of these services for CILs that already provide employment support and training.

Continued support to CIL operations: The request will continue support for existing CILs, including any new center grants awarded in FY 2019. (Approximately 75 new centers have been funded since FY 2000).

Legislative Proposals: ACL's request includes legislative proposals to strengthen oversight and accountability of the Independent Living programs. Specifically, it proposes:

Removal of Onsite Requirement for Grantee Compliance Reviews

ACL proposes to remove the requirement to conduct a prescribed number of onsite grantee compliance reviews each year and to instead utilize a more efficient and cost-effective process that employs a standardized tool the Compliance and Outcome Monitoring Protocol (COMP) to every grantee, every year. The COMP is comprised of three interwoven processes that can occur in any order or simultaneously:

[123] Presidential Proclamation on National Disability Employment Awareness Month, 2019, issued September 30, 2019.

1. Standard Monitoring: is the continuous review of each CIL grantee that occurs every year. Federal staff use a standardized approach to assess select program, operational and fiscal management data. This monitoring includes, but is not limited to, the review of the program performance report, fiscal documents, and funds drawdown records.

2. Comprehensive Review: Comprehensive Review is a more thorough review of a CIL's operations and includes a thorough examination of all the components ACL monitors. A team, led by an ACL program officer, conducts an onsite or remote review (the latter is also referred to as a desktop review).

3. Targeted Review: Targeted Review employs remote and/or onsite reviews to identify and address concerns, including operations and financial management. Targeted Review involves focused monitoring of the grantee in specific areas of concern. This type of review is individualized based on the issue(s) with the program.

ACL would continue to leverage technology to conduct many routine monitoring activities remotely and would conduct onsite reviews as needed based on analysis of risk indicators.

Authority to Conduct Program Evaluation and Performance Measurement Activities

ACL proposes to explicitly authorize program evaluation and performance measurement as an allowable activity of appropriated funds. Specifically, the proposal authorizes Section 711A or Section 721(b) funds to be used for program evaluation and/or performance measurement of centers for independent living and Statewide Independent Living Councils. The Budget includes up to $1M in existing resources to be used for this purpose.

Authority to Provide Direct Training and Technical Assistance to Centers for Independent Living

Current training and technical assistance (T/TA) by Federal staff is only authorized for the Independent Living Service's Council program. As a result T/TA must be outsourced for Centers for Independent Living (CILs) which presents a barrier to Federal staff providing some T/TA directly. ACL proposes to strengthen training and technical assistance and improve consistency across IL programs by authorizing direct provision of training and technical assistance by ACL program staff to CILs. Currently, ACL has the authority to provide direct T/TA only to Statewide Independent Living Councils.

Outcome and Output Table:

ACL has revised the grantee program performance reports (PPRs) to improve overall data quality, reduce grantee reporting burden, and increase reporting of program outcomes. These reports form the basis of performance measures. ACL is in the process of analyzing baseline data and developing performance measures.

Grant Awards Tables:

Independent Living Services State Grant Awards[124]

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$438,323	$439,025	$308,204
Range of Awards	$30,683 - $2,172,306	$30,732 - $2,170,807	$21,574 - $1,521,924

Resource and Program Data:

Independent Living
(Dollars in Thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	56	24,546	56	24,585	56	17,259
New Discretionary	358	89,080	358	88,953	358	93,524
Continuations	4	1.925	4	1,162	4	1,350
Contracts	--		1	1,000	1	1,000
Interagency Agreements	--	--	--	--	--	--
Program Support[125]	--	513	--	513	--	513
Total Resources		116,063		116,183		113,646

[124] 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.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2021 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2019 Enacted	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	338,717	338,717	238,122	(100,595)
Alaska	338,717	338,717	238,122	(100,595)
Arizona	385,502	393,565	275,923	(117,642)
Arkansas	338,717	338,717	238,122	(100,595)
California	2,172,306	2,170,807	1,521,924	(648,883)
Colorado	338,717	338,717	238,122	(100,595)
Connecticut	338,717	338,717	238,122	(100,595)
Delaware	338,717	338,717	238,122	(100,595)
District of Columbia	338,717	338,717	238,122	(100,595)
Florida	1,152,968	1,168,863	819,474	(349,389)
Georgia	573,033	577,287	404,728	(172,559)
Hawaii	338,717	338,717	238,122	(100,595)
Idaho	338,717	338,717	238,122	(100,595)
Illinois	703,395	699,204	490,202	(209,002)
Indiana	366,302	367,236	257,464	(109,772)
Iowa	338,717	338,717	238,122	(100,595)
Kansas	338,717	338,717	238,122	(100,595)
Kentucky	338,717	338,717	238,122	(100,595)
Louisiana	338,717	338,717	238,122	(100,595)
Maine	338,717	338,717	238,122	(100,595)
Maryland	338,717	338,717	238,122	(100,595)
Massachusetts	376,906	378,776	265,554	(113,222)
Michigan	547,370	548,555	384,585	(163,970)
Minnesota	338,717	338,717	238,122	(100,595)
Mississippi	338,717	338,717	238,122	(100,595)
Missouri	338,717	338,717	238,122	(100,595)
Montana	338,717	338,717	238,122	(100,595)
Nebraska	338,717	338,717	238,122	(100,595)
Nevada	338,717	338,717	238,122	(100,595)
New Hampshire	338,717	338,717	238,122	(100,595)

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

STATE/TERRITORY	FY 2019 Enacted	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	494,807	488,881	342,748	(146,133)
New Mexico	338,717	338,717	238,122	(100,595)
New York	1,090,607	1,072,436	751,870	(320,566)
North Carolina	564,463	569,831	399,501	(170,330)
North Dakota	338,717	338,717	238,122	(100,595)
Ohio	640,571	641,492	449,742	(191,750)
Oklahoma	338,717	338,717	238,122	(100,595)
Oregon	338,717	338,717	238,122	(100,595)
Pennsylvania	703,588	702,825	492,741	(210,084)
Rhode Island	338,717	338,717	238,122	(100,595)
South Carolina	338,717	338,717	238,122	(100,595)
South Dakota	338,717	338,717	238,122	(100,595)
Tennessee	369,003	371,524	260,471	(111,053)
Texas	1,555,170	1,575,098	1,104,280	(470,818)
Utah	338,717	338,717	238,122	(100,595)
Vermont	338,717	338,717	238,122	(100,595)
Virginia	465,377	467,433	327,711	(139,722)
Washington	406,902	413,538	289,926	(123,612)
West Virginia	338,717	338,717	238,122	(100,595)
Wisconsin	338,717	338,717	238,122	(100,595)
Wyoming	338,717	338,717	238,122	(100,595)
Subtotal	**24,084,648**	**24,123,729**	**16,934,992**	**(7,188,737)**
American Samoa	30,683	30,732	21,574	(9,158)
Guam	30,683	30,732	21,574	(9,158)
Northern Mariana Islands	30,683	30,732	21,574	(9,158)
Puerto Rico	338,717	338,717	238,122	(100,595)
Virgin Islands	30,683	30,732	21,574	(9,158)
Subtotal	**24,546,097**	**24,585,374**	**17,259,410**	**(7,325,964)**
Undistributed 1/ 2/	831,903	792,626	581,590	(211,036)
Total States/Territories	**25,378,000**	**25,378,000**	**17,841,000**	**(7,537,000)**

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

2/ In FY 2020 the President's Budget proposes to use funds for an evaluation of the program.

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Limb Loss Resource Center

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Limb Loss Resource Center	$3,488	$4,000	$4,000	--

*BA is in thousands of dollars.

Original 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)

Most Recent Authorizing Legislation: N/A

Current FY Authorization ..... NA

Expiration Date: .....Expired

Allocation Method ..... Competitive Grant

Program Description and Accomplishments:

The National Limb Loss Resource Center (NLLRC) works to improve the health and well-being of people with limb loss and limb difference, promote their well-being, improve their quality of life, reduce unnecessary medical expenditures, and provide support to families, and caregivers. The NLLRC ensures the availability and accessibility of the most comprehensive, high-quality, evidence-based information, resources, and supports so that people with and without limb loss or limb difference can live, learn, work, play, and prosper in their communities.

The NLLRC supports:

- A national peer support program that reaches over 1,500 individuals annually;
- Educational events that impacts nearly 2,000 individually annually;
- A comprehensive website,
- Trainings for consumers and healthcare professionals, consumer education materials that reaches more than 100,000 annually; and

- Information and referral services to over 6,500 individuals to disseminate information specific to living well with limb loss and to connect consumers to resources in their local communities.

In addition to ongoing efforts, every year the resource center hosts an annual conference that provides over 85 workshops for approximately 1200 individuals, 75% of the participants are people living with limb loss or limb difference.

Limb loss is the amputation of all or part of an arm or leg due to trauma, infection, diabetes, heart diseases, cancers, or other diseases. A limb difference is a congenital issue affecting one or more limbs of an individual while still in the womb. An estimated two million people live with limb loss or limb difference in the United States,[126] and an estimated 185,000 amputations are performed in the country every year.[127] People with limb loss/limb difference experience many barriers to successful community (re)integration and full participation. They perceive a reduction in their participation in recreational activities and satisfaction at work and feel more impaired in their ability to navigate their community following the amputation of their limb.[128] Additionally, people with limb loss/limb difference often experience anxiety and psychological distress, low rates of workforce participation, environmental barriers, and secondary co-morbidities associated with the amputation of a limb (e.g., back pain, arthritis). Furthermore, too many individuals with limb loss report receiving little information about their rehabilitation from their healthcare provider either before or after their amputation.[129]

Funding History:

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

FY 2017 .....$2,494,000
FY 2018 .....$3,491,000
FY 2019 .....$3,500,000
FY 2020 Enacted.....$4,000,000
FY 2021 President's Budget.....$4,000,000

[126] 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.

[127] Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the Prevalence of Limb Loss in the United States: 2005 to 2050. Archives of Physical Medicine and Rehabilitation 2008;89(3):422-9.

[128] 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.

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

Budget Request:

The FY 2021 request for the Limb Loss Center is the same as the Enacted level of $4,000,000. The request supports the National Limb Loss Resource Center's (NLLRC) programs which use traditional as well as innovative approaches to educate and inform people with limb loss or Limb difference, improving individual resiliency and expanding their ability to remain in the community. The NLLRC provides patient educational materials that help new amputees adjust to their new "normal". First Step magazine & Your New Journey was distributed to approximately 63,000 people after a new amputation was done. For children ages 8 to 18 with limb loss and limb difference an annual summer camp is offered free of charge to approximately 150 kids. This camp is a one of a kind and allows children the opportunity to participate in all kinds of camp activities and build a network of support that lasts well beyond the camp. All camp counselors are people with limb loss or limb difference.

Grants Awards Tables

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	1	1	1
Average Award	$3,291,167	$3,840,897	$3,840,897
Range of Awards	$3,291,167	$3,840,897	$3,840,897

Resource and Program Data

Mechanism	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	#	$	#	$	#	$
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	1	3,291	--	--	--	--
Continuations	--	--	1	3,841	1	3,841
Contracts			--		--	
Interagency Agreements	--	--	--	--	--	--
Program Support		197		159		159
Total Resources		3,488		4,000		4,000

Paralysis Resource Center

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Paralysis Resource Center	$8,670	$9,700	$9,700	--

*BA is in thousands of dollars.

Original Authorizing Legislation: Christopher and Dana Reeve Paralysis Act, title XIV of the Omnibus Public Land Management Act of 2009, P.L. 111-11; Sections 311 and 317(k)(2) of the Public Health Service Act [42 U.S.C. 243 & 247b(k)(2)], as amended.

Most Recent Authorizing Legislation: Christopher and Dana Reeve Paralysis Act, title XIV of the Omnibus Public Land Management Act of 2009, P.L. 111-11; Sections 311 and 317(k)(2) of the Public Health Service Act [42 U.S.C. 243 & 247b(k)(2)], as amended.

Current FY Authorization.....Expired

Expiration Date.....2011

Allocation Method.....Competitive Grant

Program Description and Accomplishments:

The Paralysis Resource Center (PRC) offers a free, comprehensive, national source of informational support for people living with paralysis their families, and caregivers. The primary goals are to foster the involvement of people with paralysis in the community, promote their health and improve their quality of life. The PRC consists of a variety of services, communities, and programs, including:

- Information specialists are trained to help anyone – from newly-paralyzed individuals and their family members, to persons who have lived with disabilities for quite some time – by providing individualized support and information with the ability to respond in over 170 languages. The specialists have served over 100,000 individuals and families since its launch in 2002.

- Peer & Family Support Program fosters peer-to-peer support, via trained and certified mentors. The ultimate goal is to help individuals find support and resources among the

communities who best understand the day-to-day realities and long-term challenges individuals living with paralysis face.

- The Quality of Life Grants Program has awarded over 3,151 grants, totaling more than $26 million in financial support for fellow nonprofits serving individuals living with paralysis. The grants focus on programs or projects that foster community engagement and involvement, while promoting health and wellness for individuals living with paralysis. There are several opportunities available.
- The Military & Veterans Program (MVP) supports the unique needs of current service members and veterans, regardless of when they served or how their injury was obtained.
- Advocacy/Policy programs are designed to not only help individuals advocate for themselves, but also to advance important issues for the greater community of individuals with paralysis.

Nearly 5.4 million Americans, or one in 50, report having some form of paralysis, defined as a central nervous system disorder resulting in difficulty or inability to move the upper or lower extremities.[130] These individuals face health and other disparities, which often translate into exclusion from full participation in their communities.

Starting in FY 2018 commensurate with a funding increase, ACL began a small PRC State Pilot Program. The pilot program is designed to assess the most effective and efficient ways to provide quality of life grants that will enhance the capacity of community based disability programs and increase the services and supports available for individuals living with paralysis. By FY 2022 the State Pilot Program grantees will have completed their projects and we expect to learn how the pilot states were able to provide quality of life grants to state CBOs and if this approach is the most efficient and effect way to increase services and supports to people living with paralysis.

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

FY 2017 .....$6,682,000
FY 2018 .....$7,681,000
FY 2019 .....$8,700,000
FY 2020 Enacted.....$9,700,000
FY 2021 President's Budget.....$9,700,000

[130] 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.

2 National Spinal Cord Injury Statistical Center, 2017 *SCI Statistics You Ought to Know*, available at https://www.spinalcord.com/blog/2017-spinal-cord-injury-statistics-you-ought-to-know 2018 Accessed on 12/11/19

Budget Request:

The FY 2021 request for the Paralysis Resource Center is the same as the Enacted level of $9,700,000. The request supports the National Paralysis Resource Center and the PRC State Pilot Program. The work done by the program is vital for the support of the almost five and a half million Americans currently living with paralysis. Typical causes of paralysis include motor vehicle crashes, strokes, falls, acts of violence (primarily gunshot wounds), and sports/recreational activities. There are an estimated 17,500 new spinal cord injuries every year in the United States.

Paralysis Resource Center

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	5	5	5
Average Award	$1,660,899	$1,865,342	$1,865,342
Range of Awards	$199,494-$7,505,000	$199,494-$8,700,000	$199,494-$8,700,000

Resource and Program Data:

Paralysis Resource Center
(Dollars in thousands)

Mechanism	FY 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
	#	$	#	$	#	$
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	2	1,399	--	2,015	5	9,327
Continuations	3	6,905	5	7,311		--
Contracts	1	123	1	100	1	100
Interagency Agreements	--		--	--	--	--
Program Support		242		273		273
Total Resources		8,670		9,700	--	9,700

Traumatic Brain Injury

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Traumatic Brain Injury	$11,291	$11,321	$11,321	--
FTE	1.6	1.6	1.6	--

*BA is in thousands of dollars.

Original Authorizing Legislation: Traumatic Brain Injury Act of 1996, P. L. 104-166

Most Recent Authorizing Legislation: The Traumatic Brain Injury Reauthorization Act of 2014, P.L. 113-196

Current FY Authorization .....Expired

Expiration Date 2019

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. According to the CDC, in 2014 there were more than two and a half million TBI-related emergency department visits, hospitalizations, and deaths occurred in the United States, including over 837,000 of these among children.[131] Many of these individuals live the rest of their lives, with the resulting disability. 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.

[131]Centers for Disease Control and Prevention, *TBI: Get the Facts*, https://www.cdc.gov/traumaticbraininjury/get the facts.html.

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).

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.

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 created two tiers of grantees, which are now working 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.

Funding History:

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

		FTE
FY 2017	$9,300,000	1.4
FY 2018	$11,293,000	1.6
FY 2019	$11,321,000	1.6
FY 2020 Enacted	$11,321,000	1.6
FY 2021 President's Budget	$11,321,000	1.4

Budget Request:

The FY 2021 request for the Traumatic Brain Injury (TBI) program is $11,321,000, the same level as the FY 2020 Enacted level. The request maintains support for the TBI program, including an FTE level of 1.4.

The funding would support existing grant levels, and the TBI Protection and Advocacy Formula Grants, as well as the new approach to State Implementation Partnership grants. In FY 2021, ACL will continue the two tiered grants started in FY 2018 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

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	57	57	57
Average Award	$69,915	$70,158	$70,158
Range of Awards	$20,000-$318,471	$20,000-$319,615	$20,000-$319,615

Traumatic Brain Injury: State Implementation/Mentor Partnership

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	27	27	27
Average Award	$205,203	$205,203	$205,203
Range of Awards	$150,000 - $300,000	$150,000 - $300,000	$150,000 - $300,000

Resource and Program Data:

Traumatic Brain Injury
(Dollars in thousands)

	FY 2019 Final		**FY 2020 Enacted**		**FY 2021 President's Budget**	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	57	3,985	57	3,999	57	3,999
New Discretionary	3	450	--	--	27	5,540
Continuations	24	5,090	27	5,540	--	--
Contracts	6	949	6	949	6	949
Interagency Agreements	--	--	--	--	--	
Program Support /1		816		832	--	832
Total Resources	--	11,291	--	11,321	--	11,321

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2021 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: TBI Protection and Advocacy State Grants (CFDA 93.873)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	55,622	55,729	55,729	-
Alaska	50,000	50,000	50,000	-
Arizona	71,862	73,111	73,111	-
Arkansas	50,000	50,000	50,000	-
California	318,471	319,615	319,615	-
Colorado	61,176	61,876	61,876	-
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	177,784	180,644	180,644	-
Georgia	97,744	98,593	98,593	-
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	115,736	115,503	115,503	-
Indiana	69,212	69,460	69,460	-
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	52,433	52,536	52,536	-
Louisiana	54,179	53,994	53,994	-
Maine	50,000	50,000	50,000	-
Maryland	64,551	64,518	64,518	-
Massachusetts	70,676	71,060	71,060	-
Michigan	94,202	94,608	94,608	-
Minnesota	60,945	61,234	61,234	-
Mississippi	50,000	50,000	50,000	-
Missouri	65,017	65,156	65,156	-
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 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	86,947	86,331	86,331	-
New Mexico	50,000	50,000	50,000	-
New York	169,177	167,270	167,270	-
North Carolina	96,562	97,559	97,559	-
North Dakota	50,000	50,000	50,000	-
Ohio	107,066	107,499	107,499	-
Oklahoma	50,000	50,000	50,000	-
Oregon	50,072	50,422	50,422	-
Pennsylvania	115,763	116,005	116,005	-
Rhode Island	50,000	50,000	50,000	-
South Carolina	56,757	57,222	57,222	-
South Dakota	50,000	50,000	50,000	-
Tennessee	69,585	70,054	70,054	-
Texas	233,294	236,989	236,989	-
Utah	50,000	50,000	50,000	-
Vermont	50,000	50,000	50,000	-
Virginia	82,886	83,357	83,357	-
Washington	74,816	75,881	75,881	-
West Virginia	50,000	50,000	50,000	-
Wisconsin	62,604	62,774	62,774	-
Wyoming	50,000	50,000	50,000	-
Subtotal	**3,835,139**	**3,849,000**	**3,849,000**	**-**
Indian Tribes	20,000	20,000	20,000	-
American Samoa	20,000	20,000	20,000	-
Guam	20,000	20,000	20,000	-
Northern Mariana Islands	50,000	50,000	50,000	-
Puerto Rico	20,000	20,000	20,000	-
Virgin Islands	20,000	20,000	20,000	-
Subtotal	**3,985,139**	**3,999,000**	**3,999,000**	**-**
Undistributed 1/	1,000	1,000	1,000	-
Total States/Territories	3,986,139	4,000,000	4,000,000	-

National Institute on Disability, Independent Living, and Rehabilitation Research

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
National Institute on Disability, Independent Living and Rehabilitation Research	$108,592	$111,970	$90,371	-$21,599

*BA is in thousands of dollars.

Original Authorizing Legislation: Title II of the Rehabilitation Act of 1973, Public Law 93-112

Most Recent Authorizing Legislation: Title II of the Rehabilitation Act of 1973, as amended in 2014 by the Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128

Current FY Authorization:.....Expired

Expiration Date: 2019

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 2018 - FY 2023.

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 (SCI) 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 2017 .....$103,731,000
FY 2018 .....$104,710,000
FY 2019 .....$108,970,000
FY 2020 Enacted.....$111,970,000
FY 2021 President's Budget.....$90,371,000

Budget Request:

The FY 2021 request is $90,371,000, a reduction of -$21,599,000 below the FY 2020 Enacted level. At the request level ACL would be able to fund all continuations of existing grants, and would be able to fund some new starts.

Requested funds support NIDILRR's ongoing innovation, allowing ACL to continue support for most existing grants. These NIDILRR programs and grants reflect ACL's broad responsibility to generate new knowledge to promote a wide range of outcomes (health and function, employment, community living) across the breadth of disability populations (cognitive, physical, sensory, psychiatric).

The FY 2021 President's Budget continues to include a new general provision that, while applicable to HHS as a Department, addresses 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). Collaboration allows the grantees to create a synergy that cannot be realized when working in silos. That synergy brings opportunities to people with disabilities with greater speed and impact. NIDILRR had such authority when it was part of the Department of Education. The same language has been included in both the FY 2018 and FY 2019 requests.

The FY 2021 Budget also proposes to eliminate the Disability, Independent Living, and Rehabilitation Research Advisory Council (DILRRAC). The establishment of a DILRRAC is authorized under the Rehabilitation Act in §205(a). Advisory Councils can play an important role in ensuring people with disabilities are represented in the development of federal policy and programs. The purpose of the NIDILRR advisory council, by statute, is to provide advice and counsel to the NIDILRR director on operational and programmatic matters; provide perspectives on the five-year plan; and engage on organizational priorities, stakeholder needs, and the tenets of the strategic plan.

While the DILRRAC has been authorized since 1973, the committee has never formally convened. There is already within NIDILRR and ACL significant engagement of groups of stakeholders and advocates that represent the interests of people with disabilities, older adults, and the families and caregivers who support them. This includes the United States Access Board, the National Council on Disability, and the Interagency Committee on Disability Research. Additional stakeholder input comes through newsletters, program updates, and other means regarding progress and activities that stimulate inquiries and feedback on organizational priorities, programs, and initiatives.

These methods for obtaining comments and responding to input are embedded in NIDILRR's regular operations. In combination, they accomplish the purposes of the advisory committee, as defined in the statute.

Outcomes and Output Table:

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 Target
R1b By 2023, generate new knowledge about the opioid treatment experiences and outcomes of people with disabilities to identify solutions to barriers to treatment of opioid use disorders. (Outcome)	FY 2018: Result Expected Jan 1, 2019 Target: In FY 2018, NIDILRR made two research grants that have a primary aim of generating new knowledge about opioid treatment experiences and outcomes of people with disabilities, and barriers to treatment of those opioid use disorders. (In Progress)	In FY 2020, these grantees will continue to collect and analyze data on this topic, and disseminate early results and informational products for stakeholders.	Conduct primary data collection and conduct secondary data analysis by September 2021.	N/A
R2 By 2023, assess the efficacy of an intervention to improve employment outcomes for individuals with serious mental illness. (Outcome)	FY 2018: Result Expected Jan 1, 2019 Target: In FY 2018, NIDILRR made a research grant to assess the efficacy of a career development program entitled "Helping Youth on the Path to Employment" (HYPE). (In Progress)	In FY 2020, this grantee will continue data collection and disseminate early results and informational products to key stakeholders.	In FY 2021, this grantee will continue data collection and disseminate early results and informational products to key stakeholders.	N/A
R3 By 2023, grantee will generate new knowledge about the impact of (1) an ABLE account and (2) the joint impact of an ABLE account and financial management training on community living and participation of people with intellectual and developmental (I/DD) and cognitive disabilities. (Outcome)		In FY 2020, grantee will deliver interventions and collect baseline data.	In FY 2021, grantee will disseminate surveys twice a year to enrolled participants, and analyze outcomes data.	N/A

*As part of the 2020 budget cycle, ACL proposed three new measures for NIDILRR.measure (R3) replaces R1a proposed in 2020

Grant Awards Tables:

National Institute on Disability, Independent Living, and Rehabilitation Research
(Dollars in Thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	213	242	184
Average Award	$480,814	$436,705	$456,974
Range of Awards	$70,000-$1,246,000	$70,000-$1,246,000	$65,000-$1,246,000

Resource and Program Data:

National Institute on Disability, Independent Living, and Rehabilitation Research
(Dollars in Thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	56	23,173	66	21,850	12	3,443
Continuations	157	79,079	176	83,833	172	80,640
Contracts	9	5,905	7	5,625	6	5,625
Interagency Agreements	--	40	2	90	2	90
Program Support /1		395		572	--	572
Total Resources	--	108,592	--	111,970	--	90,371

Consumer Information, Access, and Outreach

Summary of Request

Older Americans and Americans with disabilities need an array of services and supports to assist them to remain active and independent in their communities. The complexity of navigating programs and selecting services that best addresses the needs of each individual can create challenges, especially for consumers who have not previously used such services and supports. Consumer Information, Access and Outreach (CIAO) programs provide consumers with the information they need to make informed decisions about their independence and connect them with the appropriate services. By providing community-level entry points into long-term services and supports, these programs provide access to low-cost home and community-based services that can enable people to remain in their homes.

The FY 2021 request for CIAO programs is $119.1 million, a decrease of -$23.1 million below the FY 2020 Enacted level. This request would provide:

- $6.1 million for Aging and Disability Resource Centers, a reduction of -$2.0 million below the FY 2020 Enacted level. The ADRC program supports 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.

- $36.1 million in discretionary appropriations for the State Health Insurance Assistance Program (SHIP) program, a reduction of -$16.0 million below the FY 2020 Enacted level. SHIP counselors help Medicare beneficiaries to fully understand the Medicare choices available to them, so that the beneficiaries can make informed enrollment and benefit decisions that ultimately reduce costs to both the beneficiary and Medicare. With the continued influx of Medicare advantage plans and the inherent complexity of health insurance decisions, the SHIP program is the only place where they can get the level of in-depth counseling and assistance that the SHIPs provide to older adults and people with disabilities who struggle to find the plan that fits their financial and medical needs.

- $7.5 million for the Voting Access for People with Disabilities Program grants, the same level as the FY 2020 Enacted level. These 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. The funding will be available to prepare for the upcoming elections.

- $31.9 million for Assistive Technology (AT), a decrease of -$5.1 million below the FY 2020 Enacted level. The reduction eliminates the Alternative Financing Program Grant Competition (-$2.0 million), as the AT State Grant Program already includes financing activities while giving states the flexibility to decide their own priorities, as well as an additional -$3.1 million reduction to the AT State Grants. AT programs improve 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.

- $37.5 million is requested in mandatory funding for the Medicare Patients and Providers Act (MIPPA) programs. This is the same level as the Annualized FY 2020 Enacted level. The Budget includes a legislative proposal to reauthorize mandatory funding for the MIPPA program for FY 2020 and FY 2021. This funding provides grants to states to fund additional outreach activities to the Medicaid Advantage and Low-Income Subsidy populations. The low-income subsidies prevent or delay institutionalization because many of the low income seniors are forced to skip prescribed medications and proper nutrition to make Medicare premium payments and other obligations.

Aging and Disability Resource Centers

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Aging and Disability Resource Centers	$8,091	$8,119	$6,119	-$2,000

*BA is in thousands of dollars.

Original Authorizing Legislation: Sections 202(b) and 411 of the Older Americans Act of 1965, Public Law 89-73.

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Competitive Grants/Cooperative Agreement 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 providing information and access to long-term services and supports, which often are referred to as "No Wrong Door" (NWD) systems. In these systems, multiple agencies retain responsibility for their respective services while coordinating to integrate access to those services through a single, standardized process. Community-based organizations like ADRCs deliver one-on-one, person-centered counseling and serve as consumer-friendly entry points to the system.

Without these services, people seeking LTSS might otherwise make decisions based on inaccurate or incomplete information, which can lead them to select support and care options that are more expensive than necessary.[132] By helping them connect to the services they need to live in the community, ADRCs/NWD systems help divert individuals from more costly forms of care, such

[132] Fox-Grage, W., and Neill Bowen, C., (2017). No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports. Retrieved from http://www.longtermscorecard.org/~/media/Microsite/Files/2017/AARP_PromisingPrac_NoWrongDoor.pdf.

as nursing homes and help them avoid unnecessary hospital admissions and re-admissions. A recent study of Medicaid beneficiaries found that initiating services through community-based LTSS is associated with dramatic differences in future long institutional stays, with less than one percent of people initiating LTSS in the community experiencing a long institutional stay and 73 percent of people initiating care in an institution subsequently experiencing a long stay.[133] Since institutional care can cost three times as much as in-home supports, NWD systems are critical to decreasing health care utilization costs and 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:

- 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.

Since 2003, the Administration for Community Living and the Centers for Medicare & Medicaid Services (CMS) have entered into cooperative agreements with states to develop the infrastructure for these NWD systems. In 2008, the Veterans Health Administration (VHA) also began participating as a key partner. ACL, CMS, and VHA are now working with thirteen states to build on and promote best practices from prior ADRC/NWD investments.

Currently, 56 states and territories have NWD activity, with an estimated 1,322 local agencies within the NWD systems actively serving older adults and people with disabilities. According to the AARP 2017 Scorecard, states have collectively achieved 60 percent progress toward developing a statewide NWD systems, as measured by criteria across five areas:

- State governance and administration
- Target populations
- Public outreach and coordination with key referral sources,
- Person-centered counseling

[133] Stewart., K., and Irvin, C.V. (2018). Does Early Use of Community-Based Long-Term Services and Supports Lead to Less Use of Institutional Care? Retrieved from https://www.medicaid.gov/medicaid/ltss/downloads/money-follows-the-person/hcbsasadiversiontoiltc.pdf.

- Streamlined eligibility for public programs.[134]

Recent accomplishments include:

- Through the Veteran-Directed Care program, a partnership between the Veterans Health Administration and ACL, ADRCs provide integrated options counseling and access points to care transition and diversion support to help veterans with disabilities continue living in the community. Veterans and caregivers value the program because it gives veterans control over the care and support they receive in the community, and it enables them to design their care to fit their life rather than designing their life to fit the care provided. The VDC program is available in 39 states, the District of Columbia and Puerto Rico, and is serving more than 2,300 veterans through 68 VA Medical Centers each day.

- In 2016, ACL funded 8 states (CT, MA, MD, NH, OR, VT, WA, and WI) to coordinate their ADRC/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 Veteran Directed Care Program became the first to exceed a program census of 150 veterans. 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 became the first Veterans Integrated Service Network (VISN to achieve full Veteran Directed Care coverage. The VA Sunshine Network includes seven Veterans Administration Medical Centers (VAMCs) serving a population of more than 1.6 million veterans in Florida, South Georgia, Puerto Rico and the Caribbean. (Nationwide, 21 VISNs oversee 168 VAMCs, which in turn serve 8.9 million veterans each year.)

Funding History:

Funding for Aging and Disability Resource Centers over the last five years is as follows:

FY 2017 .....$6,105,000
FY 2018 .....$8,099,000
FY 2019 .....$8,119,000
FY 2020 Enacted.....$8,119,000
FY 2021 President's Budget.....$6,119,000

[134] AARP. (June 2017). Picking Up the Pace of Change, 2017: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers. Retrieved from http://www.longtermscorecard.org/2017-scorecard.

Budget Request:

ACL's FY 2021 request is $6,119,000, a decrease of -$2,000,000 below the FY 2020 Enacted level. This funding will be used to support states with the following efforts:

- Conducting assessments of the needs of older adults and people with disabilities within each state, examining factors such as:
  - Risk of long-term institutionalization
  - Hospitalizations and risk of re-hospitalization
  - Mortality rates
  - Total health care expenditures

- Identifying social determinants of health that cause high utilization

- Conducting person-centered assessments in order to empower individuals to make informed choices about their long-term care options, identifying community-based interventions and increasing access to public and private programs; and

- Conducting follow-up assessments that address quality of life indicators and increase community tenure with a re-assessment of social determinants of health

As a result, ACL expects that:

- 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 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.

To ensure that the demonstration grants will be targeted within states where aging and disabled populations have the most limited access to long-term services and supports, ACL will use the

national LTSS State Scorecard ADRC/NWD Assessment Metrics to target those states most in need.

Grant Awards Tables:

Aging and Disability Resource Centers
(Dollars in Thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	10	10	10
Average Award	$589,011	$589,011	$389,011
Range of Awards	$528,483 - $600,000	$528,483 - $600,000	$328,483 - $400,000

Resource and Program Data:

Aging and Disability Resource Centers
(Dollars in Thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	--	--	10	5,890	--	--
Continuations	10	5,890	--	--	10	3,890
Contracts	2	2,021	2	2,021	2	2,021
Interagency Agreements	--	--	--	--	--	--
Program Support[135]	--	180	--	208	--	208
Total Resources		8,091		8,119		6,119

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

State Health Insurance Assistance Programs

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
State Health Insurance Assistance Programs	$49,115	$52,115	$36,115	-$16,000
FTE	3.4	4.4	4.0	-.4

* BA is in thousands of dollars.

**In addition to discretionary appropriations, the Budget also proposes to extend $13M in targeted mandatory funding under the MIPPA program. These additional funds also go to SHIPS, which use them to provide additional outreach activities to targeted SHIP subpopulations, specifically low-income seniors and seniors living in rural areas.

Original Authorizing Legislation: Section 4360 of the Omnibus Budget Reconciliation Act of 1990 (42 U.S.C. 1395b-4), P.L. 101-508

Most Recent Authorizing Legislation: Section 4360 of the Omnibus Budget Reconciliation Act of 1990 (42 U.S.C. 1395b-4), Public Law 101-508

Current FY Authorization.....Expired

Authorization Expiration Date.....N/A

Allocation Method..... Formula and Competitive Grants/Contracts

Program Description and Accomplishments:

State Health Insurance Programs (SHIPs) provide counseling and assistance to help older adults and people with disabilities who are Medicare eligible or dual eligible with Medicaid beneficiaries (including newly enrolled beneficiaries) understand, select and use their Medicare benefits. Services are provided via telephone and through face-to-face interactive sessions, public education presentations and programs, and media activities. As described below, SHIPs support the Secretary's objective of addressing the costs and availability of health insurance.

The SHIP program provides grants to all 50 States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands to fund the infrastructure, training, and outreach needed to support nearly 16,000 counselors, most of whom are volunteers, in over 1,300 community-based organizations. 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, and work collaboratively with them to educate beneficiaries and help deter or prevent Medicare fraud and abuse.

The national network of the aforementioned 15,000 highly trained SHIP counselors provides local community-based assistance to the ever increasing number of Medicare beneficiaries. In 2017, an estimated 3,500,000 Medicare beneficiaries used SHIP services. In addition to the 1,750,000 hours of direct one-on-one services, SHIPs reached an additional 3,000,000 people in public events explaining Medicare and its benefits. These state grantees invested more than 500,000 hours leading these educational events. To provide accurate and comprehensive assistance to Medicare beneficiaries, the program's counselors provided nearly 350,000 hours of training.

SHIPs assist Medicare beneficiaries in accessing, understanding, and connecting to the healthcare system, thus improving their customer service experience with Medicare. Accessing affordable health insurance can be difficult even for those with Medicare. SHIP counselors help Medicare beneficiaries to fully understand the Medicare choices available to them so that the beneficiaries can make informed enrollment and benefit decisions that ultimately reduce costs to both the beneficiary and Medicare. CMS as well as Medicare Advantage and Part D plans refer clients to SHIPs when their cases are too complicated for the 1-800 Medicare call center. Most clients utilize SHIP every year because of the complexity of their situations, including prescription needs, and the counseling can help to save them thousands of dollars per year. The average session time that a SHIP counselor spends with a client is 30 minutes, more than three times the 9.5 minute average call to the 1-800 Medicare call center. This reflects the greater complexity of issues handled by SHIPs in comparison to 1-800 Medicare.

Funding History:

Funding for the State Health Insurance Assistance Program over the past five years is as follows:

		FTE
FY 2017	$47,115,000	5.0
FY 2018	$49,115,000	4.1
FY 2019	$49,115,000	4.4
FY 2020 Enacted	$52,115,000	4.4
FY 2021 President's Budget	$36,115,000	4.0

Budget Request:

The FY 2021 request for the State Health Insurance Assistance programs (SHIP) is $36,115,000 a reduction of -$16,000,000 below the FY 2020 Enacted level. The SHIP program is the only place that provides the level of in-depth counseling and assistance that the SHIPs provide to older adults

and people with disabilities who struggle to find the plan that fits their financial and medical needs. The requested level would result in proportionate reductions in grants to States and Territories when compared to the FY 2020 Enacted level.

Grant Awards Table:

State Health Insurance Assistance Programs Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	54	54	54
Average Award	$830,859	$830,859	$610,943
Range of Awards	$46,351 - $4,206,661	$46,351 - $4,206,662	$34,083 - $3,093,221

Resource and Program Data:

State Health Insurance Assistance Program
(Dollars in thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	--	--	55	49,597	--	--
Continuations	55	46,597	--	--	55	33,597
Contracts	5	1,552	5	1,552	--	1,552
Interagency Agreements	--	--	--	--	--	--
Program Support[136]	--	996	--	966	--	966
Total Resources		49,115		52,115		36,115

[136] Program Support -- Includes funds for Older Americans Act statutory requirements, grant systems and review, and information technology support 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 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	837,434	891,288	577,110	(314,178)
Alaska	224,399	227,000	196,909	(30,091)
Arizona	830,235	979,677	654,045	(325,632)
Arkansas	592,198	666,071	464,402	(201,669)
California	4,269,535	4,056,058	2,446,693	(1,609,365)
Colorado	594,554	701,574	505,518	(196,056)
Connecticut	533,378	561,304	398,997	(162,307)
Delaware	198,553	234,293	235,024	731
District of Columbia	150,886	178,045	184,087	6,042
Florida	2,729,528	3,007,853	1,881,221	(1,126,632)
Georgia	1,131,535	1,335,211	892,877	(442,334)
Hawaii	245,383	289,552	264,337	(25,215)
Idaho	379,783	403,494	305,164	(98,330)
Illinois	1,496,800	1,594,610	1,026,075	(568,535)
Indiana	857,722	1,012,112	675,594	(336,518)
Iowa	676,033	642,231	441,853	(200,378)
Kansas	514,445	533,727	384,613	(149,114)
Kentucky	829,500	885,147	599,523	(285,624)
Louisiana	651,368	749,373	513,179	(236,194)
Maine	426,541	418,755	315,286	(103,469)
Maryland	726,655	782,127	532,818	(249,309)
Massachusetts	925,981	958,592	638,786	(319,806)
Michigan	1,426,134	1,497,028	969,594	(527,434)
Minnesota	912,876	867,232	582,222	(285,010)
Mississippi	584,956	644,719	452,593	(192,126)
Missouri	903,877	1,026,923	684,549	(342,374)
Montana	546,634	519,302	262,090	(257,212)
Nebraska	407,949	405,192	306,160	(99,032)
Nevada	403,942	476,652	351,464	(125,188)
New Hampshire	280,112	330,532	281,256	(49,276)

PROGRAM/CFDA NUMBER: State Health Insurance Assistance Program (CFDA 93.324)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	1,026,719	1,101,022	724,031	(376,991)
New Mexico	423,698	452,185	334,233	(117,952)
New York	2,316,502	2,441,793	1,532,722	(909,071)
North Carolina	1,454,853	1,562,729	1,009,128	(553,601)
North Dakota	246,172	248,921	210,613	(38,308)
Ohio	1,723,085	1,664,799	1,069,955	(594,844)
Oklahoma	597,669	688,969	478,849	(210,120)
Oregon	570,617	673,328	509,873	(163,455)
Pennsylvania	1,939,131	1,900,998	1,212,964	(688,034)
Rhode Island	264,254	280,308	228,676	(51,632)
South Carolina	751,982	887,339	601,356	(285,983)
South Dakota	307,414	292,043	234,183	(57,860)
Tennessee	1,056,654	1,125,830	744,017	(381,813)
Texas	2,581,709	2,843,517	1,778,543	(1,064,974)
Utah	347,761	410,358	310,340	(100,018)
Vermont	236,464	271,035	224,474	(46,561)
Virginia	987,212	1,164,910	775,945	(388,965)
Washington	869,459	1,021,086	680,082	(341,004)
West Virginia	461,101	498,513	363,519	(134,994)
Wisconsin	894,229	956,873	643,012	(313,861)
Wyoming	284,876	270,632	203,194	(67,438)
Subtotal	44,630,487	47,632,862	31,893,747	(15,739,115)
Guam	47,043	55,511	60,500	4,989
Puerto Rico	812,380	777,368	523,412	(253,956)
Virgin Islands	47,043	55,511	62,332	6,821
Subtotal	**45,536,953**	**48,521,252**	**32,539,991**	**(15,981,261)**
Undistributed 1/	3,578,047	3,593,748	3,575,009	(18,739)
Total States/Territories	**49,115,000**	**52,115,000**	**36,115,000**	**(16,000,000)**

1/ Program Support- reflects the amount used from the SHIP appropriation for the staff and overhead, support contracts, training assistance, data systems, grant systems, and grant review costs.

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Voting Access for Individuals with Disabilities

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Voting Access for Individuals with Disabilities	$6,956	$7,463	$7,463	-

*BA is in thousands of dollars.

Original Authorizing Legislation: Section 291 of the Help America Vote Act of 2002, Public Law 107-252

Most Recent Authorizing Legislation: Section 291 of the Help America Vote Act of 2002, Public Law 107-252

Current FY Authorization.....Expired

Authorization Expiration Date.....2005

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 in ensuring full participation in the electoral process for individuals with disabilities. HAVA P&A programs help to ensure 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, competitive training and technical assistance grants assist the P&As in their promotion of full participation in the electoral process.

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 HAVA 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 TA grants are authorized under section 291 of HAVA as a seven percent set-aside of the HAVA appropriation. 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 2017 .....$4,952,000
FY 2018 .....$6,946,000
FY 2019 .....$6,963,000
FY 2020 Enacted.....$7,463,000
FY 2021 President's Budget $7,463,000

Budget Request:

The FY 2021 Budget request for the Voting Access for Individuals with Disabilities Program is $7,463,000, the same level as the FY 2020 Enacted level. HAVA funding supports activities such as training on voting rights, making sure polling places are accessible, and assisting with the adoption of voting procedures that enable individuals with disabilities to vote privately and independently. Grantees successfully sponsored a site to staff a hotline and train law student volunteers to canvass polling places in Charleston, South Carolina for accessibility issues. Funding for activities such as this 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 without disabilities.

Grant Awards Table:

Voting Access for Individuals with Disabilities Grant Awards

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	57	57	57
Average Award	$117,098	$126,335	$126,335
Range of Awards	$49,104 - $481,726	$52,630 - $524,292	$52,630 - $524,292

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 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	98,209	105,261	105,261	-
Alaska	98,209	105,261	105,261	-
Arizona	98,209	105,261	105,261	-
Arkansas	98,209	105,261	105,261	-
California	481,726	524,292	524,292	-
Colorado	98,209	105,261	105,261	-
Connecticut	98,209	105,261	105,261	-
Delaware	98,209	105,261	105,261	-
District of Columbia	98,209	105,261	105,261	-
Florida	255,679	282,303	282,303	-
Georgia	127,074	139,426	139,426	-
Hawaii	98,209	105,261	105,261	-
Idaho	98,209	105,261	105,261	-
Illinois	155,983	168,871	168,871	-
Indiana	98,209	105,261	105,261	-
Iowa	98,209	105,261	105,261	-
Kansas	98,209	105,261	105,261	-
Kentucky	98,209	105,261	105,261	-
Louisiana	98,209	105,261	105,261	-
Maine	98,209	105,261	105,261	-
Maryland	98,209	105,261	105,261	-
Massachusetts	98,209	105,261	105,261	-
Michigan	121,383	132,487	132,487	-
Minnesota	98,209	105,261	105,261	-
Mississippi	98,209	105,261	105,261	-
Missouri	98,209	105,261	105,261	-
Montana	98,209	105,261	105,261	-
Nebraska	98,209	105,261	105,261	-
Nevada	98,209	105,261	105,261	-
New Hampshire	98,209	105,261	105,261	-

PROGRAM/CFDA NUMBER: Voting Access for Individuals with Disabilities (CFDA 93.618)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	109,727	118,074	118,074	-
New Mexico	98,209	105,261	105,261	-
New York	241,850	259,014	259,014	-
North Carolina	125,174	137,625	137,625	-
North Dakota	98,209	105,261	105,261	-
Ohio	142,051	154,933	154,933	-
Oklahoma	98,209	105,261	105,261	-
Oregon	98,209	105,261	105,261	-
Pennsylvania	156,026	169,746	169,746	-
Rhode Island	98,209	105,261	105,261	-
South Carolina	98,209	105,261	105,261	-
South Dakota	98,209	105,261	105,261	-
Tennessee	98,209	105,261	105,261	-
Texas	344,870	380,417	380,417	-
Utah	98,209	105,261	105,261	-
Vermont	98,209	105,261	105,261	-
Virginia	103,201	112,894	112,894	-
Washington	98,209	105,261	105,261	-
West Virginia	98,209	105,261	105,261	-
Wisconsin	98,209	105,261	105,261	-
Wyoming	98,209	105,261	105,261	-
Subtotal	6,194,895	6,685,261	6,685,261	-
American Samoa	49,104	52,630	52,630	-
Guam	49,104	52,630	52,630	-
Northern Mariana Islands	-	-	-	-
Puerto Rico	98,209	105,261	105,261	-
Virgin Islands	49,104	52,630	52,630	-
Subtotal	6,440,416	6,948,412	6,948,412	-
Undistributed 1/	515,584	514,588	514,588	-
Total States/Territories	6,956,000	7,463,000	7,463,000	-

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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Assistive Technology

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
Assistive Technology	$33,962	$35,000	$31,939	-$3,061
Alternative Financing Grant Competition	$1,993	$2,000	--	-$2,000
Total:	$35,955	$37,000	$31,939	-$5,061

*BA is in thousands of dollars.

Original Authorizing Legislation: Technology-Related for Individuals with Disabilities Assistance Act of 1988, Public Law 100-407

Most Recent Authorizing Legislation: Improving Access to Assistive Technology for Individuals with Disabilities Act of 2004, (including but not limited to AT Act Sections 4-6 authorized programs), Public Law 108-364

Current FY Authorization.....Expired

Authorization Expiration Date.....2010

Allocation Method.....Formula and Competitive Grants and 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 to post-school employment or education or maintaining or transitioning to community living;

- 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 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. 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.

States 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.

States must also 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.

State AT Programs continue to provide a set of integrated state level and state leadership activities/services that directly 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 including durable medical equipment. State AT Program data continues to show increased program use and performance. In fiscal year 2017, the 56 State AT Program Section 4 grantees, achieved the following:

- 72,559 individuals participated in assistive technology device demonstrations, exploring devices to support decision-making about consumer-AT match;

- 49,721 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 decision-making;

- 70,673 AT devices were reused, saving consumers more than $28 million by obtaining a gently used or refurbished AT device rather than a new one;

- 908 financial loans totaling over $7.8 million at an average interest rate of 3.89% were made to enable consumers to purchase needed AT;

- 4,859 AT devices at a value of more than $3.7 million were provided to consumers through externally funded programs administered by State AT Programs;

- 2,333 AT devices were acquired by consumers at a savings of more than $0.7 million over full retail price through externally funded innovative programs administered by State AT Programs that are designed to reduce the cost of AT such as cooperative buying programs.

- 107,658 individuals participated in training events on AT products/services, AT funding, accessible information and communication technology, AT within transition from school to work and congregate care to community living and related AT topics.

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, use, 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 program grantees, and to protection and advocacy systems. The AT Act also requires the Secretary to make an award to renovate, update, and maintain the National Public Interest Website.[137]

Alternative Financing Competitive Grants for Assistive Technology

In FY 2019, ACL issued three new grants to Florida, Nebraska and Pennsylvania for the expansion of existing programs and supplemented the four grants that received awards in FY 2019. ACL awarded four new grants in FY 2018 to Massachusetts, Missouri, Oklahoma and Washington, for the expansion of existing programs in addition to the nine grants issued in FY 2015 through 2017. The FY 2017 awards were used to establish new financial loan programs in North Carolina and South Dakota, and to expand an existing program in Louisiana. Both Indiana and Oregon, which received new AFP grants in FY 2016 successfully launched their loan programs and are processing applications for loans to purchase AT devices. The other four grantees received awards to expand existing programs in Georgia, Minnesota, Nebraska, and Pennsylvania.

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 2017	$31,926,588
FY 2018	$33,911,000
FY 2019	$34,000,000
FY 2020 Enacted	$35,000,000
FY 2021 President's Budget	$31,939,000

[137]https://at3center.net/ and https://catada.info/

Funding for the Alternative Financing Grant Competition over the past five years and budget year is as follows:

FY 2017 .....$2,000,000
FY 2018 .....$1,911,000
FY 2019 .....$2,000,000
FY 2020 Enacted.....$2,000,000
FY 2021 President's Budget.....……. $0

Budget Request:

ACL's FY 2021 request for Assistive Technology programs, is $31,939,000 a decrease of -$5,061,000 below the FY 2020 Enacted level. The request eliminates the Alternative Financing program.

The request includes funding for the AT State Grant program. 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 funding for the Protection and Advocacy for Assistive Technology (PAAT) program. 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, use, or maintenance of AT services or devices.

The request would continue funding for National Activities. 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 2020, 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

No funding is requested in FY 2020. The AT State grant program already includes financing activities that allow States to make decisions to best meet specific needs.

Outcomes and Outputs Table:

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 Target
AT1 Maintain at 90% or higher the number of device demonstrations and short-term device loans that result in positive decision-making to ensure consumer-equipment match (avoid inappropriate device acquisition). (Outcome)	FY 2018: 94.98% Target: 90% (Target Exceeded)	90%	90%	Maintain
AT2 Increase the percentage of recipients who acquire AT through reuse and state financing activities who were unable to afford or otherwise obtain the AT they need without the State AT Program. (Outcome)	FY 2018: 87% Target: 85% (Target Exceeded)	85%	85%	Maintain
AT3 Maintain at 95% or higher the percentage of program beneficiaries who are highly satisfied or satisfied with state level activity services they receive from the State AT Program with at least a 90% response rate. (Outcome)	FY 2018: 99.21% Target: 95% (Target Exceeded)	95%	95%	Maintain
Indicator	**Year and Most Recent Result /**	**FY 2020 Projection**	**FY 2021 Projection**	**FY 2021 Projection +/-FY 2020 Projection**
Output ATi: Device Demonstrations Provided (*Output*)	FY 2018: 38,709	40,000	40,500	+500

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/-FY 2020 Target
Output ATii: Short-Term Device Loans Made (*Output*)	FY 2018: 32,353	33,000	33,250	+250
Output ATiii: Recipients of Reused Devices (*Output*)	FY 2018: 59,149	59,500	59,750	+250
Output ATiv: State Financing Device Recipients (*Output*)	FY 2018: 6,457	6,500	6,750	+250

Grant Awards Tables:

Assistive Technology Act - State Grants

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	56	56	56
Average Award	$502,389	$520,767	$472,542
Range of Awards	$125,608-$1,202,506	$125,682-$1,272,330	$125,474-$1,084,863

Assistive Technology Act - Protection and Advocacy Grants

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	57	57	57
Average Award	$83,327	$83,619	$77,330
Range of Awards	$30,000-$471,082	$30,000-$471,667	$30,000-$420,249

Assistive Technology Act – National Grant Activities

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	2	2	--
Average Award	$445,345	$445,345	--
Range of Awards	$317,942-$572,748	$317,942-$572,748	N/A

Alternative Financing Grant Competition for Assistive Technology

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	3	3	-
Average Award	$579,541	$663,,055	-
Range of Awards	$487,116-$625,754	~$663,055-$663,055	-

Resource and Program Data:

Assistive Technology
(Dollars in thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	112	32,895	112	33,929	112	30,869
New Discretionary	7	1,990	7	1,997	--	--
Continuations	2	891	2	898	2	893
Contracts	1	99	1	99	1	99
Interagency Agreements	--	--	--	--	--	--
Program Support[138]	--	81	--	78	--	78
Total Resources		35,955		37,000		31,939

[138] Program Support -- Includes funds for Older Americans Act statutory requirements, grant systems and review, and information technology support 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 2019 Enacted	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	476,253	493,680	447,757	(45,923)
Alaska	448,515	459,495	430,517	(28,978)
Arizona	648,018	670,584	615,337	(55,247)
Arkansas	496,145	510,702	472,430	(38,272)
California	1,202,506	1,272,330	1,084,863	(187,467)
Colorado	501,681	521,223	472,002	(49,221)
Connecticut	431,591	446,692	406,139	(40,553)
Delaware	433,265	444,682	414,766	(29,916)
District of Columbia	390,232	401,288	372,453	(28,835)
Florida	774,102	819,885	706,958	(112,927)
Georgia	642,492	669,333	600,417	(68,916)
Hawaii	468,373	480,327	448,561	(31,766)
Idaho	443,581	456,567	423,438	(33,129)
Illinois	653,665	682,059	604,073	(77,986)
Indiana	508,719	529,010	475,721	(53,289)
Iowa	470,545	485,326	446,473	(38,853)
Kansas	430,572	444,841	406,987	(37,854)
Kentucky	497,210	514,016	469,806	(44,210)
Louisiana	525,412	542,049	497,056	(44,993)
Maine	480,908	492,852	461,421	(31,431)
Maryland	527,808	546,708	496,070	(50,638)
Massachusetts	550,374	571,188	517,041	(54,147)
Michigan	698,783	724,161	657,383	(66,778)
Minnesota	519,832	538,605	489,729	(48,876)
Mississippi	415,129	429,559	391,399	(38,160)
Missouri	585,803	605,096	554,116	(50,980)
Montana	462,609	474,248	443,944	(30,304)
Nebraska	476,293	489,208	455,364	(33,844)
Nevada	441,037	455,944	417,588	(38,356)
New Hampshire	448,794	460,898	429,393	(31,505)

PROGRAM/CFDA NUMBER: Assistive Technology State Grants (CFDA 84.224A)

STATE/TERRITORY	FY 2019 Enacted	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	525,605	547,785	485,447	(62,338)
New Mexico	464,894	478,038	443,516	(34,522)
New York	768,950	804,674	698,921	(105,753)
North Carolina	594,757	621,632	553,271	(68,361)
North Dakota	388,730	399,827	370,757	(29,070)
Ohio	609,848	637,748	564,056	(73,692)
Oklahoma	457,607	473,598	431,532	(42,066)
Oregon	452,332	469,121	426,044	(43,077)
Pennsylvania	740,449	769,686	691,431	(78,255)
Rhode Island	388,034	399,497	369,213	(30,284)
South Carolina	548,491	566,769	520,045	(46,724)
South Dakota	437,588	448,964	419,395	(29,569)
Tennessee	480,657	501,411	447,803	(53,608)
Texas	983,969	1,041,902	898,752	(143,150)
Utah	481,107	496,478	457,605	(38,873)
Vermont	424,315	435,186	406,662	(28,524)
Virginia	538,571	561,886	501,143	(60,743)
Washington	521,184	543,996	487,263	(56,733)
West Virginia	442,839	455,339	421,999	(33,340)
Wisconsin	499,782	518,664	468,962	(49,702)
Wyoming	380,332	391,080	362,754	(28,326)
Subtotal	27,180,288	28,195,837	25,535,773	(2,660,064)
American Samoa	125,608	125,682	125,474	(208)
Guam	126,975	127,251	126,566	(685)
Northern Mariana Islands	125,617	125,698	125,485	(213)
Puerto Rico	449,020	462,045	423,033	(39,012)
Virgin Islands	126,266	126,435	125,998	(437)
Subtotal	28,133,774	29,162,948	26,462,329	(2,700,619)
Undistributed 1/	41,052	41,052	41,052	-
Total States/Territories	28,174,826	29,204,000	26,503,381	(2,700,619)

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 2019 Enacted	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	58,083	58,281	51,928	(6,353)
Alaska	50,000	50,000	50,000	-
Arizona	83,599	85,512	76,191	(9,321)
Arkansas	50,000	50,000	50,000	-
California	471,082	471,667	420,249	(51,418)
Colorado	66,810	67,912	60,509	(7,403)
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	250,031	253,966	226,282	(27,684)
Georgia	124,267	125,431	111,758	(13,673)
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	152,537	151,921	135,360	(16,561)
Indiana	79,436	79,792	71,094	(8,698)
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	53,072	53,280	50,000	(3,280)
Louisiana	55,814	55,564	50,000	(5,564)
Maine	50,000	50,000	50,000	-
Maryland	72,112	72,051	64,197	(7,854)
Massachusetts	81,735	82,299	73,328	(8,971)
Michigan	118,702	119,188	106,195	(12,993)
Minnesota	66,446	66,906	59,613	(7,293)
Mississippi	50,000	50,000	50,000	-
Missouri	72,843	73,050	65,087	(7,963)
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 2019 Enacted	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	107,303	106,222	94,643	(11,579)
New Mexico	50,000	50,000	50,000	-
New York	236,507	233,015	207,614	(25,401)
North Carolina	122,409	123,811	110,314	(13,497)
North Dakota	50,000	50,000	50,000	-
Ohio	138,913	139,381	124,187	(15,194)
Oklahoma	50,000	50,000	50,000	-
Oregon	50,000	50,000	50,000	-
Pennsylvania	152,579	152,707	136,061	(16,646)
Rhode Island	50,000	50,000	50,000	-
South Carolina	59,866	60,622	54,013	(6,609)
South Dakota	50,000	50,000	50,000	-
Tennessee	80,021	80,723	71,924	(8,799)
Texas	337,251	342,232	304,925	(37,307)
Utah	50,000	50,000	50,000	-
Vermont	50,000	50,000	50,000	-
Virginia	100,921	101,562	90,491	(11,071)
Washington	88,240	89,852	80,057	(9,795)
West Virginia	50,000	50,000	50,000	-
Wisconsin	69,054	69,319	61,763	(7,556)
Wyoming	50,000	50,000	50,000	-
Subtotal	4,549,633	4,566,266	4,207,783	(358,483)
Native American Organizations 1/	30,000	30,000	30,000	-
American Samoa	30,000	30,000	30,000	-
Guam	30,000	30,000	30,000	-
Northern Mariana Islands	50,000	50,000	50,000	-
Puerto Rico	30,000	30,000	30,000	-
Virgin Islands	30,000	30,000	30,000	-
Subtotal	4,749,633	4,766,266	4,407,783	(358,483)
Undistributed 2/	50,367	33,734	33,734	-
Total States/Territories	4,800,000	4,800,000	4,441,517	(358,483)

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Medicare Improvements for Patients and Providers Act Programs (MIPPA)

Services	FY 2019 Final	FY 2020 Enacted[139]	FY 2021 President's Budget	FY 2021 (+/-) FY 2020
ADRCs	$5,000	$5,000	$5,000	--
AAAs	$7,500	$7,500	$7,500	--
NCBOE	$12,000	$12,000	$12,000	--
SHIP[140]	$13,000	$13,000	$13,000	--
Total:	$37,500	$37,500	$37,500	--
Current Law	$37,500	$24,146	--	-$24,146
Proposed Law	--	$13,354	$37,500	+$24,146
FTE	3.4	4.0	4.0	--

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

Original Authorizing Legislation: Medicare Improvements for Patients and Providers Act of 2008, Section 119, Public Law 110-275

Most Recent Authorizing Legislation: Consolidated Appropriations Act of 2018, Public Law 115-141

Current FY Authorization of Funds.....FY 2020 Partial

[139]The FY 2020 appropriation extended the MIPPA programs through May 22, 2020. The Budget proposes to extend funding through 2021 at levels equal to 2019 Enacted.

[140] MIPPA-SHIP funding is currently appropriated to CMS and transferred to ACL.

Authorization Expiration Date ..... Permanent

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 key segments of ACL's network of community-based service providers – including Area Agencies on Aging (AAA), Aging Disability Resource Centers (ADRCs), and State Health Insurance Assistance Programs (SHIPs) – to undertake additional activities, above and beyond their basic information and referral functions, focused on 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 150 percent of the Federal Poverty Level.

Grants 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 SHIPs. 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 (NCBOE) 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 2017, the NCBOE and Benefits Enrollment Centers directly assisted with over 149,000 applications for the LIS, MSP, and other low income benefits.

Funding History:

In each of fiscal years 2015 through 2019, MIPPA was funded through mandatory appropriations. Funding for MIPPA over the past five years is as follows:

FY 2017 .....$34,912,500
FY 2018 ..... $37,500,000
FY 2019 .....$37,500,000
FY 2020 Enacted/2 .....$23,566,870
FY 2021 President's Budget/1 ...$37,500,000

1/ Reflects request for mandatory funding in FY 2020 and FY 2021.
2/The program was funded through May 22nd 2020; the annualized level of this funding is $37.5 million.

Budget Request:

The FY 2021 Budget includes a legislative proposal to extend Medicare Improvements for Patients and Providers Act (MIPPA) programs funding to provide mandatory appropriations at the current level of $37,500,000 per year for two years (FY 2020 and FY 2021).

MIPPA remains the only national level program providing one-on-one counseling specifically targeting hard-to-reach 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 funding supports. To the extent that these individuals fail to enroll, each beneficiary would lose not only an estimated $4,900 annually in LIS savings (per SSA estimates)[141] and/or $437 per month in Medicare Part A Premium Savings and $135.5 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 are also entitled.[142]

[141] https://www.ssa.gov/benefits/medicare/prescriptionhelp/.

[142] https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf.

Grant Awards Tables:

MIPPA – Aging Disability and Resource Centers

	FY 2019 Final	FY 2020 Enacted/1	FY 2021 President's Budget
Number of Awards	49	49	49
Average Award	$97,560	$97,560	$97,560
Range of Awards	$13,077-$400,476	$13,077-$400,476	$13,077-$400,476

1/Assumes full year funding

MIPPA – Area Agencies on Aging[143]

	FY 2019 Final	FY 2020 Enacted/1	FY 2021 President's Budget
Number of Awards	49	49	49
Average Award	$140,413	$140,413	$140,413
Range of Awards	$11,097-$562,690	$11,097-$562,690	$11,097-$562,690

1/Assumes full year funding

MIPPA – National Center for Benefits Outreach and Enrollment

	FY 2019 Final	FY 2020 Enacted/1	FY 2021 President's Budget
Number of Awards	1	1	1
Average Award	$11,000,000	$11,000,000	$11,000,000
Range of Awards	N/A	N/A	N/A

1/Assumes full year funding

[143] 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 – State Health Insurance Assistance Programs

	FY 2019 Final	FY 2020 Enacted/1	FY 2021 President's Budget
Number of Awards	51	51	51
Average Award	$244,639	$244,639	$244,639
Range of Awards	$30,955-$1,015,619	$30,955-$1,015,619	$30,955-$1,015,619

1/Assumes full year funding

Resource and Program Data:

Medicare Improvements for Patients and Providers Act Programs

(Dollars in Thousands)

	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Mechanism	**#**	**$**	**#**	**$**	**#**	**$**
Grants:						
Formula	149	24,407	149	24,407	149	24,407
New Discretionary	--	391	1	11,391	--	391
Continuations	1	110,000	--	--	1	11,000
Contracts	2	664	2	664	2	664
Interagency Agreements	--	--	--	--	--	--
Program Support /1		1,038		1,038	--	1,038
Total Resources	--	37,500	--	37,500	--	37,500

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 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	95,748	95,748	95,748	-
Alaska	8,481	8,481	8,481	-
Arizona	113,079	113,079	113,079	-
Arkansas	58,700	58,700	58,700	-
California	171,964	171,964	171,964	-
Colorado	78,725	78,725	78,725	-
Connecticut	62,297	62,297	62,297	-
Delaware	17,970	17,970	17,970	-
District of Columbia	-	-	-	-
Florida	400,476	400,476	400,476	-
Georgia	151,355	151,355	151,355	-
Hawaii	24,352	24,352	24,352	-
Idaho	28,199	28,199	28,199	-
Illinois	204,770	204,770	204,770	-
Indiana	114,073	114,073	114,073	-
Iowa	56,745	56,745	56,745	-
Kansas	48,283	48,283	48,283	-
Kentucky	85,312	85,312	85,312	-
Louisiana	78,885	78,885	78,885	-
Maine	30,358	30,358	30,358	-
Maryland	92,648	92,648	92,648	-
Massachusetts	120,890	120,890	120,890	-
Michigan	175,178	175,178	175,178	-
Minnesota	90,829	90,829	90,829	-
Mississippi	55,367	55,367	55,367	-
Missouri	6,937	6,937	6,937	-
Montana	14,313	14,313	14,313	-
Nebraska	31,147	31,147	31,147	-
Nevada	45,303	45,303	45,303	-
New Hampshire	26,515	26,515	26,515	-

PROGRAM/CFDA NUMBER: MIPPA – ADRC (CFDA 93.071)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	147,893	147,893	147,893	-
New Mexico	37,153	37,153	37,153	-
New York	331,109	331,109	331,109	-
North Carolina	111,180	111,180	111,180	-
North Dakota	-	-	-	-
Ohio	213,365	213,365	213,365	-
Oklahoma	67,101	67,101	67,101	-
Oregon	75,286	75,286	75,286	-
Pennsylvania	250,326	250,326	250,326	-
Rhode Island	20,105	20,105	20,105	-
South Carolina	93,725	93,725	93,725	-
South Dakota	15,537	15,537	15,537	-
Tennessee	122,365	122,365	122,365	-
Texas	362,429	362,429	362,429	-
Utah	32,246	32,246	32,246	-
Vermont	13,077	13,077	13,077	-
Virginia	134,207	134,207	134,207	-
Washington	118,939	118,939	118,939	-
West Virginia	41,074	41,074	41,074	-
Wisconsin	104,421	104,421	104,421	-
Wyoming	-	-	-	-
Subtotal	**4,780,437**	**4,780,437**	**4,780,437**	**-**
Puerto Rico	-	-	-	-
Subtotal	4,780,437	4,780,437	4,780,437	-
Undistributed 1/	219,563	219,563	219,563	-
Total States/Territories	**5,000,000**	**5,000,000**	**5,000,000**	**-**

1/ 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 - AAA (CFDA 93.071)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	149,246	149,246	149,246	-
Alaska	18,058	18,058	18,058	-
Arizona	121,722	121,722	121,722	-
Arkansas	137,894	137,894	137,894	-
California	562,690	562,690	562,690	-
Colorado	74,054	74,054	74,054	-
Connecticut	53,575	53,575	53,575	-
Delaware	24,224	24,224	24,224	-
District of Columbia	8,542	8,542	8,542	-
Florida	416,509	416,509	416,509	-
Georgia	231,916	231,916	231,916	-
Hawaii	39,185	39,185	39,185	-
Idaho	53,756	53,756	53,756	-
Illinois	233,922	233,922	233,922	-
Indiana	162,383	162,383	162,383	-
Iowa	100,739	100,739	100,739	-
Kansas	70,886	70,886	70,886	-
Kentucky	178,100	178,100	178,100	-
Louisiana	124,486	124,486	124,486	-
Maine	59,585	59,585	59,585	-
Maryland	78,901	78,901	78,901	-
Massachusetts	114,976	114,976	114,976	-
Michigan	211,191	211,191	211,191	-
Minnesota	124,484	124,484	124,484	-
Mississippi	127,166	127,166	127,166	-
Missouri	169,934	169,934	169,934	-
Montana	40,584	40,584	40,584	-
Nebraska	50,201	50,201	50,201	-
Nevada	47,859	47,859	47,859	-
New Hampshire	37,817	37,817	37,817	-

PROGRAM/CFDA NUMBER: MIPPA - AAA (CFDA 93.071)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	112,269	112,269	112,269	-
New Mexico	60,440	60,440	60,440	-
New York	403,202	403,202	403,202	-
North Carolina	293,470	293,470	293,470	-
North Dakota	-	-	-	-
Ohio	250,046	250,046	250,046	-
Oklahoma	107,538	107,538	107,538	-
Oregon	93,058	93,058	93,058	-
Pennsylvania	286,443	286,443	286,443	-
Rhode Island	17,145	17,145	17,145	-
South Carolina	149,368	149,368	149,368	-
South Dakota	28,245	28,245	28,245	-
Tennessee	205,458	205,458	205,458	-
Texas	456,771	456,771	456,771	-
Utah	42,859	42,859	42,859	-
Vermont	28,316	28,316	28,316	-
Virginia	173,426	173,426	173,426	-
Washington	116,121	116,121	116,121	-
West Virginia	83,805	83,805	83,805	-
Wisconsin	136,583	136,583	136,583	-
Wyoming	-	-	-	-
Subtotal	6,869,148	6,869,148	6,869,148	-
Puerto Rico	11,097	11,097	11,097	-
Subtotal	**6,880,245**	**6,880,245**	**6,880,245**	**-**
Undistributed 1/	619,755	619,755	619,755	-
Total States/Territories	**7,500,000**	**7,500,000**	**7,500,000**	**-**

1/ 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 2018 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: MIPPA - SHIP (CFDA 93.071)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
Alabama	269,071	269,071	269,071	-
Alaska	32,541	32,541	32,541	-
Arizona	219,562	219,562	219,562	-
Arkansas	248,553	248,553	248,553	-
California	1,015,619	1,015,619	1,015,619	-
Colorado	133,530	133,530	133,530	-
Connecticut	96,673	96,673	96,673	-
Delaware	43,663	43,663	43,663	-
District of Columbia	15,423	15,423	15,423	-
Florida	751,552	751,552	751,552	-
Georgia	418,048	418,048	418,048	-
Hawaii	70,652	70,652	70,652	-
Idaho	96,843	96,843	96,843	-
Illinois	421,849	421,849	421,849	-
Indiana	292,746	292,746	292,746	-
Iowa	181,467	181,467	181,467	-
Kansas	127,707	127,707	127,707	-
Kentucky	320,917	320,917	320,917	-
Louisiana	224,495	224,495	224,495	-
Maine	107,322	107,322	107,322	-
Maryland	142,345	142,345	142,345	-
Massachusetts	207,495	207,495	207,495	-
Michigan	380,777	380,777	380,777	-
Minnesota	224,347	224,347	224,347	-
Mississippi	229,129	229,129	229,129	-
Missouri	306,293	306,293	306,293	-
Montana	73,101	73,101	73,101	-
Nebraska	90,434	90,434	90,434	-
Nevada	86,334	86,334	86,334	-
New Hampshire	68,126	68,126	68,126	-

PROGRAM/CFDA NUMBER: MIPPA -SHIP (CFDA 93.071)

STATE/TERRITORY	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	Difference (+/-) 2020
New Jersey	202,700	202,700	202,700	-
New Mexico	108,938	108,938	108,938	-
New York	727,589	727,589	727,589	-
North Carolina	529,050	529,050	529,050	-
North Dakota	35,557	35,557	35,557	-
Ohio	450,907	450,907	450,907	-
Oklahoma	193,795	193,795	193,795	-
Oregon	167,703	167,703	167,703	-
Pennsylvania	516,620	516,620	516,620	-
Rhode Island	30,955	30,955	30,955	-
South Carolina	269,313	269,313	269,313	-
South Dakota	50,872	50,872	50,872	-
Tennessee	370,365	370,365	370,365	-
Texas	823,861	823,861	823,861	-
Utah	77,251	77,251	77,251	-
Vermont	50,997	50,997	50,997	-
Virginia	312,637	312,637	312,637	-
Washington	209,335	209,335	209,335	-
West Virginia	151,000	151,000	151,000	-
Wisconsin	246,108	246,108	246,108	-
Wyoming	34,302	34,302	34,302	-
Subtotal	**12,456,469**	**12,456,469**	**12,456,469**	-
Puerto Rico	20,105	20,105	20,105	-
Subtotal	12,476,574	12,476,574	12,476,574	-
Undistributed 1/	523,426	523,426	523,426	-
Total States/Territories	**13,000,000**	**13,000,000**	**13,000,000**	-

1/ 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.

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Program Administration

Services	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021(+/-) FY 2020
Program Administration	$40,921	$41,063	$42,063	+$1,000
FTE	162	171	174	+3

*BA is in thousands of dollars; FTE is a whole number. 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) of 1965, P.L. 89-73, 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), and the Elder Justice Act (EJA).

Most Recent Authorizing Legislation: Older Americans Reauthorization Act of 2016, Public Law 114-144, the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, the Help America Vote Act of 2002, Public Law 107-252, Improving Access to Assistive Technology for Individuals with Disabilities Act of 2004, (including but not limited to AT Act Sections 4-6 authorized programs), Titles II and VII of the Rehabilitation Act of 1973, as amended in 2014 by the Workforce Innovation and Opportunity Act (WIOA), Public Law 113-128, the Public Health Service Act (PHSA), and the Elder Justice Act (Title XX-B of the Social Security Act).

Current FY Authorization.....N/A

Authorization Expiration Date.....N/A

Allocation Method.....Direct Federal/Contract

Program Description and Accomplishments:

ACL's mission is to assist older adults and people of all ages with disabilities to live as independently as possible and 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 (RA), Help America Vote Act (HAVA), Assistive Technology (AT) Act, Public Health Service Act (PHSA), and the Elder Justice Act (Title XX-B of the Social Security Act). These funds cover salaries and benefits, rent and security, and external shared services, costs that 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).

In FY 2019, Program Administration funding supported 163 of the 181 FTE in ACL's central and 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 (HCFAC) account, Medicare Improvements for Patients and Providers Act (MIPPA) activities, and money received from the Centers for Medicare & Medicaid Services (CMS) 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:

		FTE
FY 2017	$40,063,000	170.6
FY 2018	$40,063,000	170.1
FY 2019	$41,063,000	163.0
FY 2020 Annualized CR	$41,063,000	171.0
FY 2021 President's Budget	$42,063,000	174.0

Budget Request:

ACL's requests $42,063,000 for Program Administration, an increase of $1,000,000 and 3 FTE over the FY 2020 Enacted level.

Half of this increase would be used to investment in ACL's technology needs, providing support for the President's Management Agenda objectives of information technology modernization, data accountability, and transparency. The balance would support an additional 3 FTE over FY 2020 projected levels, bringing to 174 FTE the total supported with Program Administration funding. This FTE level will help to provide ACL with staff that it needs to provide proper oversight and administration and allow for a small investment in additional IT staff.

More specifically, the requested funding would:

- Invest approximately half a million dollars in portfolio management and oversight of its 50+ program-related IT systems. This will improve the agency's ability to meet its Federal Information Technology Acquisition Reform Act (FITARA) requirements to manage, validate and verify all contracts with technology tasks and deliverables to reduce risks associated with contractor performance.

- Increase funding for ACL's core IT service and support contract, to increase capabilities in cybersecurity monitoring, analysis, and incident response capabilities;

- Fund critical software licenses and services to support ACL's systems and to "make whole" ACL's use of licenses for its systems and staff; and

- Improve use of technology and data by ACL staff, grantees and other community-based organizations providing human services to older adults, people with disabilities, and caregivers. Funding would also be directed towards ensuring the accessibility and usability of ACL's systems as required by Section 508 of the Rehabilitation Act.

The balance of the funding would be invested in FTE, bringing staffing paid for by Program Administration to a total of 174 (of the 195 FTE that support ACL overall). Over the past two fiscal years, ACL has seen first-hand the consequences that being unable to fill vacant positions and cutting other core expenses have had on ACL's operations. It has resulted in delays, missed deadlines, and reduced ability to provide technical assistance, all of which have a negative impact on the ability of ACL grantees to do their work. Additional staff will alleviate inefficiencies in day-to-day operations, staff burnout and lower morale, increase the agency's ability to address operational problems (e.g., privacy and security of data being compromised; grants and contracts being inadequately monitored), and enhance ACL's ability to engage on the President's Management Agenda.

Section Break

Nonrecurring Expenses Fund

(Dollars in Thousands)

	FY 2019[144]	FY 2020[145]	FY 2021[146]
Notification[147]	$4,850,000	-	-

Authorizing Legislation:

Authorization……Section 223 of Division G of the Consolidated Appropriations Act, 2008

Allocation Method……..Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

Summary Statement: ACL continues to work to augment, replace, or modernize its portfolio of IT systems. In FY 2019, ACL NEF plans included funding for planning, development and enhancement work on the following systems and projects:

- ACL Data (formerly known as Aging and Disability Data Analysis and Presentation System) – Replacement of AGID
- ACL Older Americans Act Performance System (formerly known as ACL Titles and Administrative Data Reporting System) -- Replacement of NAPIS Cards/SPR/NORS
- ACL Reporting (formerly known as ACL MIS Replacement)
- ACL.gov Enhancements
- ACL Knowledge Management(formerly known as ACL Intranet and Knowledge Management)
- Accessibility and Usability Shared Service Pilot

ACL Data

FY 2019: $1.0 million

[144] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on December 4, 2018

[145] HHS has not yet notified for FY 2020

[146] HHS has not yet notified for FY 2021

[147] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use

ACL Data is a critical tool for business intelligence, analysis and presentation of data from different programs and sources – a capability established as a requirement for transformation by ACL as part of the President's Management Agenda and the "Reimagine HHS" initiatives, particularly the Leveraging the Power of Data Strategic Shift." In FY 2019, ACL continued the foundational work of organizing and categorizing administrative and programmatic data to support the implementation of ACL Data, addressing data governance, and exploring the technology required to develop a "data lake."

ACL Older Americans Act Performance System (formerly ACL Titles and ACL Administrative Data Reporting System)

FY 2019: $1.5 million

Consistent with ACL original FY 2016 proposal for this project, the additional NEF funds were used to complete development and implementation of the new system to enable reporting for the three sets of formula grant programs authorized by Titles III, VI, and VII of the OAA. Development enabling the performance reporting of grants from all three titles of the OAA was completed in FY 2019. The ACL OAAPS module supporting Title VII was put into production in July 2019; the Title VI module has been tested and will enter production in April 2020; and the Title III module has been tested and will enter production in October 2021.

The planning, development, and implementation of the ACL OAAPS project is wholly funded by the NEF.

ACL Reporting Enhancements

FY 2019: $1.0 million

The current release of ACL Reporting supports six programs across two ACL Centers and greatly simplifies the submission of program plans and performance reports. The work undertaken in FY 2019 completed the initial scope of work for collecting performance reporting data from ACL's disability programs.

ACL.gov Enhancements

FY 2019: $0.5 million

In FY 2019 ACL and its contractor completed enhancements to ACL.gov that:

- Enhanced the security of the system;
- Provided a "self-serve" option for members of the public seeking to contact ACL for information about services. This will connect people to the information they need immediately, and reduce the manpower requirements for responding to inquiries;
- Simplified the process for requesting an ACL leader to speak at an event;

- Made updates to existing content to improve the currency and accuracy of ACL.gov, including fully incorporating content for all ACL programs representing our aging and disability communities; and
- Increased the consistency of content between programs across the agency.

ACL Knowledge Management

FY 2019: $0.5 million

In FY 2019, ACL completed development a modern, cloud-based platform to support the ACL Knowledge Management business requirement. In addition, one administrative workflow supporting event planning for ACL senior leaders was developed and implemented, and a system to coordinate and catalogue requests for technical assistance and responses was planned and designed.

HHS Accessibility and Usability Shared Service Pilot

FY 2019: $0.35 million

In FY 2019, ACL and the HHS Office of the CIO undertook planning and market research required to develop a business case and a pilot for the Accessibility and Usability Shared Service (FY 2020) for consideration within ACL and HHS. Due to competing priorities at both ACL and the HHS OCIO, work on the business case and pilot was put on hold. None of the $350,000 was expended during FY 2019.

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Supplementary Tables

Object Classification Table - Direct

Administration for Community Living

(Dollars in Thousands)

Budget Authority by Object

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Personnel compensation:				
Full-time permanent (11.1)	20,745	22,228	22,831	603
Other than full-time permanent (11.3)	835	894	919	24
Other personnel compensation (11.5)	290	311	320	8
Military personnel (11.7)				
Special personnel services payments (11.8)				
Subtotal personnel compensation	**21,870**	**23,434**	**24,069**	**635**
Civilian benefits (12.1)	6,705	7,206	7,402	195
Military benefits (12.2)				
Benefits to former personnel (13.0)	20			
Total Pay Costs	**28,595**	**30,640**	**31,471**	**831**
Travel and transportation of persons (21.0)	407	418	441	23
Transportation of things (22.0)	1	1	1	0
Rental payments to GSA (23.1)	3,258	3,350	3,674	324
Rental payments to Others (23.2)				
Communication, utilities, and misc. charges (23.3)	85	87	94	7
Printing and reproduction (24.0)	5	5	7	2
Other Contractual Services:				
Advisory and assistance services (25.1)	32,298	33,211	35,446	2,235
Other services (25.2)	193	199	218	19
Purchase of goods and services from government accounts (25.3)	11,445	11,769	12,983	1,214
Operation and maintenance of facilities (25.4)	1	1	1	0
Research and Development Contracts (25.5)				
Medical care (25.6)				
Operation and maintenance of equipment (25.7)	9	9	9	0
Subsistence and support of persons (25.8)				
Subtotal Other Contractual Services	**43,946**	**45,189**	**48,656**	**3,468**
Supplies and materials (26.0)	44	45	49	4
Equipment (31.0)	1	5	7	2
Land and Structures (32.0)				
Investments and Loans (33.0)				
Grants, subsidies, and contributions (41.0)	2,085,629	2,143,375	2,023,806	(119,569)
Interest and dividends (43.0)				
Refunds (44.0)				
Total Non-Pay Costs	**2,133,375**	**2,192,475**	**2,076,736**	**(115,739)**
Total Budget Authority by Object Class	**2,161,970**	**2,223,115**	**2,108,207**	**(114,908)**

Salaries and Expenses – Direct

Administration for Community Living

(Dollars in Thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Personnel compensation:				
Full-time permanent (11.1)	20,745	22,228	22,831	603
Other than full-time permanent (11.3)	835	894	919	24
Other personnel compensation (11.5)	290	311	320	8
Military personnel (11.7)				
Special personnel services payments (11.8)				
Subtotal personnel compensation	**21,870**	**23,434**	**24,069**	**635**
Civilian benefits (12.1)	6,705	7,206	7,402	195
Military benefits (12.2)				
Benefits to former personnel (13.0)	20			
Total Pay Costs	**28,595**	**30,640**	**31,471**	**831**
Travel and transportation of persons (21.0)	407	418	441	23
Transportation of things (22.0)	1	1	1	0
Rental payments to GSA (23.1)	3,258	3,350	3,674	324
Rental payments to Others (23.2)				
Communication, utilities, and misc. charges (23.3)	85	87	94	7
Printing and reproduction (24.0)	5	5	7	2
Other Contractual Services:				
Advisory and assistance services (25.1)	32,298	33,211	35,446	2,235
Other services (25.2)	193	199	218	19
Purchase of goods and services from government accounts (25.3)	11,445	11,769	12,983	1,214
Operation and maintenance of facilities (25.4)	1	1	1	0
Research and Development Contracts (25.5)				
Medical care (25.6)				
Operation and maintenance of equipment (25.7)	9	9	9	0
Subsistence and support of persons (25.8)				
Subtotal Other Contractual Services	**43,946**	**45,189**	**48,656**	**3,468**
Supplies and materials (26.0)	44	45	49	4
Total Non-Pay Costs	**47,745**	**49,096**	**52,923**	**3,828**
Total Salary and Expense	**76,340**	**79,736**	**84,395**	**4,659**
Direct FTE	**168**	**177**	**180**	**3**

Detail of Full Time Equivalents (FTE)

Administration for Community Living

	2019 Actual Civilian	2019 Actual Military	2019 Actual Total	2020 Est. Civilian	2020 Est. Military	2020 Est. Total	2021 Est. Civilian	2021 Est. Military	2021 Est. Total
Immediate Office of the Administrator									
Direct:	14.0		14	15		15	15		15
Reimbursable:	0		0	0		0	0		0
Total:.....	14.0	0	14.0	15.0	0	15	15.0	0	15
Administration on Aging									
Direct:	19.9		19.9	32		32	35		35
Reimbursable:	4.3		4.3	4.5		4.5	4.5		4.5
Total:.....	24.2		24.2	36.5	0	36.5	39.5	0	39.5
Administration on Disabilities									
Direct:	21.0		21.0	26		26	26		26
Reimbursable:	1.6		1.6	1.6		1.6	1.6		1.6
Total:.....	22.6	0	22.6	27.6	0	27.6	27.6	0	27.6
Center for Policy and Evaluation									
Direct:	8.0		8.0	13		13	13		13
Reimbursable:	4.2		4.2	4.2		4.2	4.2		4.2
Total:.....	12.2	0	12.2	17.2	0	17.2	17.2	0	17.2
Center for Management and Budget									
Direct:	35.7		35.7	39		39	42		42
Reimbursable:	0		0.0	0		0	0		0
Total:.....	35.7	0	35.7	39.0	0	39.0	42.0	0	42
Center for Innovation and Partnerships									
Direct:	8.7		8.7	8		8	8		8
Reimbursable:	12.0		12.0	12.0		12	12.0		12
Total:.....	20.7	0	20.7	20.0	0	20	20.0	0	20
Center for Regional Operations									
Direct:	21.9		21.9	10.0		10.0	10.0		10
Reimbursable:	0		0.0	0		0	0		0
Total:.....	21.9	0	21.9	10.0	0	10.0	10.0	0	10
National Institute on Disability, Independent Living, and Rehabilitation Research									
Direct:	28.8		28.8	24		24	24		24
Reimbursable:	0		0	0		0	0		0
Total:.....	28.8	0	28.8	24.0	0	24	24.0	0	24
ACL FTE Total.....	**180.0**	**0.00**	**180.0**	**189.3**	**0.00**	**189.3**	**195.3**	**0.00**	**195.3**

Average GS Grade
FY 2017 13.1
FY 2018 13.1
FY 2019 13.3
FY 2020 13.2
FY 2021 13.2

Detail of Positions

Administration for Community Living

	FY 2019 Final	FY 2020 Enacted	FY 2021 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 Executive Level Positions.	1	0	0
Total - Exec. Level Salaries	158,500	158,500	158,500
SES.....	6	7	7
Subtotal SES positions.....	6	7	7
Total - ES Salary	1,042,864	1,219,864	1,222,598
GS-15	25	28	28
GS-14	52	54	55
GS-13	46	57	61
GS-12	23	29	30
GS-11	7	8	8
GS-10	1	1	1
GS-9	3	2	2
GS-8	0	0	0
GS-7	1	2	2
GS-6	0	0	0
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	158	181	187
Total - GS Salary	$19,395,902	$ 22,214,260	$22,846,426
Average ES salary	$ 173,811	$ 174,266	$ 174,657
Average GS grade	13.3	13.2	13.2
Average GS salary	$ 122,759	$ 122,731	$ 122,173

FTE Funded by P.L. 111-148 and Any Supplementals

Administration for Community Living

Program	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
Pre-existing programs funded by ACA (Mandatory)										
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)										
Aging and Disability Resource Centers	Section 2405	$ 10,000	0	0	$ 10,000	3	0	$ 10,000	4	0
New programs funded from the PPHF under ACA (Discretionary)										
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)										
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$ -	0	0	$ -	0	0	$ -	0	0

Program	Section	FY 2013 Total	FY 2013 FTEs	FY 2013 CEs	FY 2014 Total	FY 2014 FTEs	FY 2014 CEs	FY 2015 Total	FY 2015 FTEs	FY 2015 CEs
Pre-existing programs funded by ACA (Mandatory)										
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)										
Aging and Disability Resource Centers	Section 2405	$ 9,490	4	0	$ 9,280	3	0	$ -	0	0
New programs funded from the PPHF under ACA (Discretionary)										
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)										
Elder Justice Initiative/Adult Protective Services	6701-6703	$ -	0	0	$ -	0	0	$ 4,000	2	0

Funded by P.L. 111-148 and Any Supplementals - Continued

Administration for Community Living

Program	Section	FY 2016 Total	FY 2016 FTEs	FY 2016 CEs	FY 2017 Total	FY 2017 FTEs	FY 2017 CEs	FY 2018 Total	FY 2018 FTEs	FY 2018 CEs
Pre-existing programs funded by ACA (Mandatory)										
National Clearinghouse for Long-Term Care Information	Title VIII	$ -	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)										
Aging and Disability Resource Centers	Section 2405	$ -	0	0	$ -	0	0	$ -	0	0
New programs funded from the PPHF under ACA (Discretionary)										
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	$ 8,000	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ 10,500	0	0	$ 10,500	0	0	$ -	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ 4,200	0	0	$ 4,200	0	0	$ -	0	0
Alzheimer's Disease Program--(PPHF Allocation)	Section 4002	$ -	0	0	$ -	0	0	$ 14,700	0	0
Falls Prevention--(PPHF)	Section 4002	$ 5,000	0	0	$ 5,000	0	0	$ 5,000	0	0
Programs authorized by ACA but funded by other sources (Discretionary)										
Elder Justice Initiative/Adult Protective Services	6701-6703	$ 8,000	1	0	$ 10,000	2.5	0	$ 12,000	2.1	0

Program	Section	FY 2019 Total	FY 2019 FTEs	FY 2019 CEs	FY 2020Annualized CR Total	FY 2020Annualized CR FTEs	FY 2020Annualized CR CEs	FY 2021 Total	FY 2021 FTEs	FY 2021 CEs
Pre-existing programs funded by ACA (Mandatory)										
National Clearinghouse for Long-Term Care Information	Title VIII	$ -	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)										
Aging and Disability Resource Centers	Section 2405	$ -	0	0	$ -	0	0	$ -	0	0
New programs funded from the PPHF under ACA (Discretionary)										
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	$ -	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	$ -	0	0
Alzheimer's Disease Program--(PPHF Allocation)	Section 4002	$ 14,700	0	0	$ 14,700	0	0	$ -	0	0
Falls Prevention--(PPHF)	Section 4002	$ 5,000	0	0	$ 5,000	0	0	$ -	0	0
Programs authorized by ACA but funded by other sources (Discretionary)										
Elder Justice Initiative/Adult Protective Services	6701-6703	$ 12,000	2.35	0	$ 12,000	2.6	0	$ 14,000	3	0

Programs Proposed for Elimination

Administration for Community Living

Program	FY 2020 Enacted	Rationale
Chronic Disease Self-Management Education[148]	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 nearly all of the funds they receive for HCBS, Nutrition, Preventive Health and Caregivers programs.
Elder Falls Prevention[149]	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 nearly all of the funds they receive for HCBS, Nutrition, Preventive Health and Caregivers programs.

[148] This program was proposed for elimination in the FY 2019, and FY 2020 President's Budget.

[149] This program was proposed for elimination in the FY 2019, and FY 2020 President's Budget.

Physicians Comparability

Administration for Community Living

ACL does not have anything to submit

Performance Measures Proposed Changes

Administration for Community Living

Unique Identifier	Change Type	Original in FY 2019 CJ	Proposed Change	Reason for Change	HHS Performance Plan (APP/R) Measure
R1a	Discontinue	----	By 2023, generate new knowledge toward interventions to mediate the impact of opioid misuse by individuals with disabilities.	OMB advised that two Opioid-related measures was not an accurate reflection of the scope of the work conducted by ACL's NIDILRR. This measure is to be replaced with a new measure R3.	No
R3	New	----	By 2023, grantee will generate new knowledge about the impact of (1) an ABLE account and (2) the joint impact of an ABLE account and financial management training on community living and participation of people with intellectual and developmental (I/DD) and cognitive disabilities.	New measure reflecting a mission to promote effective use of new knowledge. The focus is on the outcome domain of community living.	No

Good Accounting Obligation in Government Act (GAO-IG Act) Report
Administration for Community Living

The information below addresses the requirements of the Good Accounting Obligation in Government Act (GAO-IG Act; Public Law 115-414) to provide a report identifying each public recommendation issued by the Government Accountability Office (GAO) and federal Offices of Inspectors General (OIG) which remains unimplemented for one year or more from the annual budget justification submission date. The recommendations below apply specifically to this division of HHS. Please refer to the General Departmental Management budget justification for more information on the Department's overall progress in implementing GAO and OIG recommendations.

Appendix 1: OIG-GAO Open Recommendations

Report Number	Report Title	Report Date	Recommendation Text	Concur / Non-Concur	Implementation Timeline	Implementation Status	Implementation Updates and Constraints
GAO-18-232	Older Adult Housing: Future Collaborations on Housing and Health Services Should Include Relevant Agencies and Define Outcomes	4/26/2018	The Secretary of Health and Human Services should work with HUD and USDA's Rural Development to define common outcomes and identify opportunities to include USDA in future collaborative efforts on older adult housing and health services.	Concur	2020	In Progress	Promoting Aging in Place by Enhancing Access to Home Modifications (grant): In September 2018, HHS/ACL awarded a cooperative agreement to the University of Southern California Leonard Davis School of Gerontology to address barriers to home modification access and service delivery that support aging in place. A key objective of the project will be improving coordination and building new partnerships among federal, state, and local home modification programs and professionals. The project established a steering committee that includes representatives from HUD, CMS, and USDA. The first steering committee meeting was held on April 23. At the meeting participants discussed pressing challenges and opportunities for improving the coordination of home modification service delivery. Home Care Cooperative Initiative: HHS/ACL and USDA collaboration on strategies to replicate Home Care co-ops in responses to shortages of direct service workers. The follow activities have occurred: o ACL participated in the 3rd annual Home Care Co-op Conference held November 13-15, 2018 in Dulles, VA. o USDA, Rural Development presented during ACL's National Respite Network Webinar, December 6, 2018 o ACL hosted a strategic planning meeting for Home Care Cooperative Initiative with USDA, Rural Development, February 25, 2019, which resulted in a National Homecare Replication Initiative. This is a multi-year initiative to design, implement and scale the homecare cooperative model nationwide. o ACL and USDA conducted a joint presentation at the national Village to Village Network Conference, September 18-20, 2019. ACL and HUD Supportive Housing Collaboration: o ACL is working with HUD to identify collaboration opportunities across local HUD entities and ACL's No Wrong Door network. ACL/HUD are building off existing work where ACL mapped HUD's 7 IWISH demonstration sites and cross-walked them with ACL's NWD system and AoA's Chronic Disease Self- Management Programs to encourage cross-pollination and leveraging of resources. ACL is exploring how to expand this effort to include additional IWISH sites. o ACL continues to support HUD in promoting integrated housing opportunities through work on development and promotion of Notices of Funding Availability for 811 Mainstream Housing Vouchers and Project Rental Assistance for Section 811 Supportive Housing for Persons with Disabilities. ACL worked with multiple program offices in the development of the NOFAs and has disseminated the NOFAs to our networks and listserv.

Appendix 2: OIG-GAO Closed, Unimplemented Recommendations					
Report Number	**Report Title**	**Report Date**	**Recommendation Text**	**Implementation Status**	**Reason for non-implementation**
GAO-11-237	OLDER AMERICANS ACT: More Should Be Done to Measure the Extent of Unmet Need for Services	3/30/2011	To help ensure that agencies have adequate and consistent information about older adults' needs and the extent to which they are met, the Secretary of Health and Human Services should partner with other government agencies that provide services to Older Americans and, as appropriate, convene a panel or work group of researchers, agency officials, and others to develop consistent definitions of need and unmet need and to propose interim and long-term uniform data collection procedures for obtaining information on older adults with unmet needs for services provided from sources like Title III.	Closed, Unimplemented	Recommendation not feasible
HEHS-94-37	OLDER AMERICANS ACT: Title III Funds Not Distributed According to Statute	1/18/1994	AOA should revise its current method of calculating state grant funds under title III of the Older Americans Act to allot more funds in proportion to current elderly populations, as required by law, while still satisfying the statutory minimum requirements. Such a revised method should compute title III allotments first on current shares of states' elderly populations, then raise only those state allotments that do not meet the hold-harmless and/or 0.5-percent minimum funding levels, and, finally, lower allotments of	Closed, Unimplemented	Non-concur

Legislative Proposals

FISCAL YEAR 2021 HHS LEGISLATIVE PROPOSAL

Administration for Community Living

Inclusion of Program Evaluation and Performance Measurement Activities with Reserved Training and Technical Assistance Funds

Proposal: Explicitly authorize program evaluation and performance measurement as an allowable activity of funds currently appropriated for training and technical assistance to Centers for Independent Living (CILs) and Statewide Independent Living Councils (SILCs).

Current Law: Section 711A(a) of the Rehabilitation Act, as amended (Rehabilitation Act), 29 U.S.C. 796e-O, and Section 721(b) of the Rehabilitation Act, 29 U.S.C. 796f, requires that no less than 1.8 percent and not more than 2 percent of funds appropriated for the Independent Living Services program and the Centers for Independent Living (CILs) program be made available for training and technical assistance to SILCs and CILs. Neither section explicitly authorizes the use of such funds for program evaluation and/or performance measurement.

Rationale: The current statute does not explicitly authorize Section 711A or Section 721(b) funds to be used for program evaluation and/or performance measurement of CILs and/or SILCs. This proposal would give the Administrator flexibility to conduct program evaluation and performance measurement activities. This proposal is consistent with language included in other ACL programs, such as the Older Americans Act, that enables ACL to conduct performance measurement and evaluation of the programs it funds under that Act.

It is consistent with the President's initiative to improve operational efficiency and decrease unwarranted regulation and guidance, and with the HHS Secretary's *Relmagine HHS* initiative to streamline business processes in the execution of day-to-day operations.

Budget Impact: None

Personnel Requirements: No change

Effective Date: October 1, 2020

FISCAL YEAR 2021 HHS LEGISLATIVE PROPOSAL
Administration for Community Living

Removal of Requirement that Annual Grantee Compliance Reviews Occur Onsite

Proposal: Remove the requirement that Center for Independent Living annual grantee compliance reviews be conducted "onsite." Allow the Administrator to determine the most effective method for annual grantee compliance reviews.

Current Law: Section 706(c)(1) of the Rehabilitation Act of 1973, as amended ("Rehabilitation Act"), 29 U.S.C. 796d-1, requires the Administrator to conduct onsite compliance reviews of at least 15 percent of the Centers for Independent Living funded under section 722 of the Rehabilitation Act, 29 U.S.C. 796f-1, on an annual basis.

Rationale: As the program has increased the total number of grantees, it has become increasingly difficult to meet the statutory requirement to conduct onsite compliance reviews of at least 15 percent of grantees on an annual basis. This proposal creates a more efficient monitoring process by shifting resources to support a three-tier compliance review system that incorporates a grantee dashboard applicable to 100 percent of grantees, targeted compliance reviews determined by the issue of concern, and comprehensive onsite reviews, when applicable. The requirement for onsite compliance reviews was added to the Rehabilitation Act in 1988 when the number of grantees was approximately 52, requiring eight annual onsite compliance reviews. In 2019, there are 282 grantees, requiring 42 annual onsite compliance reviews. Historically, the program has not met the requirement. As demonstrated by pilot desktop reviews conducted in FY2019, today's technology provides tools and options supporting dynamic, efficient remote compliance reviews that were not available in 1988. This proposal gives the Administrator the authority to determine the most effective method for conducting annual compliance reviews, including allowing for remote reviews, while continuing to ensure that CILs are monitored and complying with the Rehabilitation Act.

It is consistent with the current Administration's priorities to improve operational efficiency and decrease unwarranted regulation and guidance and with the HHS Secretary's *Relmagine HHS* initiative to streamline business processes in the execution of day-to-day operations.

Budget Impact: None

Personnel Requirements: No change

Effective Date: Upon enactment

FISCAL YEAR 2021 HHS LEGISLATIVE PROPOSAL
Administration for Community Living

Provide Direct Training and Technical Assistance to Centers for Independent Living

Proposal: Add the flexibility for direct training and technical assistance (T/TA) by program staff to the Centers for Independent Living program authorization. Allow the Administrator to determine the most appropriate funding method for delivery of training and technical assistance to Centers for Independent Living.

Current Law: Title VII Subchapter B, Section 711A(a) of the Rehabilitation Act, 29 U.S.C. 796e-0, requires that no less than 1.8 percent and not more than 2 percent of funds appropriated and made available for use under Subchapter B be reserved, *either directly* or through grants, contracts or cooperative agreements, to provide T/TA to *Statewide Independent Living Councils*. In contrast, Section 721(b) of the Rehabilitation Act, 29 U.S.C. 796f, requires that no less than 1.8 percent and not more than 2 percent of funds appropriated for use under Subchapter C be reserved to provide, *through grants, contracts or cooperative agreements,* T/TA to *Centers for Independent Living*.

Rationale: Current statute imposes unnecessary restrictions over T/TA funding mechanisms for the Centers for Independent Living program. Historically the full T/TA funding has been awarded through a cooperative agreement. This proposal gives the Administrator authority to diversify T/TA and utilize funds to support necessary activities by program staff. By adding the language "either directly" to the funding mechanisms, the proposal would resolve the inconsistency between T/TA delivery by the two Independent Living programs, increasing program efficiency.

It is consistent with the Administration's priorities to improve operational efficiency and with the HHS Secretary's *Relmagine HHS* initiative to streamline business processes in the execution of day-to-day operations.

Budget Impact: None

Personnel Requirements: No change

Effective Date: October 1, 2020

FISCAL YEAR 2021 DHHS LEGISLATIVE PROPOSAL
Administration for Community Living

Enhance Resources for Evaluation, Training & Technical Assistance

Proposal: Increase the allowance for evaluation from ½ percent to 1 percent for enhanced evaluation and data collection.

Current Law: Section 206(g) of the Older Americans Act permits the use of up to ½ of 1 percent to conduct evaluations of programs and to review their effectiveness.

Rationale: Due to the increasing demographics and complexity of needs of the aging population, the demand for information about aging programs and their effectiveness is increasing. As a result, additional resources are needed to more quickly and comprehensively review programs and provide data that supports administration and congressional actions for addressing these changing needs.

Budget Impact: None.

This is a non-budget related discretionary item that is budget neutral. It would result in reduced levels of funding passed through to States for services. No increases in the total budget are needed to implement this proposal. The amount is taken from existing amounts appropriated. The maximum amount of the allowances based on FY 2020, if full authority was utilized:

- ½% -- $7,681,131
- 1% -- $15,362,262

Personnel Requirements: No change.

Effective Date: Effective upon enactment.

Suggested draft bill language:

Section 206(g) --

> *From the total amount appropriated for each fiscal year to carry out title III, the Secretary may use such sums as may be necessary, but not to exceed ~~½ of~~ 1 percent of such amount, for purposes of conducting evaluations under this section, either directly or through grants or contracts.*

FISCAL YEAR 2021 HHS LEGISLATIVE PROPOSAL
Administration for Community Living

Medicare Improvements for Patients and Providers Act (MIPPA) Program

Proposal: Continue operation of the Medicare Improvements for Patients and Providers Act (MIPPA) program, which provides additional funding to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) to conduct one-on-one counseling specifically targeting hard-to-reach beneficiaries; and to support the National Center for Benefits Outreach and Enrollment (NCBOE). Through FY 2021, provide mandatory appropriations at the current level of $37.5 million.

Current Law: Medicare Improvements for Patients and Providers Act of 2008, Section 119 (42 U.S.C. 1395b-3 note) as amended.

Rationale: MIPPA funding provides targeted in-person enrollment assistance to Medicare beneficiaries who qualify for either the Medicare Savings Plans (MSP) or the Social Security Low-Income Subsidy (LIS). Beneficiaries are eligible for these programs if they have minimal assets and incomes below 135% of the Federal Poverty Level. Some individuals with slightly higher incomes may qualify for partial assistance under LIS.

Three funding streams provide formula grants to States – to access the resources of Area Agencies on Aging (AAAs) and tribes, Aging and Disability Resource Centers (ADRCs), and State Health Insurance Assistance Programs (SHIPs) – to provide services to eligible beneficiaries. MIPPA funding is not used to support the day-day services of these entities, but to go beyond the assistance normally provided, both in terms of identifying older Americans and those with disabilities in need, and to provide much more intensive counseling and enrollment assistance (up to several hours per beneficiary) that focuses on those qualifying for the Medicare LIS or MSP.

A fourth funding stream under MIPPA provides for a National Center for Benefits Outreach and Enrollment (NCBOE) which coordinates efforts to inform older adults and beneficiaries with disabilities about the low-income benefits available under federal and state programs, with an emphasis on providing information on programs to help Medicare beneficiaries access their Medicare coverage, specifically the LIS and MSP. In addition, the NCBOE supports a nationwide network of 87 local Benefit Enrollment Centers which provide low-income benefits information and enrollment assistance to the public.

MIPPA, initially passed in 2008, provided funding beginning in FY 2009 to extend the reach of these existing programs to provide targeted in-person enrollment assistance to Medicare beneficiaries, and has been funded nearly annually through a series of funding or extenders bills. Funding provided through MIPPA does not replace base funding that is used to provide other

services through these programs, and without the additional MIPPA funding, SHIPs, ADRCs, and AAAs may not be able to carry out these targeted outreach and counseling activities, meaning that beneficiaries could lose this assistance and bear higher out of pocket costs. Most recently, the Further Consolidated Appropriations Act, 2020 extended funding for MIPPA to May 22,2020 leaving the MIPPA program unfunded, without further action by the Congress, after that date.

Continued funding is needed so that the beneficiaries eligible for these programs do not lose in-depth assistance with enrolling in the 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 $437 per month in Medicare Part A Premium Savings and $135.50 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 are also entitled.

Budget Impact: $13.4 M in FY 2020, $37.5 M in FY 2021

Personnel Requirements: No change

Effective Date: October 1, 2020

Significant Items

1 -Protection of Vulnerable Older Americans. The agreement includes a $1,000,000 increase for expansion of the ombudsman program to assisted living facilities.

Action to be Taken: ACL will use the additional funding to begin to expand the ombudsman program to assisted living facilities.

2 - National Family Caregiver Strategy. The agreement includes $100,000 for the Family Caregiving Advisory Council.

Action to be Taken: ACL appreciates the continued support for the Family Caregiving Advisor Counsel and will use the additional funding as intended to support the activities of the Council.

3 - Aging Network Support Activities. Within the total for Aging Network Support Activities (ANSA), the agreement provides not less than $5,000,000 for the Holocaust Survivor's Assistance program.

Action to be Taken: The Administration for Community Living will use the funding to support the Holocaust Survivor's Assistance program.

4 - Alzheimer's Disease Program.-The agreement includes up to $2,000,000 for the National Alzheimer's Call Center and a $3,000,000 increase for expanding direct services, including respite care, for paid and unpaid caregivers.

Action to be Taken: From the additional funding provided for the Alzheimer's Disease Program in the final appropriation, ACL will continue to provide support for the Alzheimer's Call Center and for efforts to support and/or expand direct services, including respite care, for paid and unpaid caregivers.

5 - Paralysis Resource Center.-The agreement includes $9,700,000 for the Paralysis Resource Center (PRC) and directs ACL to continue support for the National PRC at not less than $8,700,000.

Action to be Taken: The Administration for Community Living plans on funding the National Paralysis Resource Center at no less than $8,700,000 consistent with the Committee guidance.

6 - Developmental Disabilities State Councils. –ACL is instructed to provide not less than $700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Action to be Taken: Consistent with direction provided by both the Committee and the Developmental Disabilities Assistance and Bill of Rights Act, the Administration for Community Living will provide at least $700,000 for technical assistance and training for the State Councils on Developmental Disabilities in FY 2020.

7 **- Developmental Disabilities Protection and Advocacy –** "The Committee encourages the Department to ensure that protection and advocacy program grantees provide services for people with disabilities to navigate Medicaid systems, including in rural and urban States with Medicaid managed care arrangements. The Committee requests the Department provide a report on the extent to which protection and advocacy grantees currently provide legal, administrative, and other human rights services to help individuals with disabilities understand and navigate their respective State's Medicaid system. This report should be submitted to the Committees on Appropriations of the House of Representatives and the Senate no later than 90 days after enactment. (FY2020 Labor-HHS Appropriations Act, Report p. 185/Final FY 2020 Labor-HHS Appropriations Act, Report 117)"

Action to be Taken: ACL will provide the requested report as soon as is practicable on the range of P&A legal advocacy services related to Medicaid services and supports that were provided to individuals with intellectual and developmental disabilities. The range of legal advocacy services to individuals with intellectual and developmental disabilities includes self-advocacy assistance, limited advocacy, administrative remedies, negotiation, mediation/alternative dispute resolution, and litigation. In FY 2018, 40 P&As addressed 1,175 individual complaints cases related to Medicaid. For example, the Louisiana P&A provided direct legal representation in 37 cases representing individuals with intellectual and developmental disabilities who were being denied or faced the loss of necessary Medicaid benefits.

8 - Intermediate Care Facilities—"The Department is encouraged to factor the needs and desires of patients, their families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act. (FY2020 Labor-HHS Appropriations Act, Report p. 185/Final FY 2020 Labor-HHS Appropriations Act, Report p. 117)"

Action to be Taken: ACL will continue to work to expand home- and community-based services and supports and to improve the quality of long-term services and support. ACL communicates regularly with a variety of stakeholders, including groups with vested interests in the quality of life of individuals with intellectual and developmental disabilities. ACL will continue to communicate

with various stakeholders and use their insights in the oversight of the programs authorized under the Developmental Disabilities Assistance and Bill of Right Act.

9 - University Centers for Excellence in Developmental Disabilities.-The agreement includes $1,000,000 to establish a pilot program to support partnerships between existing University Centers for Excellence in Developmental Disabilities and highly-qualified, non-profit service providers to develop models that offer individuals with Intellectual and Developmental Disabilities and their families with community-based adult transition and daytime services to support independent living.

Action to be Taken: ACL will apply the additional funding provided for UCEDDs to a pilot program to support partnerships between existing University Centers for Excellence in Developmental Disabilities and highly-qualified, non-profit service providers as intended by the Committee.

10 - Aging Disability Resource Centers –"The Committee urges ACL to **improve coordination among ADRCs, area agencies on aging, and centers for independent living** to ensure that there is ''no wrong door'' to access services. (FY2020 Labor-HHS Appropriations Act, Report p. 184)."

Action to be Taken: ACL efforts and activities to improve and enhance coordination among ADRCs, Area Agencies on Aging and Centers for Independent Living to ensure there is a "no wrong door" to access long term services and supports include:

- **In FY 2017**, ACL developed guidance outlining four key elements of a No Wrong Door (NWD) System. The guidance provides a framework for states to use to adopt a NWD System. These elements emphasize the need for coordination of multiple agencies and organizations at the state and local level, including ADRC, AAAs and CILs. The four key elements include 1) state governance and administration; 2) public outreach and coordination with key referral sources; 3) person-centered counseling; and 4) streamlined eligibility for public programs. Since release of this guidance, ACL has provided targeted technical assistance to support states in fully adopting these key elements. States have demonstrated that NWD Systems facilitate more streamlined services for individuals, improve individuals' quality of life, and strengthen LTSS networks, all by formalizing relationships among ADRCs, AAAs, CILS and other community based organizations, and improving administrative efficiency through established state governing bodies for NWD Systems. No Wrong Door System Key Elements can be found at: https://nwd.acl.gov/pdf/NWD-National-Elements.pdf

- **In FY 2019, ACL:**

    - Coordinated a series of educational webinars that targeted outreach and engagement of CILs to educate and inform then about the Veteran Directed Care

(VDC) program. Over 230 CIL Directors attended these webinars and approximately half have expressed interest in becoming VDC providers.

- Collaborated with the AARP Public Policy Institute on The Long-Term Services and Supports State Scorecard. The scorecard helps states to evaluate the performance of their LTSS access systems (i.e. NWD Systems) in the areas of state governance and administration, target populations, public outreach and coordination with key referral sources, person-centered counseling, and streamlined eligibility for public programs. The scorecard provides comparable state data to benchmark performance, measure progress, and identify areas for improvement. Preliminary data indicates that most states improved their overall scores between the 2017 and 2020 scorecards. The top ten scoring states all reported fully or partially functioning multi-state agency bodies that coordinate the State government's work to develop a single NWD System for all people needing LTSS, regardless of income, age, or disability. In addition, the top ten scoring states have built strong collaborative partnerships between the state aging and disability agencies and the state Medicaid agency.
- AARP State Scorecard Reference (June 2017): Picking Up the Pace of Change, 2017: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers. Retrieved from http://www.longtermscorecard.org/2017-scorecard.

- **For FY 2020, ACL:**

  - Will propose a funding opportunity to target and support states in improving their NWD System governance and administration structure to enhance statewide data collection capabilities and to promote network development across community-based organizations. ACL envisions this funding opportunity will support states in improving their governance structures in order to establish state leadership, management and oversight of NWD System functions, making the overall system more consumer-driven and cost effective.
  - Will continue providing technical assistance and support to states and aging and disability network agencies (e.g., AAAs, CILs, and ADRCs) in areas of business acumen that will enhance NWD System key elements.

11 - Reorganization.—"The Committee is disappointed that the ACL reorganization was not included in the President's budget request. For the purposes of transparency with the public and in accordance with the spirit of an annual budget justification and review process, the Committee encourages ACL to submit future reorganization proposals through CJs so that Congress may fully consider any reorganization in the context of the annual budget process and with input from stakeholders. The Committee strongly urges ACL to engage with stakeholders as ACL implements its reorganization plan. (FY2020 Labor-HHS Appropriations Act, Report p. 181)"

Following executive branch approval of the ACL reorganization, notification to Congress occurred via letter on April 3, 2019, as required by law. The ACL reorganization was announced in the

Federal Register on May 8, 2019 and implementation was completed August 4, 2019. ACL's statement of organization, functions, and delegations of authority are available at: https://acl.gov/about-acl/organization.

Action to be Taken: The ACL reorganization was focused on the goal of promoting an efficient operating platform that allows ACL to enhance services and functions as well as reduce duplication and improve consistency, responsiveness, efficiency and overall impact.

ACL's reorganization did not involve any changes to ACL's overall number of FTEs. The reorganization did not involve any significant changes to its budget. No staff experienced a demotion or reduction in salary or benefits.

While the overall number of ACL's FTEs did not change, the reorganization did involve sensitive personnel decisions. As a result, ACL deemed it to be inappropriate to include people outside of ACL's executive leadership in discussions about the reorganization until the week of its announcement. However, since the reorganization was announced, ACL actively engaged with stakeholders to explain the staff and organizational changes and address concerns. This engagement began with telephone meetings with a wide range of aging and disability organizations on May 9, the day after the reorganization was posted in the Federal Register, and engagement continued in the weeks and months thereafter. This engagement included sharing updates and answering questions about the implementation of the reorganization broadly at national conferences of aging and disability stakeholders in June, July and August, and has also included individual grantee outreach as applicable last Summer and Fall regarding the ACL team member to contact for regarding their grant award and technical assistance.

In these conversations, ACL shared that the reorganization did not alter the organization's mission, functions, authorizing statutes, programs, or funding. ACL continues to be fully committed to community living for everyone regardless of age or disability. Some organizational units within ACL have been renamed to allow for consistent nomenclature across the organization, and to update office titles to reflect the current work of the respective office. Concerns regarding the provision of technical assistance and training by the regional offices were also addressed. The expansion of the regional administrator role from five offices to all 10 regional offices enhances ACL presence in the regions.

Previous to this reorganization, ACL regional administrators only focused on Older Americans Act activities, while all disability issues were handled through the central office. With this reorganization, ACL has put both a disability and older adult focus in all 10 regions, bringing new awareness to regional offices, states and stakeholders of the resources and technical assistance available from ACL. This enhanced focus provides more synergy with regional activity and support.

ACL does anticipate some immediate and forthcoming consistency and improved efficiency through the reassignment of positions in two areas. Effective August 4, ACL centralized all grants

officer positions into the Office of Grants Management by reassigning three positions from ACL's research arm, the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

ACL also had 23 FTEs across the 10 regions, all focused on technical assistance related to older adult issues. Through the reorganization, 18 of these FTE positions have been relocated to ACL's headquarters in Washington DC effective August 4, which centralizes all state liaison work on aging programs to allow for enhanced responsiveness to requests, with more consistency, and the capability of cross training is enhanced. In addition, with the co-location of all technical assistance and programmatic staff, opportunities for aging and disability services to learn from one another improves dramatically and enhances ACL effectiveness and impact.

During the first year following the reorganization ACL is negotiating new lease agreements in each of the 10 HHS regions as a result of the reduced footprint needed moving forward. ACL will not be in a position to share the net outcome of these changes until the lease negotiations are finalized and actual cost of changing from one office location to another is complete.

Text Description Administration for Community Living Organizational Chart

(Page 1)

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 report to the Office of the Administrator:

- Administration on Aging, which includes four 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
- Administration on Disabilities, which includes three offices:
  - Office of Intellectual and Developmental Disability Programs
  - Office of Independent Living Programs
  - Office of Disability Services Innovations
- Center for Innovation and Partnership, which includes three offices:
  - Office of Interagency Innovation
  - Office of Network Advancement
  - Office of Healthcare Information and Counseling
- Center for Management and Budget, which includes four offices:
  - Office of Budget and Finance
  - Office of Grants Management
  - Office of Administration and Personnel
  - Office of Information Resources Management
- Center for Policy and Evaluation, which includes two offices:
  - Office of Policy Analysis and Development
  - Office of Performance and Evaluation
- Center for Regional Operations, which includes ten regional offices
- National Institute on Disability, Independent Living, and Rehabilitation Research, which includes two offices:
  - Office of Research Administration
  - Office of Research Sciences
- Office of External Affairs

The Deputy Assistant Secretary for Aging also serves as the Director of the Office of Long-Term Care Ombudsman Programs, consistent with Section 201 of the Older Americans Act.

The Administration on Disabilities is headed by a Commissioner who also serves as:

- Commissioner of the Administration on Developmental Disabilities, as described by the Developmental Disabilities Act
- Director of the Independent Living Administration, reporting directly to the ACL Administrator in carrying out those functions, consistent with Section 701A of the Rehabilitation Act.