## Overview of the Budget Request

To make community living possible for millions of people with disabilities and older adults, the Administration for Community Living (ACL) funds direct services and supports provided primarily through networks of community-based organizations; invests in training, education, research, and innovation; and advocates to ensure federal policy and programs consider the needs of both populations. ACL’s programs work together to encourage and support health, independence, resilience, and self-sufficiency throughout the lifespan and play a critical role in reducing costs of health care. ACL works closely with states, tribes, the aging and disability networks, and -- most important -- with older adults and people with disabilities, to ensure that ACL’s programs are tailored to the unique needs of the people they serve.

ACL’s budget request, outlined below, prioritizes programs that provide direct services for the people ACL serves and includes critical investments to support the President’s priorities on COVID-19 recovery, supporting caregivers and advancing equity. It also requests resources to meet the requirements of ACL’s growing leadership role across federal government on aging and disability issues.

ACL is requesting budget authority of $3,008,907,000, an increase of $750,792,000 over the FY 2021 Enacted level of $2,258,115,000. The request also includes $17.1 million in Public Health Services Evaluation funds to partially support three programs authorized by the Public Health Services Act: the Limb Loss Resource Center, the Paralysis Resource Center and the Traumatic Brain Injury program.

Enhancing Supports for Older Americans and Persons with Disabilities and Recovery from the Pandemic (+$631.9 million)

People with disabilities and older adults have faced a disproportionate share of hardships during the COVID-19 pandemic. Most ACL programs have experienced a substantially higher demand for services, which will continue well into recovery. Although many of the innovations and adaptations developed to continue service delivery during the pandemic have shown promise for increasing capacity and efficiency during normal operations, additional investment is required to meet the increased need. Without these increases, ACL will be unable to maintain services for the significantly larger population of older adults and persons with disabilities who rely on these services

In addition to significantly increased risk of serious illness and death from COVID-19, many faced serious threat of being forced to move from their homes into nursing homes and other institutional settings due to loss of critical services they rely upon to live in the community. Many who contracted the virus were unable to return home following a hospitalization for the same reason.

Those who were able to remain in the community faced increased social isolation, and far too many have faced barriers in accessing health care, including COVID-19 testing, treatment and vaccinations. All of these impacts were even more pronounced for older adults and people with disabilities who face additional barriers due to race, ethnicity, sexual orientation or gender identity, income, language spoken or other factors.

The aging and disability networks and the programs ACL funds have been at the forefront of the nation’s efforts to support older adults and people with disabilities to live safely in the community during this public health emergency, and they will play an equally critical role as we begin to recover.

As the pandemic took hold, the networks quickly adapted programs and formed new partnerships to continue to meet the needs of people who had received services before the pandemic. They also found ways to meet much of the increased demand caused by the loss of services and supports due to the closure of locations that provide services in the community and as informal supports became unavailable due to safety requirements.

For example, the network significantly increased the number of home-delivered meals and created “grab-and-go” meals that could be picked up from congregate nutrition sites. They established virtual services, such as wellness checks and telephone reassurance, and employed video-teleconferencing services to promote face-to-face interaction for program participants with family members and program staff. In addition to meeting fundamental needs in the community, the networks also have played a crucial role in helping people transition from institutional settings, where risks from COVID-19 have been highest, to safer community settings.

As the country begins to recover from the pandemic, ACL’s programs and the aging and disability networks face new challenges. For example, they play a pivotal role in helping older adults and people with disabilities access vaccines by providing outreach and education, facilitating vaccination appointments, working with vaccine providers to ensure website and vaccination site accessibility, and reaching people who cannot be vaccinated outside of their homes. As communities re-open, the return to pre-COVID service delivery systems is complicated by the reliance of those systems on volunteers, many of whom stopped volunteering during the pandemic. Many service providers in the community remain closed, continuing the need for alternate service delivery options, which can be more costly.

The FY 2022 budget request includes an additional $629 million to help maintain services for this population and address these challenges. It builds upon the foundation established through the substantial supplemental funding (and the increased flexibility for states to transfer funding between programs to meet local needs) provided by Congress for many ACL programs. It also provides a substantial increase to the developmental disability act authorized programs that have played, and will continue to play, a significant role in pandemic response and recovery, but which have not received supplemental funding.

Specific requests include:

* Nutrition (+389.6 million) and Home and Community-Based Social Services (+$158 million): Physical distancing resulted in a more sedentary lifestyle for many people served by these programs, and many older adults have experienced declines in physical and cognitive function. As a result, many who did not need the services and supports provided by the aging services network before the pandemic are expected to remain clients as we move into recovery from the pandemic.
* Preventive Health Services (+$1.5 million): The importance of remote delivery of services that promote healthy behaviors and help people manage chronic disease became clear during the pandemic. This funding will help cover the costs of developing, implementing, and sustaining virtual programs to deliver evidence-based interventions to people in their homes.
* Aging Network Support Activities (+$2.9 million): The additional funding will provide an additional $0.24 million for the Care Corps program and $2.745 million for Program Performance and Technical Assistance to support recovery from COVID-19, and particularly to increase participation of older adults and caregivers from minority or underserved populations in programs and services that enhance health and well-being.
* Centers for Independent Living (+$29 million): During the pandemic, CILs have experienced increased demand for services as a result of the multiple risk factors and challenges faced by people with disabilities. CILs have relied on supplemental funding to ensure people with disabilities have access to food, social supports, personal protective equipment, information and more. They have also used this funding to transition people from nursing homes and other institutions back to the community and helped divert unnecessary institutional admissions. The increased need for CIL services is expected to continue well into FY 2022, as people with disabilities have disproportionately experienced loss of employment and will require a longer period of time to recover from the pandemic and the demand for help transitioning back to the community from institutional settings like nursing homes has never been higher. This increase in funding will support CILs in meeting this sustained demand.
* DD Act Programs (+$19.6 million): Throughout the pandemic, many people with developmental disabilities have faced barriers to accessing services and discrimination in access to health care. Increased risk of serious illness and death from COVID-19 cut many off from informal supports and made it difficult for many to receive the formal services as they did before the pandemic. Without supplemental funding, the disability services networks have not been able to fully meet the increased needs. ACL’s budget request includes the following increases to begin to close the gaps and to meet the needs of people with disabilities and their families during recovery and beyond. ACL’s budget request includes a 12 percent increase for State Councils on Developmental Disabilities (+$9.5 million), University Centers for Excellence in Developmental Disabilities (+$5.1 million), and Developmental Disabilities Protection and Advocacy programs (+$5 million).
* State Independent Living Councils (+$3.1 million): This 12 percent increase in funding to State Independent Living Councils (SILCs) will support states in expanding and improving independent living services through training, technical assistance, coordination, and evaluation activities.
* Aging Disability Resource Services (+$15.3 million): With the requested funding, ACL will expand competitive ADRC grants from 8 grants to up to 25 grants in states across the country. Funding also will support a nationwide No Wrong Door (NWD) Resource Center, inter-operability of social care referral systems, and the National Center on Advancing Person-Centered Practices and Systems (NCAPPS), which is a joint ACL/CMS initiative that helps states, tribes, and territories implement person-centered thinking, planning, and practices.
* Disability Research: NIDILRR (+$2.8 million)/Projects of National Significance (+$0.5 million): The requested budget will provide funding to NIDILRR to increase the number of grants made through its field-initiated grant competitions and to address emerging research gaps in disability, independent living, and rehabilitation research. In addition, the Projects of National Significance program will fund an evaluation of the Developmental Disabilities Assistance Bill of Rights Act programs to determine the quality, nature, and extent of their outreach to unserved and underserved populations.
* State Health Insurance Assistance Programs (+$3.1 million): The request level allows SHIP grantees to expand capacity and supports integration of new technologies adopted during the pandemic into regular program business processes.
* Assistive Technology (+$6.5 million): The pandemic resulted in a loss of crucial community-based services, social isolation, and increased the need for access to assistive technology (AT); those needs will continue well into recovery. The budget request will fund additional grants to improve the ability of individuals of all ages who have disabilities and their families to obtain AT devices and services.

Consistent with the Administration’s commitment to advancing equity, all of these programs are targeted in large part to those in greatest social and economic need, with particular attention to people who: have low incomes, are racial or ethnic minorities, are LGBTQ, live in rural areas, have limited English proficiency, and/or are at risk of institutionalization.

Expanding Focus on Caregiving (+$87)

The Biden-Harris Administration has identified strengthening the care economy as a key priority and one that is crucial to our country’s economic recovery from COVID-19. In keeping with that priority, ACL’s budget request includes funding to improve support for family and other informal caregivers, whose challenges were exacerbated by the pandemic. With the suspension of many formal services and supports, demands on caregivers increased. Balancing caregiving responsibilities and employment became even more difficult, and many were forced to leave the workforce entirely to support their loved ones. With this long-term priority in mind, as well as the immediate need to focus on COVID recovery, ACL’s request to support caregivers includes the following:

* Family Caregiver Support Services (+$61 million): Additional funds will allow for an increase in the level of services and supports available to family and informal caregivers--including information, assistance, counseling, respite care, and training--that assist family and informal caregivers who care for their older loved ones at home. Increasing direct services for those who are in the greatest socioeconomic need and building virtual infrastructure to meet needs during crises will be a particular focus.
* Native American Caregiver Support Services (+$5 million): Native Americans have been especially vulnerable to, and harder hit by, COVID-19, and the rural locations many live in has made it particularly difficult to provide supportive services. Additional funding will tackle these challenges and expand information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services.
* Alzheimer’s Disease Program (+$2.6 million): Funding will expand grants to states to support development or improvement of dementia capability and provide funding to dementia-capable community-based organizations (CBOs) that are prepared to expand their existing operations to address identified service gaps.  CBOs that focus on underserved caregivers and those who have been waiting for services will be prioritized.
* Lifespan Respite Care (+$7.1 million): The additional funding will address existing gaps in respite services and support the development of more efficient methods of delivering respite care across the aging and the disability populations. The increased funding also will increase technical support to grantees to support them in more equitably and effectively targeting caregivers who are from marginalized or underserved communities.
* Long-Term Care Ombudsman/Prevention of Elder Abuse (+$11.3 million): The American Rescue Plan provided resources to begin planning for and implementing a return to on-site visitation and the resumption of direct contact with loved ones for residents of long-term care facilities. The request allows that work to continue into FY 2022, and expands coverage to other residential care facilities. It also supports training, education, and increasing public awareness activities to prevent elder abuse.

Equity (+$41.2 million)

Consistent with one of President Biden’s top priorities, ACL is working to advance equity across all of our work and programs, with a focus on people with disabilities and older adults who are multiply marginalized due to race, ethnicity, sexual orientation, gender identity, poverty, language spoken or other factors. ACL’s FY 2022 budget request includes funding to enhance ongoing efforts to target Older Americans Act programs to those in greatest social and economic need, as well as funding for several initiatives that specifically focus on improving equity. These include:

* Native American Nutrition and Supportive Services (+$35 million): This increase will provide an additional 2.4 million home-delivered meals and an additional 2.4 million congregate meals for Native American elders, who were particularly hard hit during the pandemic. Although tribes received almost $54 million in supplemental funding, the need for these services remains significantly elevated; the increased funding is needed to continue to meet that need.
* Elder Justice/Adult Protective Services (+$1 million): The requested funding will continue ongoing Elder Justice work, including support to programs that ensure the rights of older adults are protected in guardianship court proceedings.  The increase of $1 million will expand programs addressing elder abuse and neglect as a result of the opioid crisis and will specifically target communities most affected by abuse of opioids and other substance abuse.  This is in addition to $188 million in supplemental funding provided for Elder Justice/Adult Protective Services in FY 2022.
* National Institute on Disability, Independent Living, and Rehabilitation (+$2.8 million): The increase will fund three new Rehabilitation Research and Training Centers (RRTCs), one in each of NIDILRR’s three outcome domains: community living and participation, employment, and health and function.  Each of these RRTCs will conduct research to support the development and testing of practices, policies, services, or supports to address the disparate outcomes experienced by people with disabilities from populations that have been historically underserved or marginalized.
* Projects of National Significance (+$0.4 million): This will fund a second generation of grants to improve diversity, equity and inclusion in programs that serve people with developmental disabilities.
* Voting Access for People with Disabilities ($2 million): Provides a 25 percent increase in grants to assist Protection and Advocacy systems in each state and territory to ensure equity and full participation in the electoral process for individuals with disabilities, including registering to vote, accessing polling places, and casting votes.

Supporting ACL Programs (+$6 million)

Finally, ACL’s request reflects a critical need for increased staff to fulfill its leadership responsibilities on aging and disability issues. This includes work to advance the President’s Caregiving Infrastructure Plan, as well as interagency work on the President’s priorities for expanding community living and home and community-based services for individuals with disabilities and older adults; advancing racial equity and support for underserved communities; ensuring equitable pandemic response and recovery; and improving and expanding access to care and treatment of COVID-19. ACL also is leading a disability policy workgroup within HHS and has taken leaderships roles on workgroups convened by the Domestic Policy Council focused on long-term services and supports, COVID-19, children with disabilities, and employment and anticipates extensive participation on additional workgroups.

Specifically, the request includes support for the Administration’s National COVID-19 Strategy and Executive Orders (+6 FTE), fully staffing ACL’s role as Advisor on Aging and Disability across the Administration (+3 FTE), support for programmatic technical assistance and oversight (+3 FTE), providing vital support for IT services (+5 FTE), and funding for a new oversight contract for IT services.

Conclusion

In addition to the requested funding, the budget proposes to:

* Double the allowance for funding for evaluation of aging services programs from one half of one percent to one percent of appropriations for direct-services programs for older adults;
* Allow ACL to devote up to one percent of Home and Community Supportive Services funding to create innovation demonstrations similar to what is available in nutrition programs;
* Permit employment demonstrations within the Centers for Independent Living; and,
* Authority to transfer up to 100 percent of funding between programs for older adults to provide both states and tribes with flexibility as they transition out of the pandemic, similar to currently allowable authorities which are tied to the COVID-19 Public Health Emergency.

With the appropriate services and supports, people who are aging or who have disabilities of any type can live in their own homes or in other community settings — which is overwhelmingly preferred, leads to better outcomes, and is cost-effective. The country’s communities are stronger when everyone is included, everyone is valued, and everyone can contribute. ACL remains committed to making community living an option for every American, regardless of age or disability, race or ethnicity, gender identity or sexual orientation, income or any other factor, and this budget aligns with that commitment.