DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2022

Administration for Community Living

Justification of Estimates for Appropriations Committees

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I am pleased to present the FY 2022 President's Budget Request for the Administration for Community Living. The request of $3.1 billion in program level includes critical investments to support the President's priorities on COVID-19 recovery, improving support to caregivers, and advancing equity across our work, with a focus on people with disabilities and older adults who also are marginalized due to race, ethnicity, sexual orientation, gender identity, poverty, and/or other factors. It also reflects ACL's continued prioritization of programs that provide direct services and funds the staff to meet the needs of ACL's growing leadership roles across the federal government on aging and disability policy.

People with disabilities and older adults have been disproportionately -- and devastatingly -- affected by the pandemic. In addition to increased risk of serious illness and death from COVID-19, many faced serious threat of institutionalization as the pandemic disrupted the services that make it possible for them to live in the community. People with disabilities and older adults also have been socially isolated and have faced barriers to accessing the vaccine. The pandemic has also exacerbated the challenges faced by families and other informal caregivers. With the suspension of many formal services and supports, demands on caregivers have increased. Many struggled to balance caregiving responsibilities and employment, forcing many to leave the workforce to support their loved ones.

The aging and disability networks and the programs ACL funds have been crucial in meeting fundamental needs throughout the pandemic, and they will play an equally critical role as we begin to recover. Demand has been dramatically increased throughout the pandemic, and the networks filled gaps created as locations that provide formal services in the community closed and informal supports became unavailable due to safety requirements. Much of that need will continue well into the recovery. In addition, the populations of older adults and people with disabilities continues to grow. 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 needed to meet the increased demand for services.

This budget request recognizes the ongoing need for in-home supportive services and nutrition services; information and referrals to a range of community supports; assistance with transitions from institutional and congregate settings to safer settings in the community; and education about and assistance with accessing vaccinations. It also expands support for informal caregivers, including family and Native American caregivers. Finally, it includes funding for several initiatives that specifically advance equity. This includes expansion of nutrition and supportive services programs for Tribal elders, establishment of three new Rehabilitation Research and Training Centers focused on addressing disparate outcomes for multiply marginalized people with disabilities, an evaluation of the cultural competence of ACL's disability programs and those programs' outreach to underserved populations, community partnership grants focused on promoting equity, and grants to improve voting access for people with disabilities, as well as enhancement of ongoing efforts to target Older Americans Act programs to those in greatest social and economic need.

Our communities are stronger when everyone is included, everyone is valued, and everyone can contribute. ACL and I remain 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.

Alison Barkoff

Acting Administrator and Assistant Secretary for Aging

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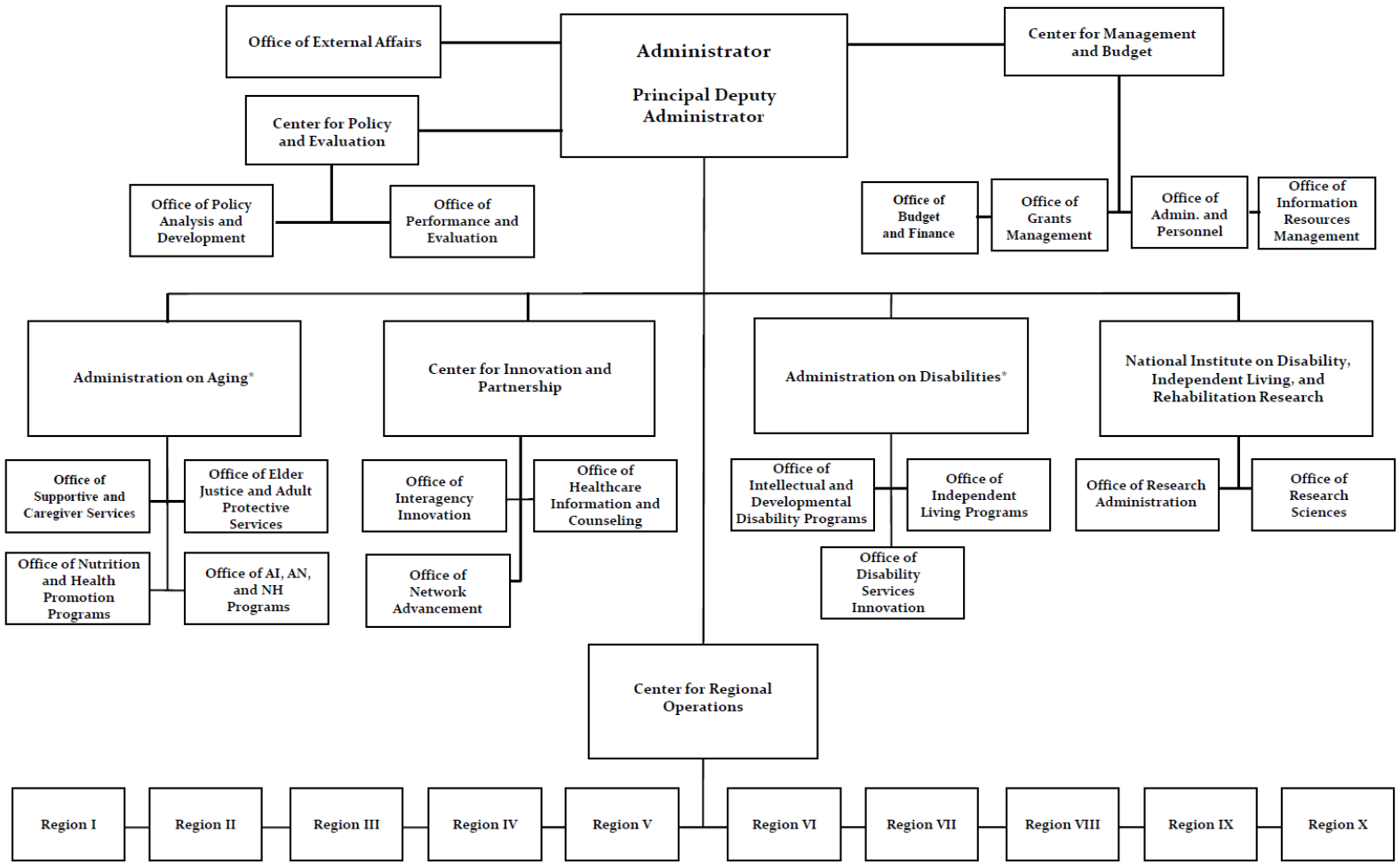
ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART



* The Administration on Aging is headed by the Assistant Secretary for Aging, who is also the ACL Administrator. The Deputy Assistant Secretary for Aging supports the Assistant Secretary in overseeing the Administration on Aging. 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: the Commissioner of the Administration on Developmental Disabilities as described by the Developmental Disabilities Act; and the 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.

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 15.7% percent between 2019 and 2025, from 74.6 million to 86.3 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 2019 to 4 million (3.3 percent increase) by the year 2020.[4] These individuals are at the greatest risk of nursing home admission.

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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 30 April 2021. 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, 2019. Released June 2020. https://www.census.gov/programs-surveys/popest/data/tables.2019.html . Accessed 30 April 2021.

[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 30 April 2021. 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, 2019: Released June 2020, https://www.census.gov/programs-surveys/popest/data/tables.2019.html . Accessed 30 April 2021. Centers for Medicare & Medicaid Services, ACL analysis of 2017 Medicare Current Beneficiary Survey, , https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index. Accessed 30 April 2021.

- Community living means that older adults and people with disabilities live alongside people of all ages, with and without disabilities, and have the same opportunities as everyone else to earn a living and to make decisions about their lives. Community living is preferred by older Americans and people with disabilities and is usually less expensive than institutional care. That combination of cost-effectiveness and consumer satisfaction makes community living an exceptional value. As we transform the health care to a system that pays for outcomes, and prioritizes care in the lowest-cost appropriate settings, the complimentary systems of non-medical long-term services and supports provided by ACL's networks are expected to play an increasingly important role in the Department's efforts to deliver more effective services at lower costs.

Overview of the Budget Request

To make community living possible for millions of 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 Supportive 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 Services Grants (+$3.1 million): This 12 percent increase in funding to State Independent Living Services Grants will support states in expanding and improving independent living services through the provision of IL services as well as training, technical assistance, coordination, and evaluation activities.
- Aging and Disability Resource Centers (+$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.

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Overview of Performance

The mission of the Administration for Community Living is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers so that all people, regardless of age and disability, can live with dignity, make their own choices, and participate fully in society. To measure the effective provision of high-quality services to at risk populations, ACL focuses on the following categories of performance measures: 1) increasing access to and satisfaction with ACL's services 2) improving program efficiency; and 3) generating new knowledge about what works for older adults and people with disabilities. These measures support HHS Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans Across the Lifespan with a particular focus on Strategic Objective 3.4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers.

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), and having greater than 90% of respondents rate the services as good, very 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 stable funding and annual rises in expenditures per unit of service, we have not been 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 declines in the number of people receiving health and disease prevention services (output AB), and 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 has declined over the past year (output E). ACL is closely monitoring these trends and once the new data collection system is in place for FY 2022, ACL will have improved information for understanding such year to year changes.

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). ACL also consistently meets it goals for the generation of new knowledge related to the treatment of opioid use disorders for people with disabilities (outcome R1b), the efficacy of interventions to improve employment outcomes for individuals with serious mental illness (outcome R2), and 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 R3).

The Key Outputs and Outcomes reported in the FY 2022 Congressional Budget justification are based on the most recent actual data. Those data are from 2019 and were unaffected by COVID-19 and the

COVID-19 supplemental funding. The projections and estimates for FY 2021 and FY 2022 include the budget amounts from the columns entitled "FY 2021 Enacted" and "FY 2022 President's Budget". They do not include the FY2020 or FY 2021 supplemental funding. ACL did not develop new measures based on the COVID-19 supplemental funding.

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 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. 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. ACL's performance management strategy also set the foundation for its 2020-2022 learning agenda which is focused on caregivers and caregiver services.

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. 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 each 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 plans detail proposed grant and procurement activities and justify 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 measurable 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, weekly Leadership 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 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. The Center recently 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.

- ACL funds Sixty-eight University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDs) throughout the United States and its territories. UCEDDs serve as liaisons between academia and the community. One of many activities that UCEDDS perform is conducting 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 continually monitors its support of grantees to ensure the provision of high-quality services. For example:

- 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. This will further 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.

- A retrospective evaluation of the Alzheimer's Disease Initiative – Specialized Supportive Services (ADI-SSS) will use existing data to assess the impact of the grants with regard primarily to improvement of the quality and effectiveness of programs and services dedicated to individuals aging with intellectual and developmental disabilities with ADRD or those at high risk of developing ADRD.

- The National Resource Center on Nutrition and Aging (NRC) provides research-based insight into different programs and approaches that deliver nutrition-related home- and community-based services (HCBS) administered through grants to the 56 states and territories.

- The Access to Respite Care and Help (ARCH) provides training and technical assistance to the Lifespan Respite Network with a focus on performance measurement, sustainability, best practices, and research. ACL has funded 33 states and the District of Columbia to establish or enhance Statewide Lifespan Respite systems and ARCH provides training and technical assistance to them as well. The National Alzheimer's and Dementia Resource Center supports grantees as they implement evidence-based interventions and innovative practices designed to empower and assist caregivers of persons with Alzheimer's disease and related disorders.

- 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. In 2020, the ACL Data Council produced a Data Quality 101 infographic, an Annotated bibliography for existing Federal data standards, and a Data governance primer.

- The new Older Americans Act Performance System (OAAPS) improves performance data collection through an enhanced user interface, improved data validation tracking, and inclusion of a range of data error checks. In FY 2020 the OAAPS system was released for the collection of annual performance data for the OAA Long Term Care Ombudsman Program (LTCOP). In FY 2021 it started to accept OAA Tribal Grants program data, and in FY 2022 it will start accepting data for OAA Title III Home and Community Base Services, Nutrition services, and the National Family Caregiver Support Program (NFCSP)

Overview of ACL's Evaluations and Other Evidence Building

ACL is committed to conducting rigorous, relevant evaluations and using evidence from evaluations to inform policy and practice. ACL's Evaluation Policy reflects OMB guidance regarding evaluation standards and practices (M-20-12). In FY 2020, ACL started or continued evaluations of the following programs:

New Evaluations:

Social Determinants of Health and ACL. The purpose of this contract is to begin looking at how the services provided by ACL grantees influence the social determinants of health (SDOH). ACL's programs address these conditions through grants designed to improve organizations and systems, and to mitigate their effects on individuals through the delivery of direct services such as providing nutrition, linking people to services, preventing/addressing violence, health education, mobilizing community partnerships, providing transportation, investing in economic support, social integration, and education, among many others.

Older Americans Act Fidelity Evaluation. The Fidelity Evaluation is an evaluation of the conformity with which ACL and its grantees under the Older Americans Act implement the required evidence-based programs.

Process Evaluation of the Aging Network and its Return on Investment. ACL is interested in understanding the current status of the Aging Network based on a comprehensive process evaluation of the Aging Network engaging all levels (federal, state, and local) and, from the information available, what are some feasible ways to evaluate the Aging Network with regards to its use of OAA funds, specifically with regards to return on investment.

Continuing Evaluations:

- Adult Protective Services Client Outcomes Study;
- 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 (completed in 2020);
- 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 2020, ACL published a number of evaluation reports on its website and data briefs on its data presentation portal AGID (www.AGID.ACL.Gov).

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. With recent funding increases due to COVID-19 supplemental funding, it is expected that the level of service will rise. The level of growth is, in part, due to the ability of service providers to rapidly expand their administrative support structures and service provision capacity. 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 affect 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 2020 Final	FY 2020 Supplemental Funding	FY 2021 Enacted	FY 2021 Supplemental Funding	FY 2022 President's Budget	FY 2022 +/- FY 2021
Health & Independence for Older Adults						
Home & Community-Based Supportive Services	390.074	200.000	392.574	460.000	550.574	158.000
Nutrition Services	936.753	720.000	951.753	918.000	1,341.385	389.632
Congregate Nutrition Services (non-add)	*510.342*	*80.000*	*515.342*	*300.000*	*468.954*	(46.388)
Home-Delivered Nutrition Services (non-add)	*266.342*	*640.000*	*276.342*	*618.000*	*703.431*	427.089
Nutrition Services Incentive Program (non-add)	*160.069*	-	*160.069*	-	*169.000*	8.931
Preventive Health Services	24.848	-	24.848	44.000	26.339	1.491
Chronic Disease Self-Management Education [PPHF]/1	8.000	-	8.000	-	8.000	-
Elder Falls Prevention [PPHF]/1	5.000	-	5.000	-	5.000	-
Native American Nutrition & Supportive Services	34.708	30.000	35.208	23.670	70.208	35.000
Aging Network Support Activities	12.461	-	16.461	-	19.446	2.985
Holocaust Survivor Assistance {non-add}	*5.000*	-	*5.000*	-	*5.000*	-
Care Corp (non-add)	-	-	*4.000*	-	*4.240*	0.240
Subtotal, Health & Independence for Older Adults	1,411.844	950.000	1,433.844	1,445.670	2,020.952	587.108
Caregiver & Family Support Services						
Family Caregiver Support Services	185.936	100.000	188.936	145.000	249.936	61.000
SGRG (non-add)	*0.300*	-	*0.300*		*0.300*	-
Raise (non-add)	*0.400*	-	*0.400*		*0.400*	-
Native American Caregiver Support Services	10.306	-	10.806	8.330	15.806	5.000
Alzheimer's Disease Program	26.500	-	27.500	-	30.060	2.560
Alzheimer's Disease from Direct Appropriations {Non-Add}	*11.800*	-	*12.800*	-	*15.360*	2.560
Alzheimer's Disease from PPHF {Non-Add} /1	*14.700*	-	*14.700*	-	*14.700*	-
Lifespan Respite Care	6.110	-	7.110	-	14.220	7.110
Subtotal, Caregiver & Family Support Services	228.852	100.000	234.352	153.330	310.022	75.670
Protection of Vulnerable Adults						
Long-Term Care Ombudsman Program	17.885	20.000	18.885	10.000	29.885	11.000
Prevention of Elder Abuse & Neglect	4.773	-	4.773	-	5.059	0.286
Senior Medicare Patrol Program/HCFAC /3	*18.000*	-	*20.000*	-	*20.000*	-
Senior Medicare Patrol Program/HCFAC Wedge Funding	-	-	*2.000*	-		(2.000)
Elder Rights Support Activities	3.874	-	3.874	-	4.400	0.526
Elder Justice/ Adult Protective Services	12.000	*188.000*	14.000	*188.000*	15.000	1.000
Elder Justice - Opioids (non-add)	*2.000*	-	*2.000*	-	*3.000*	1.000
Elder Justice - Guardianship (non-add)		-	*2.000*	-	*2.000*	-
Elder Justice - Infrastructure	*10.000*	-	*10.000*	-	*10.000*	-
Elder Justice - State APS Grants/ARP Funding/Other Activities {non-add}/4/5	-	*188.000*	-	*188.000*	-	-
Subtotal, Protection of Vulnerable Adults	56.532	208.000	63.532	198.000	74.344	10.812
Disability Programs, Research & Services						
State Councils on Developmental Disabilities	78.000	-	79.000	-	88.480	9.480
Developmental Disabilities Protection and Advocacy	40.784	-	41.784	-	46.798	5.014
University Centers for Excellence in Developmental Disabilities	41.619	-	42.119	-	47.173	5.054
Projects of National Significance	12.250	-	12.250	-	13.100	0.850
Independent Living	116.183	85.000	116.183	-	148.228	32.045
Limb Loss Resource Center	4.000	-	4.000	-	4.200	0.200
Limb Loss Resource Center - Direct Appropriations (non-add)	*4.000*	-	*4.000*	-	*1.465*	*(2.535)*
Limb Loss Resource Center - PHS Evaluation (non add)	-	-	-	-	*2.735*	*2.735*
Paralysis Resource Center	9.700	-	9.700	-	10.185	0.485
Paralysis Resource Center - Direct Appropriations (non add)	*9.700*	-	*9.700*	-	*3.553*	*(6.147)*
Paralysis Resource Center - PHS Evaluation (non add)	-	-	-	-	*6.632*	*6.632*
Traumatic Brain Injury	11.321	-	11.321	-	11.887	0.566
Traumatic Brain Injury - Direct Appropriations non add	*11.321*		*11.321*		*4.148*	*(7.173)*
Traumatic Brain Injury - PHS Evaluation non add	-	-	-	-	*7.739*	*7.739*
National Institute on Disability, Independent Living, and Rehab. Research	111.970	-	112.970	-	118.619	5.649
Subtotal, Disability Programs, Research & Services	425.827	85.000	429.327	-	488.670	59.343

All Purpose Table – Continued

Division	FY 2020 Final	FY 2020 Supplemental Funding	FY 2021 Enacted	FY 2021 Supplemental Funding	FY 2022 President's Budget	FY 2022 +/- FY 2021
Consumer Information, Access and Outreach						
Aging and Disability Resource Centers	8.119	50.000	8.119	-	23.457	15.338
State Health Insurance Assistance Program	52.115	-	52.115	-	55.242	3.127
Voting Access for People with Disabilities (HAVA)	7.463	-	7.963	-	9.963	2.000
Assistive Technology	37.000	-	37.500	-	44.000	6.500
Nat. Tech. Assistance Center on Kinship and Grandfamilies /2	-	-	-	10.000	-	-
Medicare Improvements for Patients and Providers Act [TRA/BBA]	37.500	-	50.000	-	50.000	-
Aging and Disability Resource Centers {non-add}	*5.000*	-	*5.000*	-	*5.000*	-
Area Agencies on Aging {non-add}	*7.500*	-	*15.000*	-	*15.000*	-
National Center for Benefits Outreach and Enrollment {non-add}	*12.000*	-	*15.000*	-	*15.000*	-
State Health Insurance Assistance Program {non-add}/6	*13.000*	-	*15.000*	-	*15.000*	-
Subtotal, Consumer Information, Access & Outreach	142.197	50.000	155.697	10.000	182.662	26.965
Program Administration	41.063	-	41.063	-	47.063	6.000
Subtotal, Program Level/4	**2,306.315**	**1,393.000**	**2,357.815**	**1,807.000**	**3,123.713**	**765.898**
Less: Funds From Mandatory Sources						
HCFAC Funds for Senior Medicare Patrol Program /3	(18.000)	-	(20.000)	-	(20.000)	-
Senior Medicare Patrol Program/HCFAC Wedge Funding	-	-	(2.000)	-	-	2.000
Public Health Service Evaluation	-	-	-	-	(17.106)	(17.106)
Prevention & Public Health Fund/1	(27.700)	-	(27.700)	-	(27.700)	-
Total, Discretionary Budget Authority	**2,223.115**		**2,258.115**		**3,008.907**	**750.792**
NEF			**9.826**			
ACL Data			2.000			
ACL Reporting Enhancements			0.500			
ACL.gov Enhancements			1.000			
ACL Security Mitigation and Enhancements			4.326			
ACL Using Available Data to Visually Represent the Aging Disability Network			2.000			

1/ These programs are paid for out of the Prevention and Public Health Fund.

2/Funding for the National Technical Assistance Center on Grandparents and Kinship Care is available until FY 2025

3/The FY 2020 appropriation states that SMP/HCFAC can be paid for with discretionary CMS HCFAC appropriations and/or HCFAC Wedge funds, the amount based on the Secretary of HHS's determination but no less than the $20 million floor provided in appropriations language. The FY 2022 amount is a placeholder for the Secretary's final decision.

4/Of the $188 million provided for Elder Justice activities under Subtitle B of Title XX of the Social Security Act, over 90% of funding will go out as State APS formula grants under Section 2042(b) of the Act.

5/Included in the ARP is $188 million for FY 2022 Elder Justice activities under Subtitle B of Title XX of the Social Security Act, at least $100 million of which must be used for State APS formula grants under Section 2042(b) of the Act. These funds are not reflected in this table.

6/ Elder Rights Support Activities funding levels have been lowered in FY 2020 and FY 2021 for comparability purposes to adjust for an Elder Justice/ Adult Protective Services Line

7/ Funding is currently appropriated to the Centers for Medicare & Medicaid Services which transfers it, via an Intra-Departmental Delegation of Authority (IDDA)--to ACL to administer.

Appropriations Language

Administration for Community Living

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, **[$2,206,000,000]***$2,953,665,000* together with **[$52,115,000]**$55,242,000 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 in addition to amounts provided herein, $17,106,000 shall be available to this appropriation, for the purposes under this heading, from amounts provided pursuant to section 241 of the PHS Act: Provided further,* That amounts appropriated under this heading may be used for grants to States under section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective: *Provided further, That of amounts made available under this heading to carry out section 321 of the OAA, up to one percent shall be available for grants to develop and implement 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 $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 of the amount made available under this heading, up to $8,000,000 shall be available for the Secretary to make and evaluate 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 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, 2021)*

GENERAL PROVISIONS

SEC. 229. (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. 230. (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
AGING AND DISABILITY SERVICES PROGRAMS
(INCLUDING TRANSFER OF FUNDS)

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, **[$2,206,000,000]***$2,953,665,000*, together with $**[52,115,000]***$55,242,000* 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 in addition to amounts provided herein, $17,106,000 shall be available to this appropriation, for the purposes under this heading, from amounts provided pursuant to section 241 of the PHS Act:	Requests an additional $17,106,000 from PHS Evaluation funding, to be used to partially fund three PHSA authorized programs—Limb Loss Resource Center, Paralysis Resource Center and Traumatic Brain Injury.

Provided, That amounts appropriated under this heading may be used for grants to States under section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective:	Limits use of funding provided for the Preventive Health Services program to programs and activities which have been proven to be evidence-based and effective.
Provided further, That of amounts made available under this heading to carry out section 321 of the OAA, up to one percent shall be available for grants to develop and implement 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, up to $8,000,000 shall be available for the Secretary to make and evaluate 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 up to $8 million of the funding provided to Centers for Independent Living (CILs) that have already received a formula grant, to be awarded competitively to develop and evaluate 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	Identifies the purpose, and limits on the use of funds provided for Protection and Advocacy.

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.	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.* *(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.*	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 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 the request for FY 2018 through FY 2021.

(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.*	
(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	Proposed languages to address post-pandemic recovery needs provides States currently have flexible transfer authorities tied to the PHE for maximum flexibility for COVID response; this provision would allow states continued flexibility to address ongoing COVID response needs in the event that PHE

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.*	flexibilities expire. The provision provides 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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
General Fund Discretionary Appropriation:			
Appropriation (L/HHS)	2,171,000,000	2,206,000,000	2,953,665,000
Subtotal, Appropriation (L/HHS, Ag, or Interior)	2,171,000,000	2,206,000,000	2,953,665,000
Real Transfer to Department of Agriculture 1/	(1,381,186)	(1,347,714)	-
Total, Discretionary Appropriation	2,169,618,814	2,204,652,286	2,953,665,000
Supplemental Appropriation (FFCRA, P.L. 116-127)	250,000,000		
Supplemental Appropriation (CARES, P.L. 116-136)	955,000,000		
Supplemental Appropriation (CRRSAA, P.L. 116-260)	-	275,000,000	-
Supplemental Appropriation (Reconciliation) (ARPA P.L. 117-2)	-	1,720,000,000	-
Subtotal, adjusted discretionary appropriation	3,374,618,814	4,199,652,286	2,953,665,000
Mandatory Appropriation:			
BA Transfer (PPACA) from Prevention Funds 2/	28,506,740	40,349,504	27,700,000
Appropriation, MIPPA (CARES, FY 2020/CAA, FY 2021) 3/	27,080,776	39,565,614	35,000,000
Subtotal, adjusted mandatory. appropriation	55,587,516	79,915,118	62,700,000
Offsetting collections from:			
Federal Sources (PHS Evaluation Funds)	-	-	17,106,000
Trust Funds: HCFAC HI (Discretionary Appropriations) 4/	18,098,804	18,035,621	20,000,000
Trust Funds: HCFAC HI (Mandatory Wedge)	-	2,000,000	-
Trust Funds: SHIP HI/SMI	52,115,000	52,115,000	55,242,000
Subtotal, offsetting collections	70,213,804	70,150,621	92,348,000
Unobligated balance, lapsing	(1,195,992)	-	-
Total obligations	3,499,224,142	4,349,718,025	3,108,713,000

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 2020 and FY 2021.
3/ MIPPA Funding excludes $13,000,000 in FY 2020 and $15,000,000 in FY 2021 and FY 2022 directly appropriated to CMS for MIPPA-SHIP and then made available to ACL through an Intra-Departmental Delegation of Authority. Includes carryover in FY 2020 and FY 2021.
4/ Amount for FY 2022 is a placeholder pending a Secretarial decision on the amount. FY 2020 and FY 2021 amounts include carryover.

Summary of Changes

Administration for Community Living

(Dollars in Thousands)

2021 Enacted	
Total estimated budget authority	2,258,115
(Obligations)	2,256,767
2022 President's Budget	
Total estimated budget authority	3,008,907
(Obligations)	3,008,907
Net Change	750,792

	FY 2021 Enacted		FY 2022 President's Budget		FY 2022 +/- FY 2021	
	FTE	BA	FTE	BA	FTE	BA
Increases:						
A. Built-in:						
1. Annualization of On-board FTE, beginning of FY 2022	170.8	41,063	174.8	42,063	4.0	1,000
2. Annualization of 2022 civilian pay increase		-		23,912		500
Subtotal, Built-in Increases						1500
A. Program:						
1. Home and Community-Based Supportive Services		392,574		550,574		158,000
2 Home-Delivered Nutrition Services		276,342		703,431		427,089
3. Nutrition Services Incentives Payments		160,069		169,000		8,931
4. Preventive Health Services		24,848		26,339		1,491
5. Native American Nutrition and Supportive Services		35,208		70,208		35,000
6. Aging Network Support Services	.9	16,461	0.9	19,446	0.0	2,985
7. Family Caregiver Support Services		188,936		249,936		61,000
8. Native American Caregiver Support Services		10,806		15,806		5,000
9. Alzheimer's Disease Program		12,800		15,360		2,560
10. Lifespan Respite Care		7,110		14,220		7,110
11. Long-Term Care Ombudsman Program		18,885		29,885		11,000
12. Prevention of Elder Abuse and Neglect		4,773		5,059		286
13. Elder Rights Support Activities		3,874		4,400		526
14. Elder Justice/Adult Protective Services	2.6	14,000	2.6	15,000	0.0	1,000
15. State Councils on Developmental Disabilities		79,000		88,480		9,480
16. Developmental Disabilities Protection & Advocacy		41,784		46,798		5,014
17. University Centers for Excellence in Devel. Disabilities		42,119		47,173		5,054
18. Projects of National Significance		12,250		13,100		850
19. Independent Living	1	116,183	1.0	148,228	0.0	32,045
23. Natl. Institute on Disability, Indep. Living & Rehab Res.		112,970		118,619		5,649
24. Aging and Disability Resource Centers		8,119		23,457		15,338
25, State Health Insurance Assistance Programs	3.4	52,115	4.0	55,242	0.6	3,127
26. Voting Access for People with Disabilities		7,963		9,963		2,000
27. Assistive Technology		37,500		44,000		6,500
28. Program Administration	174.80	41,063	191.8	45,563	17.0	4,500
Subtotal, Program Increases					17.6	811,535
Total Increases					21.6	813,035
Decreases:						
A. Built-in:						
Subtotal, Built-in Decreases		-	0.0	-	0.0	-
A. Program:						
1. Congregate Nutrition Services		515,342		468,954		(46,388)
2 Limb Loss Resource Center 1/		4,000		1,465		(2,535)
3 Paralysis Resource Center 1/		9,700		3,553		(6,147)
4. Traumatic Brain Injury 1/	1.2	11,321	1.2	4,148	0.0	(7,173)
Subtotal, Program Decreases					0.0	(62,243)
Total Decreases					0.0	(62,243)
Net Change					21.6	750,792

1/ Reflects FY 2020 required and permissive transfers and rescissions, except the NSIP transfer to USDA of $1.35 million which is shown for consistency with State funding tables

Budget Authority by Activity

(Dollars in thousands)
Administration for Community Living

	FY 2020 Final	FY 2021 Enacted		FY 2022 President's Budget
Health & Independence for Older Adults				
Home & Community-Based Supportive Services	390,074	392,574		550,574
Nutrition Services	936,753	951,753		1,341,385
Preventive Health Services	24,848	24,848		26,339
Native American Nutrition & Supportive Services	34,708	35,208		70,208
Aging Network Support Activities	12,461	16,461		19,446
Subtotal, Health & Independence for Older Adults	1,398,844	1,420,844		2,007,952
Caregiver & Family Support Services				
Family Caregiver Support Services	185,936	188,936		249,936
Native American Caregiver Support Services	10,306	10,806		15,806
Alzheimer's Disease Program	11,800	12,800		15,360
PPHF Funding [non-add]	*14,700*	*14,700*		*14,700*
Lifespan Respite Care	6,110	7,110		14,220
Subtotal, Caregiver & Family Support Services	214,152	219,652		295,322
Protection of Vulnerable Adults				
Long-Term Care Ombudsman Program	17,885	18,885		29,885
Prevention of Elder Abuse & Neglect	4,773	4,773		5,059
Elder Rights Support Activities	3,874	3,874		4,400
Elder Justice/Adult Protective Services	12,000	14,000		15,000
Subtotal, Protection of Vulnerable Adults	38,532	41,532		54,344
Disability Programs, Research & Services				
State Councils on Developmental Disabilities	78,000	79,000		88,480
Developmental Disabilities Protection and Advocacy	40,784	41,784		46,798
University Centers for Excellence in Developmental Disabilities	41,619	42,119		47,173
Projects of National Significance	12,250	12,250		13,100
Independent Living	116,183	116,183		148,228
Limb Loss Resource Center	4,000	4,000		1,465
Limb Loss Resource Center (PHS Evaluation Funds) [non-add]	--	--		*2,735*
Paralysis Resource Center (PRC)	9,700	9,700		3,553
PRC (PHS Evaluation Funds) [non-add]	--	--		*6,632*
Traumatic Brain Injury (TBI)	11,321	11,321		4,148
TBI (PHS Evaluation Funds) [non-add]	--	--		*7,739*
National Institute on Disability, Independent Living, and Rehab. Research	111,970	112,970		118,619
Subtotal, Disability Programs, Research & Services	425,827	429,327	#	471,564
Consumer Information, Access & Outreach				
Aging and Disability Resource Centers [Discretionary]	8,119	8,119		23,457
State Health Insurance Assistance Program	52,115	52,115		55,242
Voting Access for People with Disabilities (HAVA)	7,463	7,963		9,963
Assistive Technology	37,000	37,500		44,000
Subtotal, Consumer Information, Access & Outreach	104,697	105,697		132,662
Program Administration	41,063	41,063		47,063
Total, Discretionary Budget Authority	2,223,115	2,258,115	#	3,008,907
Total FTE	170	188		212

1/ Reflects FY 2020 required and permissive transfers and rescissions, except the NSIP of $1.35 million which is shown for consistency with State funding tables.

Authorizing Legislation

Administration for Community Living

	FY 2021 Amount Authorized	FY 2021 Amount Appropriated	FY 2022 Amount Authorized	FY 2022 President's Budget
1) Home and Community-Based Supportive Services:				
OAA Section 303 (a)(1)	436,750,931	392,574,000	462,955,987	550,574,000
2) Nutrition Services				
OAA Section 303 (b)(1)(2), 311(e)	1,028,439,252	951,753,000	1,090,145,607	1,341,385,000
3) Preventive Health Services:				
OAA Section 361	28,182,602	24,848,000	29,873,558	26,339,000
4) Chronic Disease Self Management Education:				
OAA Section 411	Expired	8,000,000	Expired	8,000,000
5) Falls Prevention:				
OAA Section 411	Expired	5,000,000	Expired	5,000,000
6) National Family Caregiver Support Program:				
OAA Section 303 (e)	205,501,161	188,936,000	217,831,231	249,936,000
7) Native American Nutrition and Supportive Services:				
OAA Section 643	39,298,714	35,208,000	41,626,636	70,208,000
8) Native American Caregiver Support Program:				
OAA Section 631	11,405,515	10,806,000	12,089,846	15,806,000
9) Alzheimer's Disease Program:				
OAA Section 411	N/A	12,800,000	N/A	15,360,000
Patient Protection & Affordable Care Act, Sect 4002	Expired	14,700,000	Expired	14,700,000
10) Long-Term Care Ombudsman Program:				
OAA Section 702(a)	19,150,967	18,885,000	20,300,025	29,885,000
11) Prevention of Elder Abuse and Neglect:				
OAA Section 702(b)	5,413,537	4,773,000	5,738,349	5,059,000
12) Elder Rights Support Activities				
OAA Sections 201, 202, and 411, 751, and 752 as amended.	18,004,290	3,874,000	19,084,548	4,400,000
13) Elder Justice/Adult Protective Services				
OAA Section 411 as amended and Social Security Act, Title XX-B, Section 2042	N/A	14,000,000	N/A	15,000,000
14) Aging Network Support Activities:				
OAA Sections 202, 215 and 411	19,804,267	16,461,000	20,992,522	19,446,000
15) Lifespan Respite Care				
Lifespan Respite Care Act of 2006 and Public Health Service Act Title XXIX	Expired	7,110,000	Expired	14,220,000
16) Program Administration:				
OAA Section 216 (a)	46,573,655	41,063,000	49,368,074	47,063,000
17) Aging and Disability Resource Centers				
OAA Sections 216 (b)(4)	9,208,570	8,119,000	9,761,084	23,457,000
18) State Health Insurance Assistance Program:				
Omnibus Budget Reconciliation Act of 1990 Section 4360	Expired	52,115,000	Expired	55,242,000
19) State Councils on Developmental Disabilities				
DD Act Section 129(a)	Expired	79,000,000	Expired	88,480,000

Authorizing Legislation – Continued
Administration for Community Living

20) Protection and Advocacy				
DD Act Section 145	Expired	41,784,000	Expired	46,798,000
21) University Centers for Excellence in Developmental Disabilities				
DD Act Section 156	Expired	42,119,000	Expired	47,173,000
22) Projects of National Significance				
DD Act Section 163	Expired	12,250,000	Expired	13,100,000
23) Voting Assistance for People with Disabilities				
Help America Vote Act Section 291	Expired	7,963,000	Expired	9,963,000
24) Paralysis Resource Center				
Public Health Services Act Sections 311 and 317(k)(2)	N/A	9,700,000	N/A	3,553,000
Section 241 of the Public Health Service (PHS) Act	Expired	-	Expired	6,632,000
25) National Institute on Disability, Independent Living, and Rehabilitation Research 4/				
Rehabilitation Act of 1973 Sect. 201	Expired	112,970,000	Expired	118,619,000
26) Independent Living				
Rehabilitation Act of 1973, Title VII, Parts B, C, and Chapter 2				
Independent Living State Grants Section 714	Expired	25,378,000	Expired	28,423,000
Centers for Independent Living Section 727	Expired	90,805,000	Expired	119,805,000
27) Assistive Technology (AT)				
AT Act (including but not limited to Section 4-6)	Expired	37,500,000	Expired	44,000,000
28) Limb Loss Resource Center				
Public Health Services Act, Title III	N/A	4,000,000	N/A	1,465,000
Section 241 of the Public Health Service (PHS) Act	Expired	-	Expired	2,735,000
29) Traumatic Brain Injury				
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	2,682,000
Section 241 of the Public Health Service (PHS) Act	Expired	-	Expired	5,005,000
Traumatic Brain Injury Protection and Advocacy	Expired	4,000,000	Expired	1,466,000
Section 241 of the Public Health Service (PHS) Act	Expired	-	Expired	2,734,000
30) Senior Medicare Patrols/Health Care Fraud and Abuse Prevention				
OAA Section 411 and Health Insurance Portability and				
Accountability Act (HIPAA) of 1996	Expired	20,000,000	Expired	20,000,000
HCFAC Wedge Funding	Expired	2,000,000	Expired	-
31) Medicare Improvements for Patients and Providers Act/1				
Aging and Disabilty Resource Centers	5,000,000	5,000,000	5,000,000	5,000,000
Area Agencies on Aging	15,000,000	15,000,000	15,000,000	15,000,000
National Center for Benefits Outreach and Enrollment	15,000,000	15,000,000	15,000,000	15,000,000
State Health Insurance Assistance Program	15,000,000	15,000,000	15,000,000	15,000,000
Total Request Level		2,357,815,000		3,123,713,000

Unfunded Authorizations:

1) Legal Assistance:				
OAA Section 702(b)	5,413,537	-	5,738,349	-

1/ MIPPA Amounts are authorize and appropriated through 9/30/2023

Appropriations History

Administration for Community Living

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2013 Annual /1	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 Annual /2	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 Annual /3	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 Annual /4	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 Annual /5	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 Annual /6,7	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
FY 2019 Annual /8	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
FY 2020 Annual /9	2,032,671,000	2,349,343,000	2,175,415,000	2,223,115,000
127)				250,000,000
Supplementals (P.L. 116-136)				955,000,000
FY 2020 Transfers				-1,381,186
Subtotal				3,426,733,814

1/ Includes $2,542,042 in FY 2013 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 113-6

2/ Includes $2,391,605 in FY 2014 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 113-76.

3/ Includes $2,549,334 in FY 2015 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 113-235.

4/ Includes $2,214,429 in FY 2016 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 114-113.

5/ 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.

6/ 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.

7/ House Allowance includes $300 million for the Senior Community Service Employment Program currently administered by the Department of Labor.

8/ 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.

Appropriations History

Administration for Community Living

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2021 Annual /10	2,108,207,000	2,279,505,000	2,235,215,000	2,223,115,000
Supplementals (P.L. 116-260)				275,000,000
Supplementals (P.L. 117-2)				1,532,000,000
FY 2021 Transfers				-1,347,714
Subtotal				2,221,767,286
FY 2022 Annual	3,008,907,000			
Supplementals (P.L. 117-2)				188,000,000
FY 2022 Transfers				

9/ 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 116-94.
10/ Includes $1,347,714 in FY 2021 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 116-260.

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 2021
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	$14,000,000
Lifespan Respite Care: Lifespan Respite Care Act of 2006	FY 2011	$94,810,000	$2,495,000	$7,110,000
Assistive Technology: The Assistive Technology Act of 2004	FY 2010	Such Sums	$25,000,000	$37,500,000
Developmental Disabilities Programs: Developmental Disabilities Assistance and Bill of Rights Act	FY 2007	Such Sums	$155,115,000	$175,153,000
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
Limb Loss Resource Center: Public Health Service Act Section 301 (a) and Section 317	N/A	N/A	N/A	$4,000,000

Appropriations Not Authorized by Law – Continued

Administration for Community Living

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2021
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	$229,153,000
Voting Access for People with Disabilities: Help America Vote Act - Section 291	FY 2005	$17,410,000	$13,879,000	$7,963,000
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

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

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	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

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	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

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. These programs are consistent with the priorities and policies of the Administration to address institutional bias, expand services that help older adults age in place, and have programming reflect the preferences of the population. These programs, that target underserved and marginalized populations, enable older individuals to maintain their health, independence and dignity and provide supports that enable them to remain in their own homes and communities. Two additional programs provide similar services for Native Americans; and another two address management of chronic disease and falls prevention, and a final program, Aging Network Support Activities, provide competitive grants and contracts for testing innovative new service approaches and other ways to support the aging services network.

The U.S. population over age 60 is projected to increase by 15.7% percent between 2019 and 2025, from 74.6 million to 86.3 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 3.3 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 and improved quality of life 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]

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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 30 April 2021. 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, 2019. Released June 2020. https://www.census.gov/programs-surveys/popest/data/tables.2019.html . Accessed 30 April 2021.

[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 30 April 2021. 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, 2019: Released June 2020, https://www.census.gov/programs-surveys/popest/data/tables.2019.html . Accessed 30 April 2021. Centers for Medicare & Medicaid Services, ACL analysis of 2017 Medicare Current Beneficiary Survey, https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index. Accessed 30 April 2021.

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

[8] Ibid.

ACL's FY 2022 budget for Health and Independence for Older Adults is $2 billion, an increase of $587 million over the FY 2021 Enacted level. These programs were never intended to serve all older Americans. Thus, when as a result of the pandemic there was a spike in demand for services caused by older adults who hadn't previously used them, Congress responded by providing almost $2.2 billion in additional funding between FY 2020 and FY 2021. Though demand is beginning to stabilize, these levels remain well above historical levels; additional resources, are necessary to help maintain service levels. A key characteristic of this increase above historic levels is that due to the sedentary nature of individuals during the pandemic, we have seen increases in declines of physical and cognitive functioning. As a result, many who may have been able to return safely to active community living are in need of services and supports and will instead remain clients of the aging services network.

During the pandemic, the ability of older Americans to receive ACL-funded services and what they actually needed changed. Many were no longer able to easily access services, such as congregate nutrition or in-home supports due to the risk of contracting COVID-19. Already especially vulnerable due to their age or disabilities, the loss of crucial home and community-based services and nutrition supports further jeopardized their independence and ability to socially distance in their communities. For some, the loss of services also placed them at serious risk of entering congregate and institutional settings, the same settings where COVID-19 infections and deaths have been highest. Those people with disabilities and older adults who did remain in the community have faced increased social isolation and now are facing barriers in accessing vaccines. All of these impacts multiply for marginalized older adults. The FY 2022 request also reflects the Administration's commitment to improving equity because all of these programs are targeted to those in greatest social and economic need, with particular attention to low income, low-income minorities, rural, limited-English speaking, and those at risk of institutionalization.

With COVID Supplemental funding, Congress increased the ability of states to transfer funding between programs to meet the specific needs of populations, expanded funding for home-delivered meals and for pick-up meals from congregate nutrition sites, and ACL encouraged the use of virtual services, such as wellness checks, telephone reassurance, and the use of electronic communications technologies (e.g. Skype, Facetime, Zoom) to promote face-to-face interaction with family members and program staff. In FY 2022, ACL is also requesting a general provision that would allow States and Tribes to continue to have maximum flexibility to transfer essentially 100% of their Title III or Title VI services funding between programs as they strive to achieve the best balance of services to meet the unique needs of their individual populations as the country begins to emerge from the pandemic, mirroring existing flexibilities which are tied to the PHE.

In FY 2022 specific Health and Independence program requests include:

- $550.6 million for Home and Community-Based Supportive Services (HCBSS), an increase of $158 million over the FY 2021 Enacted level. Over the past two-years Congress has provided an additional $660 million in supplemental funding to meet the additional needs of older Americans for supportive services that would allow them to weather the pandemic from their homes and communities. These included services provided directly,

and in many cases virtually, including information and referral, transportation, case management, personal care services, chore services, adult day care and physical fitness and wellness programs. The pandemic led the aging services network to try new approaches to overcome constraints resulting from the pandemic, something ACL hopes to continue to encourage by again including appropriations language to allow up to one percent of Home and Community-Based Supportive Services (HCBSS) funding to be used for innovation grants to test new ways that HCBSS funding can better address service challenges and the ongoing need to modernize.

- $1,341.4 million for Congregate Nutrition, Home-Delivered Nutrition, and the Nutrition Services Incentives Program, an increase of +$389.6 million over the FY 2021 Enacted level of $951.8 million. The pandemic has resulted in a flood of new requests for nutrition services. Seniors, especially those at risk as a result of the pandemic, have turned in many cases to the aging services network for meals, allowing them to socially distance and to quarantine reducing the risk of contracting the virus.

- $26.3 million for Preventive Health Services, an increase of +$1.5 million above the FY 2021 Enacted level. This funding promotes healthy behaviors in order to prevent chronic disease and disability, thereby reducing the need for more costly medical interventions. Social isolation resulting from the pandemic has increased the need to address healthy lifestyles by managing chronic diseases exacerbated by declines in physical functioning resulting from reduced access to community supports and evidence-based programs. This new funding will help cover the costs of transitioning to virtual programs that expanded their reach during the pandemic, including increased costs as grantees worked with developers to create evidence-based interventions that work at home.

- $8 million for Chronic Disease Self-Management Program (CDSME), the same level as the FY 2021 Enacted level. CDSME programs help individuals to better manage their chronic conditions, such as diabetes, heart disease, cancer, HIV, depression, and pain.

- $5 million for the Elder Falls Management Program (Falls), the same level as the FY 2021 Enacted level. Falls prevention programs are low-cost, community-based interventions that can be delivered in small group or one-on-one formats, including virtually. The request maintains support the Falls program and its work.

- $70.2 million for Native American Nutrition and Supportive Services an increase of +$35 million over the FY 2021 Enacted level. The additional $35 million is estimated to provide an additional 2.4 million home delivered meals, and 2.4 million congregate meals. Tribes were especially hard hit during the pandemic and received almost $54 million in additional supplemental funding to address their needs. The request recognizes that many needs still continue at a heightened level and provides sufficient funding to continue to address these needs as the country emerges from the pandemic. The FY 2022 request also reflects the Administration's commitment to improving equity, recognizing the lack of resources provided to address the lower life expectancy and health status that American Indians and Alaska Natives have experienced when compared to other Americans.

- $19.5 million for Aging Network Support Activities, an increase of +$2.9 million over the FY 2021 Enacted level. The additional funding will an increase of $240,000 for the Care Corps program and $2.745 for Program Performance and Technical Assistance to address priorities including equity, recovery from COVID-19 and caregiving, including both the informal and paid caregiver workforce.

Outcome and Outputs Table:

Health and Independence for Older Adults

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 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 2019: 7,794 clients Target: 8,900 clients (Target Not Met)	7,517 clients	7,458 clients	-59 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 2019: 66.89 weighted average Target: 63.6 weighted average (Target Exceeded)	64.7 weighted average	64.3 weighted average	-0.4 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 2019: 34.15% Target: 26.2% (Target Exceeded)	34.9%	34.47%	-0.43
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 2019: 33.4% Target: 24.6% (Target Exceeded)	33.11%	33.26%	+0.15

Indicator	Year and Most Recent Result /	FY 2021 Projection	FY 2022 Projection	FY 2022 Projection +/-FY 2021 Projection
Output C: Transportation Service Units *(Output)*	FY 2019: 20.4 M	18.3 M	19.5 M	+1.2 M
Output D: Personal Care, Homemaker and Chore Services units *(Output)*	FY 2019: 49.3 M	52.1 M	54.3 M	+2.2 M
Output E: Adult Day Care/Day Health units *(Output)*	FY 2019: 12.1 M	13.2 M	14.5 M	+1.3 M
Output F: Case Management Services units *(Output)*	FY 2019: 3.3 M	2.5 M	2.6 M	+0.1 M

Home and Community-Based Supportive Services

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Supplemental Funding	$200.000	$460.000	---	-$460.000
Budget Authority	$390.074	$392.574	$550.574	+$158.000
Home and Community-Based Supportive Services – Program Level	$590.074	$852.574	$550.574	-$302.000

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization: $462,955,987

Authorization Expiration Date.....2024

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]

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 older adults.

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 88 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 2019, 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 2019 include:

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[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

[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 20.4 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 49.3 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 12.1 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 3.3 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 passengers 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 16 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

[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.

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]

During the pandemic Congress provided an additional $660 million in supplemental appropriations. The additional funding has allowed more seniors to receive a greater amount and range of flexible supportive services, allowing them to shelter-in-place or self-quarantine and supported social distancing to help minimize exposure to COVID-19. Services provided include personal care, homemaker and chore services; transportation to grocery stores, banks or doctors when necessary; and case management. Additionally, states and area agencies on aging have the flexibility to provide specific services intended to mitigate some of the isolation that might occur, including virtual friendly visiting, wellness checks, telephone reassurance, and the use of electronic communications technologies (e.g., Skype, FaceTime, Zoom) to promote face-to-face interaction with family members and program staff.

Funding History:

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

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……	$390,074,000
FY 2021 Enacted..……...	$392,574,000
FY 2022 President's Budget..……...	$550,574,000

Budget Request:

The FY 2022 Budget request for Home and Community-Based Supportive Services (HCBSS) is $550,574,000, an increase of $158,000,000 above the FY 2021 Enacted level of $392,574,000.

While OAA programs often have waiting lists, and target funds to those in greatest social and economic need, the COVID-19 pandemic has resulted in a flood of new requests for services. A survey by Meals on Wheels America (MOWA) found a 95% increase in demand for nutrition services during the initial months of the pandemic that by the end of 2020 had stabilized at roughly

[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.

60% above annual nutrition levels. The demand for supportive services has closely tracked that for nutrition services during the same period of the pandemic. Funding for HCBSS has allowed more seniors to receive a greater amount and range of flexible supportive services that allows them to shelter-in-place or self-quarantine and has supported social distancing to help minimize exposure to COVID-19. These include personal care, homemaker and chore services; transportation to grocery stores, banks or doctors when necessary; and case management. Additionally, states and area agencies on aging have the flexibility to provide specific services intended to mitigate some of the isolation that might occur, including virtual friendly visiting, wellness checks, telephone reassurance, and the use of electronic communications technologies (e.g., Skype, FaceTime, Zoom) to promote face-to-face interaction with family members and program staff.

During the pandemic, $660 million was provided for supportive services through supplemental appropriations and the American Rescue Plan Act. These increases will help maintain services for the significantly larger population of older adults who have been relying on these services, many or all of whom are likely to remain at higher risk during FY 2022. . This level will allow ACL to continue to address the heightened demand from the pandemic as the country begins to transition away from the pandemic and back to more historical service levels. This funding will be especially critical, as it can also be used to assist COVID-19 vaccination administration. In addition, this funding source can also be directed by states to support caregivers, legal assistance to protect rights and combat evictions, or provide Ombudsman services to protect the rights of residents in institutional settings.

The Budget request supports an estimated additional 1.3 million units of adult day care for older adults; an addition of 1.2 million rides for activities such as visiting the doctor, the pharmacy, or grocery stores; and an additional 2.2 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.

In addition to providing sufficient funding to support the transition away from the pandemic, the Budget continues to propose two changes to appropriations language: the ability to use up to 1% of HCBSS funding to fund innovative demonstrations, the same authority that is currently available to the nutrition programs; and a provision allowing states continued flexibility to address ongoing COVID response needs in the event that PHE flexibilities expire. The provision allows States and Tribes to shift their respective funding between their services programs to better address needs during COVID recovery.

- *Innovation Demonstrations:* Continuing to innovate in all of ACL's programs is critical to their effective and efficient management. 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:

- Pandemic – ACL is interested in identifying lessons learned as a result of changes required by the pandemic, including service models that work better and can be retained and incorporated going forward
- Transportation – key areas ACL has identified as in need for innovations include specialized transportation, volunteer transportation, mobility management, and travel training.
- Senior Centers – ACL is interested in exploring ways to transform and modernize 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 uses of technology in providing HCBSS 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 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. During the Public Health Emergency (PHE) up to 100% of the funding from any of the Title III programs (HCBSS, Nutrition, Preventive Health, Caregivers) can be used for disaster assistance due to major disaster declarations of emergencies that are in place. Should these emergency declarations expire, it would result in more limited flexibility for States to transfer funding to address their specific needs. As a result, ACL is proposing expanded transfer authority for States involving Title III dollars and for Tribes using Title VI dollars (using a General Provision appropriations language change) to address the need for another year of transfer flexibility.

Outputs and Outcomes Table:

Home and Community-Based Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 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 2019: 7,794 clients Target: 8,900 clients (Target Not Met)	7,517 clients	7,458 clients	-59 clients
2.9b Maintain at 90% or higher the percentage of transportation clients who rate services good to excellent. (Outcome)	FY 2019: 94% Target: 90% (Target Exceeded)	94%	94%	Maintain
2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome)	FY 2019: 66.89 weighted average Target: 63.6 weighted average (Target Exceeded)	64.7 weighted average	64.3 weighted average	-0.4 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 2019: 34.15% Target: 26.2% (Target Exceeded)	34.9%	34.47%	-0.43
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 2019: 33.4% Target: 24.6% (Target Exceeded)	33.11%	33.26%	+0.15

Indicator	Year and Most Recent Result /	FY 2021 Projection	FY 2022 Projection	FY 2022 Projection +/-FY 2021 Projection
Output C: Transportation Service Units *(Output)*	FY 2019: 20.4 M	18.3 M	19.5 M	+1.2 M
Output D: Personal Care, Homemaker and Chore Services units *(Output)*	FY 2019: 49.3 M	52.1 M	54.3 M	+2.2 M
Output E: Adult Day Care/Day Health units *(Output)*	FY 2019: 12.1 M	13.2 M	14.5 M	+1.3 M
Output F: Case Management Services units *(Output)*	FY 2019: 3.3 M	2.5 M	2.6 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

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$6,922,964	$6,940,148	$9,635,045
Range of Awards	$242,304 - $40,300,259	$242,905 - $40,399,387	$337,227 - $56,148,817

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	5,816,818	5,831,072	8,103,800	2,272,728
Alaska	1,938,430	1,943,241	2,697,813	754,572
Arizona	8,454,587	8,477,520	11,883,521	3,406,001
Arkansas	3,557,832	3,566,348	4,947,554	1,381,206
California	40,300,259	40,399,387	56,148,817	15,749,430
Colorado	5,779,876	5,795,279	8,106,433	2,311,154
Connecticut	4,377,232	4,387,808	6,086,980	1,699,172
Delaware	1,938,430	1,943,241	2,697,813	754,572
District of Columbia	1,938,430	1,943,241	2,697,813	754,572
Florida	28,975,154	29,049,467	40,513,466	11,463,999
Georgia	10,402,974	10,430,543	14,571,371	4,140,828
Hawaii	1,938,430	1,943,241	2,697,813	754,572
Idaho	1,938,816	1,944,123	2,719,702	775,579
Illinois	14,225,049	14,259,211	19,783,085	5,523,874
Indiana	7,500,185	7,518,684	10,453,167	2,934,483
Iowa	4,137,783	4,146,805	5,614,415	1,467,610
Kansas	3,336,977	3,344,971	4,622,013	1,277,042
Kentucky	5,186,326	5,198,911	7,220,568	2,021,657
Louisiana	5,143,701	5,156,472	7,169,548	2,013,076
Maine	1,938,549	1,943,410	2,702,005	758,595
Maryland	6,661,643	6,678,380	9,290,978	2,612,598
Massachusetts	8,053,410	8,073,137	11,219,841	3,146,704
Michigan	12,197,062	12,226,910	16,994,436	4,767,526
Minnesota	6,312,036	6,328,271	8,824,074	2,495,803
Mississippi	3,364,074	3,372,196	4,682,543	1,310,347
Missouri	7,284,265	7,302,158	10,147,604	2,845,446
Montana	1,938,430	1,943,241	2,697,813	754,572
Nebraska	2,230,133	2,235,407	3,071,390	835,983
Nevada	3,321,139	3,330,012	4,653,009	1,322,997
New Hampshire	1,938,430	1,943,241	2,697,813	754,572
New Jersey	10,320,045	10,345,066	14,335,105	3,990,039
New Mexico	2,488,129	2,494,300	3,471,677	977,377
New York	23,597,211	23,652,043	32,462,605	8,810,562
North Carolina	11,783,710	11,814,518	16,492,529	4,678,011
North Dakota	1,938,430	1,943,241	2,697,813	754,572

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	14,157,984	14,192,196	19,708,404	5,516,208
Oklahoma	4,363,424	4,373,976	6,073,545	1,699,569
Oregon	5,125,139	5,137,936	7,153,081	2,015,145
Pennsylvania	17,370,923	17,410,305	23,783,640	6,373,335
Rhode Island	1,938,430	1,943,241	2,697,813	754,572
South Carolina	6,203,318	6,219,904	8,697,465	2,477,561
South Dakota	1,938,430	1,943,241	2,697,813	754,572
Tennessee	7,805,579	7,825,039	10,887,055	3,062,016
Texas	25,814,243	25,882,009	36,146,372	10,264,363
Utah	2,475,877	2,482,599	3,475,581	992,982
Vermont	1,938,430	1,943,241	2,697,813	754,572
Virginia	9,297,593	9,321,159	12,987,402	3,666,243
Washington	8,225,341	8,246,548	11,509,375	3,262,827
West Virginia	2,693,884	2,699,569	3,661,658	962,089
Wisconsin	6,986,017	7,003,736	9,755,907	2,752,171
Wyoming	1,938,430	1,943,241	2,697,813	754,572
Subtotal	**380,527,027**	**381,473,036**	**529,807,664**	**148,334,628**
American Samoa	453,095	453,134	460,029	6,895
Guam	969,215	971,621	1,348,906	377,285
Northern Mariana Islands	242,304	242,905	337,227	94,322
Puerto Rico	4,525,151	4,535,943	6,259,788	1,723,845
Virgin Islands	969,215	971,621	1,348,906	377,285
Subtotal	7,158,980	7,175,224	9,754,856	2,579,632
Total States/Territories	**387,686,007**	**388,648,260**	**539,562,520**	**150,914,260**
Contingency Fund 1/	2,387,993	3,925,740	11,011,480	7,085,740
Subtotal Adjustments	**2,387,993**	**3,925,740**	**11,011,480**	**7,085,740**
TOTAL RESOURCES	**390,074,000**	**392,574,000**	**550,574,000**	**158,000,000**

1/ Contingency Fund- Includes funds for Older American Act statutory requirements, including evaluation and disaster assistance; and grant and program reporting system costs, and innovation demonstration grants. Funds unused for these purposes at the end of the year are allocated to states.

Nutrition Services

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Congregate Nutrition Services	$510.342	$515.342	$468.954	- $46.388
Home- Delivered Nutrition Services	$266.342	$276.342	$703.431	+$427.089
Nutrition Services Incentive Program[27]	$160.069	$160.069	$169.000	+$8.931
Total Supplemental Funding	$720.00	$918.00	---	-$918.00
Program Level	$1,656,753	$1,869,753	$1,341,385	-$528,368

*BA is in millions 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: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....$1,090,145,607

Authorization Expiration Date.....2024

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

[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.

Program Description and Accomplishments:

Nutrition Services help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of community settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation. These services occur in all 50 states, the District of Columbia, and five territories through a network of more than 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 2019[29]

- Home-Delivered Nutrition Services (Title III-C2): Provides funding for the delivery of meals and related services to frail seniors who are homebound. 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 homebound 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 150.0 million meals to over 883,000 individuals in FY 2019[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 $153,010 assessed by USDA as administrative expenses) in FY 2021.

- Under its authority to use up to one percent of nutrition appropriations for innovation demonstrations, ACL is using $9.1 million in FY 2021 to fund nutrition innovations and

[28] ACL'S OAA State Performance Report, FY 2019.

[29] Id.

[30] Id.

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 and other mental health issues, so that they can be addressed. Suicide is a significant problem among older adults, 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 (2019[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 or more Activities of Daily Living) was 41 percent in 2019.[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]

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[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.

[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] ACL'S OAA State Performance Report, FY 2019

[34] Id.

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

[36] Id.

[37] Id.

- 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, 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]

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[38] Kimokoti and Millen, 2016; Bernstein and Munoz, 2012.
[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 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……	$936,753,000
FY 2021 Enacted…..……	$951,753,000
FY 2022 President's Budget…….	$1,341,385,000

Budget Request:

The FY 2022 Budget request for Nutrition programs is $1,341,385,000, an increase of $389,632,000 over the FY 2021 Enacted level of $951,753,000. Even as the country starts transitioning away from a world defined by COVID-19 and the pandemic, more older Americans will continue to need home-delivered meals than will be able to go to congregate sites for meals. Thus, the request reduces funding for Congregate Nutrition by -$46,388,000 and substantially increases the request for home-delivered meals by +$427,089,000. An increase of +$8,931,000 is also requested for the Nutrition Services Incentive Program. This request represents only a portion of the total funding for meals programs. Combined with state and local contributions, the request is projected to provide over 291 million meals to more than 1.2 million older Americans in a variety of community settings. In FY 2022, the Nutrition programs are expected to continue to provide home-delivered meals that clients rate as good to excellent, ensuring that clients continue to receive high quality services.

Currently, states can transfer up to 30 percent of their funding for Nutrition and HCBSS between these programs, and up to 40 percent of Nutrition funding between the congregate and home-delivered programs. However, during the public health emergency (PHE), up to 100% of the nutrition funding provided by the initial supplemental appropriations could be transferred between Congregate and Home-Delivered meals. Any of the funding provided for Title III programs (HCBSS, Nutrition, Preventive Health, Caregivers) could be used for disaster assistance due to major disaster declarations of emergencies that were in place. As the pandemic has begun to wane, these emergency declarations may expire resulting in more limited flexibility for States to transfer funding to address their specific needs. As a result, of the possible loss of the PHE authority ACL is proposing to allow transfer authority for States involving Title III dollars and for Tribes using Title VI dollars (using a General Provision appropriations language change) to address the need for another year of continued transfer flexibility in the event that existing transfer flexibilities expire.

While OAA nutrition programs often have waiting lists, and target funds to those in greatest social and economic need, the COVID-19 pandemic has resulted in a flood of new requests for nutrition services. Seniors, especially those at higher risk, who previously might not have needed or used these services, were at greater risk as a result of the Pandemic and turned in many cases to the Aging Services Network for meals that allowed them to socially distance and to quarantine, thereby reducing their risk of contracting the virus.

A survey by Meals on Wheels America (MOWA) found a 95% increase in demand for nutrition services during the initial months of the Pandemic that had stabilized at roughly 60% above annual nutrition levels at the end of 2020, almost a year into the Pandemic. During this period, $1.638billion has been provided for additional meals through supplemental appropriations and the American Rescue Plan Act. The Budget requests an increase of roughly 40% above the FY 2021 annual level ($951.8 million) for nutrition programs, to maintain meals for this larger, stabilized population. Without this increase, ACL will be unable to maintain services for the significantly larger population of older adults who have been relying on these services, many or all of whom are likely to remain at higher risk during FY 2022.

Data from the American Community Survey (2019) indicate that 8.8 million adults age 60 and older have an independent living disability meaning that they experience difficulty doing errands alone such as visiting a doctor's office or shopping and 4.9 million have difficulty with self-care such as dressing or bathing. Older Americans Act supported home delivered nutrition services reach less than 1 million older adults (882,000 in 2019).
A forty percent increase in total OAA nutrition funding would allow for reaching a substantial portion of this population that is economically and socially vulnerable and who have declined in functional ability due to being restricted to their homes, unable to be active or to avail themselves of active lifestyles and activities proven to delay or reduce the onset of chronic conditions.

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; 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 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 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 2019: 7,794 clients Target: 8,900 clients (Target Not Met)	7,517 clients	7,458 clients	-59 clients
2.9a Maintain at 90% or higher the percentage of clients receiving home delivered meal who rate services good to excellent. (Outcome)	FY 2019: 91% Target: 90% (Target Exceeded)	92%	93%	+1
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 2019: 66.89 weighted average Target: 63.6 weighted average (Target Exceeded)	64.7 weighted average	64.3 weighted average	-0.4 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 2019: 34.15% Target: 26.2% (Target Exceeded)	34.9%	34.47%	-0.43
3.5 Increase the percentage of older persons with severe disabilities who receive home-delivered meals. (Outcome)	FY 2019: 42.7% Target: 42.4% (Target Exceeded)	40.5%	41%	+0.5
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 2019: 33.4% Target: 24.6% (Target Exceeded)	33.11%	33.26%	+0.15

Indicator	**Year and Most Recent Result /**	**FY 2021 Projection**	**FY 2022 Projection**	**FY 2022 Projection +/-FY 2021 Projection**
Output G: Number of Home-Delivered meals served *(Output)*	FY 2019: 150.0 M	150.0 M	231.0 M	+81.0 M
Output H: Number of Congregate meals served *(Output)*	FY 2019: 73.3 M	64.9 M	60.0 M	-4.9 M
Outputs G & H: Total Number of Meals *(Output)*	FY 2019: 223.3 M	219.6 M	291.0 M	+78.5 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

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$9,113,250	$9,202,536	$8,374,179
Range of Awards	$315,008 - $52,727,894	$398,098 - $52,739,498	$287,234 - $48,079,385

Home-Delivered Nutrition Programs Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$4,697,348	$4,829,851	$12,310,043
Range of Awards	$164,407 - $27,495,875	$169,045 - $28,207,490	$430,851 - $71,893,608

Nutrition Services Incentive Program Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	270	270	270
Average Award	$2,837,918	$2,828,288	$2,986,091
Range of Awards	$68,616 - $16,277,034	$68,065 - $16,146,206	$71,862 - $17,047,075

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	7,610,634	7,612,169	6,939,594	(672,575)
Alaska	2,520,063	2,520,787	2,297,874	(222,913)
Arizona	11,064,838	11,071,398	10,083,979	(987,419)
Arkansas	4,654,768	4,655,303	4,244,780	(410,523)
California	52,727,894	52,739,498	48,079,385	(4,660,113)
Colorado	7,563,699	7,567,721	6,894,337	(673,384)
Connecticut	5,726,651	5,727,581	5,222,516	(505,065)
Delaware	2,520,063	2,520,787	2,297,874	(222,913)
District of Columbia	2,520,063	2,520,787	2,297,874	(222,913)
Florida	37,914,475	37,928,764	34,564,751	(3,364,013)
Georgia	13,612,688	13,619,824	12,409,623	(1,210,201)
Hawaii	2,520,063	2,520,787	2,297,874	(222,913)
Idaho	2,521,111	2,522,836	2,297,874	(224,962)
Illinois	18,610,777	18,613,205	16,971,688	(1,641,517)
Indiana	9,813,195	9,815,434	8,947,828	(867,606)
Iowa	5,072,249	5,072,768	4,628,674	(444,094)
Kansas	4,288,043	4,288,869	3,910,199	(378,670)
Kentucky	6,785,599	6,786,710	6,187,491	(599,219)
Louisiana	6,729,899	6,731,655	6,136,581	(595,074)
Maine	2,520,387	2,521,179	2,297,874	(223,305)
Maryland	8,715,984	8,718,704	7,947,491	(771,213)
Massachusetts	10,536,972	10,539,074	9,607,881	(931,193)
Michigan	15,958,615	15,961,694	14,551,219	(1,410,475)
Minnesota	8,259,245	8,262,511	7,529,827	(732,684)
Mississippi	4,401,431	4,402,056	4,013,474	(388,582)
Missouri	9,530,518	9,532,567	8,690,374	(842,193)
Montana	2,520,063	2,520,787	2,297,874	(222,913)
Nebraska	2,802,578	2,803,232	2,555,576	(247,656)
Nevada	4,345,796	4,348,252	3,961,793	(386,459)
New Hampshire	2,520,063	2,520,787	2,297,874	(222,913)
New Jersey	13,500,437	13,503,128	12,313,859	(1,189,269)
New Mexico	3,255,638	3,256,408	2,968,218	(288,190)
New York	29,874,471	29,879,330	27,248,892	(2,630,438)
North Carolina North	15,419,292	15,426,435	14,056,813	(1,369,622)
Dakota	2,520,063	2,520,787	2,297,874	(222,913)

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	18,523,838	18,526,522	16,890,996	(1,635,526)
Oklahoma	5,708,918	5,709,776	5,205,761	(504,015)
Oregon	6,706,070	6,707,860	6,114,049	(593,811)
Pennsylvania	21,484,525	21,487,290	19,591,935	(1,895,355)
Rhode Island	2,520,063	2,520,787	2,297,874	(222,913)
South Carolina	8,117,572	8,122,087	7,399,640	(722,447)
South Dakota	2,520,063	2,520,787	2,297,874	(222,913)
Tennessee	10,212,955	10,215,718	9,312,010	(903,708)
Texas	33,779,197	33,795,326	30,793,368	(3,001,958)
Utah	3,239,999	3,242,009	2,953,267	(288,742)
Vermont	2,520,063	2,520,787	2,297,874	(222,913)
Virginia	12,165,716	12,169,744	11,091,480	(1,078,264)
Washington	10,763,347	10,767,566	9,811,797	(955,769)
West Virginia	3,301,263	3,300,977	3,011,345	(289,632)
Wisconsin	9,140,892	9,143,995	8,334,051	(809,944)
Wyoming	2,520,063	2,520,787	2,297,874	(222,913)
Subtotal	**494,682,869**	**494,825,832**	**451,048,904**	**(43,776,928)**
American Samoa	577,697	577,713	541,835	(35,878)
Guam	1,260,031	1,260,394	1,148,938	(111,456)
Northern Mariana Islands	315,008	315,098	287,234	(27,864)
Puerto Rico	5,916,897	5,918,015	5,399,071	(518,944)
Virgin Islands	1,260,031	1,260,394	1,148,938	(111,456)
Subtotal	9,329,664	9,331,614	8,526,016	(805,598)
Total States/Territories	**504,012,533**	**504,157,446**	**459,574,920**	**(44,582,526)**
Contingency Fund 1/	6,329,467	11,184,554	9,379,080	(1,805,474)
Subtotal Adjustments	**6,329,467**	**11,184,554**	**9,379,080**	**(1,805,474)**
TOTAL RESOURCES	**510,342,000**	**515,342,000**	**468,954,000**	**(46,388,000)**

1/ Contingency Fund- Includes funds for Older American Act statutory requirements, including evaluation and disaster assistance; and grant and program reporting system costs, and innovation demonstration grants. Funds unused for these purposes at the end of the year are allocated to states.

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	3,970,273	4,070,511	10,374,683	6,304,172
Alaska	1,315,257	1,352,358	3,446,812	2,094,454
Arizona	5,871,167	6,096,598	15,538,654	9,442,056
Arkansas	2,420,206	2,474,089	6,305,815	3,831,726
California	27,495,875	28,207,490	71,893,608	43,686,118
Colorado	3,992,082	4,137,464	10,545,329	6,407,865
Connecticut	2,972,548	3,043,652	7,757,484	4,713,832
Delaware	1,315,257	1,352,358	3,446,812	2,094,454
District of Columbia	1,315,257	1,352,358	3,446,812	2,094,454
Florida	19,906,074	20,527,245	52,318,648	31,791,403
Georgia	7,154,368	7,413,631	18,895,432	11,481,801
Hawaii	1,315,257	1,352,358	3,446,812	2,094,454
Idaho	1,333,027	1,388,445	3,538,788	2,150,343
Illinois	9,673,982	9,894,599	25,218,778	15,324,179
Indiana	5,121,641	5,255,588	13,395,137	8,139,549
Iowa	2,577,348	2,633,829	6,712,951	4,079,122
Kansas	2,232,471	2,288,165	5,831,941	3,543,776
Kentucky	3,536,340	3,621,004	9,229,005	5,608,001
Louisiana	3,509,563	3,605,350	9,189,107	5,583,757
Maine	1,320,214	1,358,621	3,462,775	2,104,154
Maryland	4,546,766	4,678,882	11,925,264	7,246,382
Massachusetts	5,497,459	5,635,820	14,364,251	8,728,431
Michigan	8,330,916	8,538,685	21,762,904	13,224,219
Minnesota	4,331,027	4,468,997	11,390,321	6,921,324
Mississippi	2,293,807	2,347,006	5,981,912	3,634,906
Missouri	4,968,531	5,096,286	12,989,117	7,892,831
Montana	1,315,257	1,352,358	3,446,812	2,094,454
Nebraska	1,460,057	1,498,526	3,819,356	2,320,830
Nevada	2,282,683	2,368,624	6,037,010	3,668,386
New Hampshire	1,315,257	1,352,358	3,446,812	2,094,454
New Jersey	6,971,816	7,147,758	18,217,791	11,070,033
New Mexico	1,705,275	1,750,320	4,461,114	2,710,794
New York	15,424,922	15,794,495	40,256,090	24,461,595
North Carolina	8,099,160	8,375,820	21,347,804	12,971,984
North Dakota	1,315,257	1,352,358	3,446,812	2,094,454

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	9,655,324	9,880,210	25,182,105	15,301,895
Oklahoma	2,974,323	3,044,156	7,758,769	4,714,613
Oregon	3,512,270	3,608,725	9,197,709	5,588,984
Pennsylvania	11,175,373	11,429,521	29,130,898	17,701,377
Rhode Island	1,315,257	1,352,358	3,446,812	2,094,454
South Carolina	4,276,025	4,435,469	11,304,865	6,869,396
South Dakota	1,315,257	1,352,358	3,446,812	2,094,454
Tennessee	5,336,400	5,483,713	13,976,568	8,492,855
Texas	17,762,330	18,377,421	46,839,302	28,461,881
Utah	1,710,102	1,777,550	4,530,517	2,752,967
Vermont	1,315,257	1,352,358	3,446,812	2,094,454
Virginia	6,376,051	6,565,145	16,732,859	10,167,714
Washington	5,662,591	5,842,066	14,889,919	9,047,853
West Virginia	1,700,379	1,726,342	4,399,999	2,673,657
Wisconsin	4,785,053	4,928,406	12,561,235	7,632,829
Wyoming	1,315,257	1,352,358	3,446,812	2,094,454
Subtotal	**258,393,646**	**265,692,162**	**677,180,746**	**411,488,584**
American Samoa	164,407	169,045	430,851	261,806
Guam	657,629	676,179	1,723,406	1,047,227
Northern Mariana Islands	164,407	169,045	430,851	261,806
Puerto Rico	3,013,781	3,089,022	7,873,120	4,784,098
Virgin Islands	657,629	676,179	1,723,406	1,047,227
Subtotal	4,657,853	4,779,470	12,181,634	7,402,164
Total States/Territories	**263,051,499**	**270,471,632**	**689,362,380**	**418,890,748**
Contingency Fund 1/	3,290,501	5,870,368	14,068,620	8,198,252
Subtotal Adjustments	**3,290,501**	**5,870,368**	**14,068,620**	**8,198,252**
TOTAL RESOURCES	**266,342,000**	**276,342,000**	**703,431,000**	**427,089,000**

1/ Program Support- Includes funds for Older American Act statutory requirements, including evaluation and disaster assistance; and grant and program reporting system costs, and innovation demonstration grants. Funds unused for these purposes at the end of the year are allocated to states.

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	3,221,143	3,195,253	3,373,531	178,278
Alaska	479,564	475,709	502,251	26,542
Arizona	1,909,639	1,894,290	1,999,982	105,692
Arkansas	2,368,292	2,349,257	2,480,333	131,076
California	13,341,044	13,233,813	13,972,189	738,376
Colorado	1,438,429	1,426,868	1,506,479	79,611
Connecticut	1,391,493	1,380,309	1,457,322	77,013
Delaware	724,684	718,859	758,968	40,109
District of Columbia	861,837	854,910	902,610	47,700
Florida	6,323,772	6,272,944	6,622,941	349,997
Georgia	3,057,665	3,033,089	3,202,319	169,230
Hawaii	497,199	493,203	520,721	27,518
Idaho	806,027	799,548	844,159	44,611
Illinois	7,385,172	7,325,813	7,734,554	408,741
Indiana	1,241,683	1,231,702	1,300,424	68,722
Iowa	1,395,772	1,384,553	1,461,804	77,251
Kansas	2,298,013	2,279,542	2,406,729	127,187
Kentucky	1,496,032	1,484,007	1,566,807	82,800
Louisiana	3,767,360	3,737,078	3,945,587	208,509
Maine	625,289	620,264	654,871	34,607
Maryland	1,646,882	1,633,646	1,724,795	91,149
Massachusetts	6,961,153	6,905,202	7,290,476	385,274
Michigan	7,846,090	7,783,026	8,217,277	434,251
Minnesota	1,746,160	1,732,125	1,828,768	96,643
Mississippi	1,489,656	1,477,682	1,560,129	82,447
Missouri	3,847,942	3,817,013	4,029,983	212,970
Montana	1,134,493	1,125,374	1,188,164	62,790
Nebraska	1,031,494	1,023,202	1,080,292	57,090
Nevada	1,686,683	1,673,126	1,766,478	93,352
New Hampshire	1,208,093	1,198,382	1,265,246	66,864
New Jersey	3,473,368	3,445,450	3,637,688	192,238
New Mexico	2,269,306	2,251,065	2,376,663	125,598
New York	16,277,034	16,146,206	17,047,075	900,869
North Carolina	3,378,519	3,351,363	3,538,351	186,988
North Dakota	805,142	798,670	843,231	44,561

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	5,716,212	5,670,266	5,986,637	316,371
Oklahoma	1,791,402	1,777,004	1,876,151	99,147
Oregon	1,598,413	1,585,565	1,674,031	88,466
Pennsylvania	6,642,866	6,589,472	6,957,130	367,658
Rhode Island	418,528	415,164	438,328	23,164
South Carolina	1,772,670	1,758,422	1,856,532	98,110
South Dakota	951,768	944,118	996,794	52,676
Tennessee	1,698,053	1,684,406	1,778,386	93,980
Texas	10,225,621	10,850,239	11,455,624	605,385
Utah	1,316,522	1,305,940	1,378,804	72,864
Vermont	779,140	772,878	816,000	43,122
Virginia	1,914,861	1,899,470	2,005,450	105,980
Washington	2,342,795	2,323,963	2,453,628	129,665
West Virginia	1,539,044	1,526,674	1,611,855	85,181
Wisconsin	2,727,265	2,705,344	2,856,288	150,944
Wyoming	888,652	881,510	930,694	49,184
Subtotal	**151,755,936**	**151,242,978**	**159,681,529**	**8,438,551**
Indian Tribes	3,892,504	3,892,504	4,109,689	217,185
American Samoa	84,875	84,192	88,890	4,698
Guam	390,715	387,574	409,199	21,625
Northern Mariana Islands	68,616	68,065	71,862	3,797
Puerto Rico	2,709,041	2,687,267	2,837,202	149,935
Virgin Islands	106,586	105,730	111,629	5,899
Subtotal	7,252,337	7,225,332	7,628,471	403,139
Total States/Territories	**159,008,273**	**158,468,310**	**167,310,000**	**8,841,690**
Contingency Fund 1/	1,060,727	1,600,690	1,690,000	89,310
Subtotal Adjustments	**1,060,727**	**1,600,690**	**1,690,000**	**89,310**
TOTAL RESOURCES	**160,069,000**	**160,069,000**	**169,000,000**	**8,931,000**

1/ Contingency Fund - 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.

2/ State levels include transfers for distributions of commodities which are provided by USDA to grantees; in FY 2021, the amount that was transferred is shown for comparability purposes

Preventive Health Services

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Preventive Health Services – Budget Authority	$24.848	$24.848	$26.339	+$1.491

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....$28,182,602

Authorization Expiration Date.....2024

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 19.6 years.[45] The population of older Americans is also growing, particularly the population age

[45] Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2019. NCHS Data Brief, no 395. Hyattsville, MD: National Center for Health Statistics. 2020. https://www.cdc.gov/nchs/data/databriefs/db395-H.pdf.

85 and over, which is projected to grow from 6.6 million in 2019 to 9.1 million by the year 2030.[46] One consequence of this increased longevity is a higher incidence of chronic diseases such as arthritis, cancer, and diabetes.[47] 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.[48]

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.[49]

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

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[46] 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 30 April 2021. 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, 2019: Released June 2020, https://www.census.gov/programs-surveys/popest/data/tables.2019.html . Accessed 30 April 2021.

[47] 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.

[48] 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.

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

- *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 2018……	$24,848,000
FY 2019……	$24,848,000
FY 2020……	$24,848,000
FY 2021……	$24,848,000
FY 2022 Enacted……..	$24,848,000
FY 2022 President's Budget…….	$26,339,000

Budget Request:

The FY 2022 request for Preventive Health Services is $26,339,000 is an increase of +$1,491,000 over the FY 2021 Enacted level of $24,848,000. These formula grants allow States to fund the provision of evidence-based programs that educate older adults about the importance of healthy lifestyles and promote healthy behaviors that can help prevent chronic disease and disability. Social isolation resulting from the pandemic has increased the need to address healthy lifestyles by managing chronic diseases exacerbated by declines in physical functioning resulting from reduced access to community supports and evidence-based programs. This new funding will help cover the costs of transitioning to virtual programs that expanded their reach during the pandemic, including increased costs as grantees worked with developers to create evidence-based interventions that work at home

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.[50] Grantees can use the Title III-D Highest-Tier Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart[51] 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.

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

[51] 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 2021 Projection	FY 2022 Projection	FY 2022 Projection +/-FY 2021 Projection
Output AB: The number of people served with health and disease prevention programs. *(Output)*	FY 2019: 605,729	272,832	192,119	-80,514

Grant Awards Tables:

Preventive Health Services Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$440,747	$439,277	$465,636
Range of Awards	$15,426 - $2,579,909	$15,375 - $2,565,484	$16,297 - $2,719,426

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	372,527	370,215	392,430	22,215
Alaska	123,409	122,998	130,378	7,380
Arizona	550,886	554,488	587,761	33,273
Arkansas	227,086	225,020	238,522	13,502
California	2,579,909	2,565,484	2,719,426	153,942
Colorado	374,573	376,304	398,884	22,580
Connecticut	278,911	276,822	293,432	16,610
Delaware	123,409	122,998	130,378	7,380
District of Columbia	123,409	122,998	130,378	7,380
Florida	1,867,767	1,866,962	1,978,989	112,027
Georgia	671,287	674,273	714,733	40,460
Hawaii	123,409	122,998	130,378	7,380
Idaho	125,077	126,280	133,857	7,577
Illinois	907,700	899,918	953,918	54,000
Indiana	480,558	477,998	506,680	28,682
Iowa	241,830	239,548	253,922	14,374
Kansas	209,471	208,110	220,597	12,487
Kentucky	331,811	329,332	349,094	19,762
Louisiana	329,299	327,908	347,584	19,676
Maine	123,874	123,567	130,982	7,415
Maryland	426,619	425,546	451,081	25,535
Massachusetts	515,821	512,580	543,338	30,758
Michigan	781,681	776,597	823,197	46,600
Minnesota	406,376	406,457	430,847	24,390
Mississippi	215,226	213,461	226,270	12,809
Missouri	466,192	463,509	491,322	27,813
Montana	123,409	122,998	130,378	7,380
Nebraska	136,996	136,292	144,470	8,178
Nevada	214,182	215,427	228,354	12,927
New Hampshire	123,409	122,998	130,378	7,380
New Jersey	654,158	650,092	689,101	39,009
New Mexico	160,004	159,192	168,744	9,552
New York	1,447,305	1,436,516	1,522,715	86,199
North Carolina	759,936	761,785	807,496	45,711
North Dakota	123,409	122,998	130,378	7,380

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	905,949	898,609	952,531	53,922
Oklahoma	279,078	276,867	293,481	16,614
Oregon	329,553	328,215	347,910	19,695
Pennsylvania	1,048,574	1,039,520	1,101,896	62,376
Rhode Island	123,409	122,998	130,378	7,380
South Carolina	401,215	403,408	427,614	24,206
South Dakota	123,409	122,998	130,378	7,380
Tennessee	500,709	498,746	528,673	29,927
Texas	1,666,622	1,671,435	1,771,729	100,294
Utah	160,458	161,669	171,370	9,701
Vermont	123,409	122,998	130,378	7,380
Virginia	598,258	597,103	632,932	35,829
Washington	531,315	531,338	563,222	31,884
West Virginia	159,545	157,012	166,433	9,421
Wisconsin	448,977	448,241	475,137	26,896
Wyoming	123,409	122,998	130,378	7,380
Subtotal	**24,244,814**	**24,164,824**	**25,614,832**	**1,450,008**
American Samoa	15,426	15,375	16,297	922
Guam	61,705	61,499	65,189	3,690
Northern Mariana Islands	15,426	15,375	16,297	922
Puerto Rico	282,780	280,948	297,806	16,858
Virgin Islands	61,705	61,499	65,189	3,690
Subtotal	437,042	434,696	460,778	26,082
Total States/Territories	**24,681,856**	**24,599,520**	**26,075,610**	**1,476,090**
Contingency Fund 1/	166,144	248,480	263,990	15,510
Subtotal Adjustments	**166,144**	**248,480**	**263,990**	**15,510**
TOTAL RESOURCES	**24,848,000**	**24,848,000**	**26,339,600**	**1,491,600**

1/ Contingency Fund- 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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Chronic Disease Self-Management Education- PPHF	$8.000	$8.000	$8.000	---

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131, and Sections 311 and 317(k)(2) of the Public Health Service Act.

Current FY Authorization.....None Specified

Authorization Expiration Date.....2024

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

Program Description and Accomplishments:

In the United States, 77 percent of Medicare beneficiaries age 65 and over have multiple (two or more) chronic conditions,[52] placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement.[53] Chronic conditions also impact health care costs, as 93 percent of Medicare expenditures are for beneficiaries with chronic conditions.[54]

[52] 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.

[53] 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.

[54] 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/.

Chronic Disease Self-Management Education (CDSME) programs are low-cost, evidence-based prevention models based on rigorous research studies that are translated into practical and effective community-based programs. CDSME programs aim to help individuals better manage their chronic conditions, such as diabetes, heart disease, cancer, HIV, depression, and pain. Proven CDSME programs include Enhance Wellness, the Wellness Recovery Action Plan, and the Stanford University-developed suite of programs - Chronic Disease Self-Management Program (CDSMP), Tomando Control De la Salud (Spanish CDSMP), Diabetes Self-Management Program (DSMP), Program de Manejo Personal de la Diabetes (Spanish DSMP), Chronic Pain Self-Management Program, Positive Self-Management Program for HIV, Arthritis Self-Management Program (ASMP), Cancer Thriving and Surviving. CDSME programs can be delivered in small groups or self-directed formats.

CDSME programs emphasize an individual's role in managing their condition though a series of workshops that are conducted one or more times per week over several weeks in remote settings (video conference, phone, and/or toolkit) and community settings (in hospitals, churches, libraries, YWCAs, YMCAs, senior centers, public housing projects, community health centers, and cooperative extension programs). People with different chronic health conditions attend together, and the workshops are facilitated by trained leaders - often non-health professionals or lay people with chronic diseases themselves. Core topics covered include: techniques to deal with problems such as frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with health professionals; and nutrition.

CDSME programs have been shown repeatedly, through multiple randomized control experiments, to be effective at helping participants adopt healthy behaviors and improve their psychological and physical health status.[55] Some evidence suggests that CDSME programs may also significantly reduce the use of hospital care and physician services and reduce health care costs.[56] A national study of CDSME programs, participants reported significant improvements in aspects of their care (communication with their physicians, medication compliance, and health literacy), better health outcomes (self-assessed health, reduction in depression and quality of life), and reduced health care utilization (lower emergency room visits and hospitalizations), resulting in potential cost savings.[57]

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[55] Brady TJ, Murphy L, O'Colmain BJ, Beauchesne D, Daniels B, Greenberg M, et al. A Meta-Analysis of Health Status, Health Behaviors, and Health Care Utilization Outcomes of the Chronic Disease Self-Management Program. Prev Chronic Dis 2013;10:120112. http://dx.doi.org/10.5888/pcd10.120112

[56] Sobel, DS, Lorig,KR, Hobbs,M. Chronic Disease Self-Management Program: From Development to Dissemination. Permanente Journal; Spring 2002. Also Ory, M. G., et al. 2013. "Successes of a National Study of the Chronic Disease Self-Management Program: Meeting the Triple Aim of Health Care Reform." Medical Care 51(11), 992-998.

[57] Whitelaw, N., Lorig, K., Smith, M. L., & Ory, M. G. (March 19, 2013). National Study of Chronic Disease Self-Management Programs (CDSMP). Retrieved May 3, 2013 from http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/CDSMP_Grantee_Webinar_03_19_2013_ALL_FINAL.pdf

Since FY 2012, through the Affordable Care Act's Prevention and Public Health Fund, ACL has supported competitive grants to state agencies, community-based organizations, educational institutions, and other non-profit organizations, as well as technical assistance, education, and resources for the aging and disability services network, to increase the number of individuals who participate in evidence-based CDSME programs.

Most recently, through FY 2021 CDSME funding, ACL awarded eight grants. This funding will increase access to CDSME programs, and foster the development of comprehensive, integrated delivery systems to embed and sustain these programs within the long-term services and supports, and health care systems. In FY 2021, ACL also continued to fund a National CDSME Resource Center to support technical assistance, education, and resource development.

Funding History:

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

FY 2018……..	$8,000,000
FY 2019……..	$8,000,000
FY 2020……..	$8,000,000
FY 2021 Enacted..……..	$8,000,000
FY 2022 President's Budget.…….	$8,000,000

Budget Request:

The FY 2022 Budget request for CDSME $8,000,000 in Prevention and Public Health Funds, the same as the enacted level for FY 2021.

The continued investment of resources will allow ACL in coordination with its existing HHS partners, community based organizations (CBOs), and private philanthropists to continue its work on low-cost, evidence-based prevention models and rigorous research studies focused on helping individuals better manage their chronic conditions. These past investments in CDSME and on ACL's existing service delivery infrastructure have assisted the goal of significant quality of care with physicians, increased health outcomes, reducing hospitalizations, while allowing individuals to achieve a healthy standard of living. ACL will continue to fund comprehensive grant programs, as well as a CDSME Resource Center. To date, more than 426,000 older adults have participated in CDSME programs supported by ACL grantees and their partners.[58] But there is a need to further

[58] ACL CDSME National Database, accessed April 13, 2021 (https://www.ncoa.org/professionals/health/center-for-healthy-aging/national-cdsme-resource-center/national-cdsme-database).

broaden reach and ensure the sustainability of these impactful programs, particularly in communities who have been disproportionately impacted by COVID-19.

Grant Awards Table:

Chronic Disease Self-Management Education Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	11	9	9
Average Award	$693,599	$877,686	$877,686
Range of Awards	$299,333 - $1,458,567	$270,294 - $1,800,000	$270,294 - $1,800,000

Falls Prevention

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Falls Prevention-PPHF	$5.000	$5.000	$5.000	---

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....None Specified

Authorization Expiration Date.....2024

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.[59] Many people limit their activity after a fall, which may reduce strength, physical fitness, and mobility.[60] Falls can also result in significant loss of independence and often trigger the onset of a series of growing needs. Fear of falling can lead older adults to limit their activities, which can result in more falls, further physical decline, depression, and social isolation. Americans over age 75 who fall are more than four times more likely to be admitted to a skilled nursing facility.[61] Even without a major injury, falls can cause an older adult to become fearful or depressed, making it difficult for them to stay active, which in turn increases the need for assistance. Falls are also very costly to the

[59] 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

[60] 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.

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

healthcare system. In 2015, the total medical costs for falls totaled more than $50 billion.[62] Medicare and Medicaid paid 75% of these costs.[63]

Evidence-based falls prevention programs are low-cost, community-based interventions, that can be delivered in small group or one-on-one formats. These programs help participants improve strength, balance, and mobility, and provide education on how to avoid falls and reduce fall risk factors. Examples of evidence-based falls prevention programs include: A Matter of Balance, Stepping On, and Tai Ji Quan: Moving for Better Balance. Numerous studies have documented the efficacy of these programs in reducing falls and/or falls risk[64,65], as well as their potential for cost savings and positive return on investment.[66,67] Programs are conducted one or more times per week over several weeks in remote (video conference) and/or community settings (hospitals, churches, libraries, YWCAs, YMCAs, senior centers, public housing projects, community health centers, and cooperative extension programs). The programs are facilitated by trained leaders, with fidelity to the original research (to ensure participants benefit fully from the intervention).

Since FY 2014, through the Affordable Care Act's Prevention and Public Health Fund (ACA/PPHF), ACL has supported competitive grants to state agencies, community-based organizations, educational institutions, and other non-profit organizations, as well as technical assistance, education, and resources for the aging and disability services network, to increase the number of individuals who participate in evidence-based falls prevention programs.

Most recently, through FY 2021 Falls Prevention funding, ACL awarded 11 grants. This funding will increase access to evidence-based falls prevention programs, and foster the development of comprehensive, integrated delivery systems to embed and sustain these programs within the long-term services and supports, and health care systems. In FY 2021, ACL also continued to fund a National Falls Prevention Resource Center to support technical assistance, education, and resource development.

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[62] Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. Journal of the American Geriatrics Society, 2018 March, DOI:10.1111/jgs.15304

[63] U.S. Center for Disease Control and Prevention: Older Adult Falls. Accessed April 13, 2021 from: https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html.

[64] 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.

[65] 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.

[66] Carande-Kulis, V., Stevens, J., Florence, C., Beattie, B.L., Arias, I. (2015). A cost-benefit analysis of three older adult falls prevention interventions. Journal of Safety Research, 52, 65–70.

[67] Report to Congress in November 2013: The Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs under Section 4202 (b) of the Affordable Care Act. http://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf

Funding History

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

FY 2018……..	$5,000,000	
FY 2019……..	$5,000,000	
FY 2020……..	$5,000,000	
FY 2021 Enacted..……..	$5,000,000	
FY 2022 President's Budget…..….	$5,000,000	--

Budget Request:

The FY 2022 request for Falls Prevention is $5,000,000, in Prevention and Public Health Funds, the same as the enacted level for FY 2021. This continued investment of Falls Prevention resources allows for the continued community-based intervention, as well as studies to reduce fatal and nonfatal fall injuries that are attributed to falling in adults aged 65 and over.

ACL's existing service delivery infrastructure will work with older Americans to increase their ability to live healthy and independent lives, as well as ways to educate older Americans about ways to reduce their falls risk. ACL continues to align with and complement U.S. Centers for Disease Control and Prevention's fall prevention efforts, which focus primarily on clinical providers and settings. The funding will continue to target and foster evidenced based grant programs, provide long term services and supports to healthcare systems; and to continue funding for the National Falls Prevention Resource Center, which will provide technical assistance, education, and resource development.

Since 2014, more than 128,909 individuals have participated in falls prevention supported by ACL ACA/PPHF grantees and their partners.[68] Continued levels of funding are necessary to further broaden the reach of the program by making awards to different sets of grantees, and to ensure the sustainability of these impactful programs, particularly in communities and populations who have been disproportionately impacted by COVID-19.

[68] ACL Falls Prevention National Database, accessed April 13, 2021 from Sound Generations.

Grant Awards Table:

Falls Prevention Program Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	9	9	9
Average Award	$547,001	$408,793	$408,793
Range of Awards	$271,611 - $1,2020,100	$273,057 - $1,045,885	$273,057 - $1,045,885

Native American Nutrition and Supportive Services

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Native American Nutrition and Supportive Services - Budget Authority	$34.708	$35.208	$75.208	+$35.000
Supplemental Funding	$30.000	$23,670	----	-$23,670
Program Level	$64.708	$58.878	$75.208	+$16.330

*BA is in millions 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: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....$41,626,636

Authorization Expiration Date.....2024

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 1,042,122 people age 60 and over identify themselves as Native American or Alaskan Native alone or in combination

with another racial group.[69] Over 607,013 of those elders identify as Native American or Alaskan Native with no other racial group.[70]

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 24 percent[71] of eligible Native American seniors in participating Tribal organizations. Home-delivered meals reach 8 percent of such persons, and supportive services reach 31 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 2019 include:

- *Transportation Services*, which provided over 762,852rides to meal sites, medical appointments, pharmacies, grocery stores, and other critical daily activities.[72]

- *Home-Delivered Nutrition Services,* through which almost 2.6 million meals were provided to more than 22,000 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.[73]

- *Congregate Nutrition Services*, which provided more than 2.6 million meals to more than 65,000 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.[74]

- *Information, Referral and Outreach Services*, which provided more than 813,000 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.[75]

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[69] 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, 2019. Released June 2020. . Released June 25, 2020 https://www2.census.gov/programs-surveys/popest/tables/2010-2019/national/asrh/nc-est2019-asr5h.xlsx. Accessed 13 April, 2021.

[70] 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, 2019 Released June 25,2020, https://www2.census.gov/programs-surveys/popest/tables/2010-2019/national/asrh/nc-est2019-asr6h.xlsx. Accessed 13 April 2021.

[71] [71] ACL's OAA Title VI Application, FY 2020 compared to PY 2018 Program Performance Data.

[72] ACL's OAA Title VI Program Performance Report, PY 2019.

[73] Id.

[74] Id.

[75] Id.

The Native American Nutrition and Supportive Services program also provides training and technical assistance to Tribal organizations to support the development of comprehensive and coordinated systems of services to meet the needs of Native American elders. Training and technical assistance is provided through national meetings, site visits, website, e-newsletters, telephone and written consultations, 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 282 Tribal organizations (representing over 400 Tribes and villages), including one organization serving Native Hawaiian elders.

During the pandemic grantees reported suspending congregate meals and other in-person activities in an effort to keep elders safe in response to the COVID-19 pandemic. Despite closed senior centers, grantees continued to provide meals for congregate participants through home delivery or using a drive up/pick up approach.[76] Nearly all grantees continued and expanded meal delivery service. Many grantees reported a significant increase in the demand for meals overall, and some programs reported a nearly two-fold increase in elders needing meal support.[77]

Funding History:

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

FY 2018…….	$33,208,000
FY 2019…….	$34,173,000
FY 2020…….	$34,708,000
FY 2021 Enacted……..	$35,208,000
FY 2022 President's Budget.……	$70,208,000

[76] Evaluation of the ACL Title VI Programs: Program Staff Interviews, COVID-19 Summary Memo

[77] Id.

Budget Request:

The FY 2022 request for Native American Nutrition and Supportive Services is $70,208,000, an increase of +$35,000,000 above the FY 2021 Enacted level of $35,208,000. During the pandemic Congress provided an additional $53.7 million bringing funding for Tribes into better alignment with Tribal needs. The request level reflects the Administration's commitment to improving equity, providing funding to address the lower life expectancy and health status that American Indians and Alaska Natives experience.

Supplemental funding for tribal elders, who have been disproportionately affected by the Pandemic has allowed Tribes and Tribal Organizations to provide meals and related supportive services, such as transportation directly to Native American elders. Annual funding for these tribal services has historically fallen well below Tribal needs, which during the Pandemic have sharply expanded.

American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden are influenced by a combination of disproportionate poverty, barriers in accessing healthcare services, unequal educational and employment opportunities, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.

American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases

Historically, tribes receive from $76,500 to $186,900 per year to operate an entire program. This includes hiring staff including at a minimum a program director, a cook and fiscal manager; securing a building for a senior center; providing transportation; and purchasing food and supplies for meal delivery. It is apparent that this small amount of funding is insufficient to achieve the goals for one of our most underserved populations.

At the FY 2022 request level, ACL projects Tribes will be able to provide an additional 2.1 million home delivered meals, and 2.2 million congregate meals. During the pandemic, some tribes reported a two-fold increase in demand; increased resources are needed to both meet Tribal needs, as well as the provision of additional flexibilities allowing Tribes to shift resources as needed to reopen or adapt to a post-pandemic world. Without the additional funding sought in the FY 2022 budget, Tribes will be unable to maintain service levels for the significantly larger population of tribal elders who have been relying on these services, many or all of whom are likely to remain at higher risk during FY 2022. These additional funds remain especially critical to continuing efforts by Tribes to overcome and recover from the pandemic. In addition, the Budget includes a General Provision to allow 100% transfer authority between Title VI Tribal programs.

ACL's recent evaluation of the Native American Nutrition and Supportive Services found that these programs provide opportunities for improved health and wellness for elders. Elders receiving any Title VI services experienced significantly fewer hospitalizations and falls per year in comparison with elders who did not receive or participate in Title VI services. The difference

was even greater for elders from programs that provide a higher number of services compared to programs that provide fewer services. Elders from higher-level service programs experienced 53% fewer hospitalization and 45% fewer falls per year.

Outcomes and Outputs Table:

Native American Nutrition & Supportive Services

Measure	**Year and Most Recent Result /** **Target for Recent Result /** **(Summary of Result)**	**FY 2021 Target**	**FY 2022 Target**	**FY 2022 Target** **+/-FY 2021 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 2019: 198 Target: 300 (Target Not Met)	182	172	-10

Indicator	**Year and Most Recent Result /**	**FY 2021** **Projection**	**FY 2022** **Projection**	**FY 2022 Projection** **+/-FY 2021 Projection**
Output L: Transportation Services units *(Output)*	FY 2019: 762,852	631,991	1,066,053	+434,062
Output M: Home-Delivered Nutrition meals *(Output)*	FY 2019: 2.6 M	2.5 M	4.6 M	+2.1 M
Output N: Congregate Nutrition meals *(Output)*	FY 2019: 2.6 M	2.5 M	4.7 M	+2.2 M
Output O: Information, Referral and Outreach units *(Output)*	FY 2019: 813,974	721,485	1,334,448	+612,963

Grant Awards Table:

Native American Nutrition & Supportive Services Formula Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	272	282	282
Average Award	$127,603	$124,851	$248,965
Range of Awards	$73,990 - $1,505,000	$77,460 - $1,505,000	$164,640 - $1,505,000

Aging Network Support Activities

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Aging Network Support Activities – Budget Authority	$12.461	$16.461	$19.446	+$2.985
FTE	0.4	0.9	0.9	---

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....$20,992,522

Authorization Expiration Date.....2024

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

Program Description and Accomplishments:

Aging Network Support Activities provides competitive grants and contracts to support innovation and technical assistance to help States, Tribes, and community providers of aging services to develop service systems that help older people remain independent and able to live in their own homes and communities. These activities 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.

In FY 2021, funding for the Eldercare Locator will be supplemented by $5.14 million in vaccine access funds provided by HHS's Centers for Disease Control and Prevention (CDC). Funding will be used to expand the Locator to people with disabilities for the purpose of providing information and outreach about COVID-19 vaccinations to both older Americans and people of all ages with disabilities.

Research suggests that social engagement remains an important determinant of physical health into very late adulthood.[78] ACL is also 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.

[78] 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.

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 many people 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 number of people requiring this service continues to climb. The outcomes of these services are often the difference between dependence on government support and having sustainable income. Data for the program show that:

- 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 for women 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 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.

Older Adult Equity Collaborative

The Older Adult Equity Collaborative is a group of five National Minority Aging Organization Technical Assistance Resource Centers and a Coordinating Center for Minority Organizations Technical Assistance Resource Center that work to enhance access and 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. They provide targeted technical assistance and training to the aging services network and other relevant stakeholders and consumers.

The goals of the Older Adult Equity Collaborative include promoting closer collaboration, coordination and cross-program efforts among minority aging organizations and other ACL-funded resource centers focused on older adults, family caregivers, and where applicable, persons with disabilities. In addition, they coordinate with other stakeholders and entities to promote greater equity and cross-sectional work on behalf of diverse older adults and their caregivers who have historically been disenfranchised or had limited access to services and supports. The purposes and goals of the Collaborative are directly aligned with the equity priorities of Biden Administration and Executive Orders.

Each member of the Collaborative 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 and that are replicable throughout the aging services network. 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.

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 working 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.

Holocaust Survivor Assistance

The United States is home to approximately 80,000 victims of Nazi persecution, approximately 25 percent of whom are living in poverty.[79] Because of the experiences they endured early 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.

[79] Hoffman, Y., and Weiner, M., (2019). *When More than Half a Billion Dollars is Not Enough*. Prepared for the Harry and Jeanette Weinberg Foundation National Convening on Jewish Poverty, March 19, 2019.

Care Corps

The Care Corps program provides funding for grants to test innovative ways to place volunteers able to provide non-medical care in communities to assist caregivers, older adults, and persons with disabilities to maintain their independence.

Although there are myriad programs designed to provide volunteers to assist caregivers, older adults, and persons with disabilities in a variety of ways, there is often a lack of sufficient resources and infrastructure at the local level to support robust volunteer programs. In FY 2019, ACL awarded a cooperative agreement to a national organization. The grant is funding models that place volunteers in communities to assist caregivers, older adults, and persons with disabilities to maintain their independence by providing non-medical care in home-based or community–based settings. The program also will provide an opportunity for volunteers to learn valuable skills that they can use to pursue more formal employment in a variety of health and human services settings. The program will also evaluate the effectiveness of the local models in different communities nationally.

The Care Corps grantee has in turn awarded 23 local volunteer grants to 20 states to implement innovative local community models to offer non-medical services. The local volunteer models are community-based and offer a wide range of non-medical volunteer services. These include caring calls and caring visits, respite, transportation, meal preparation, minor home cleaning and modifications, education, and training others. Grantees provide services to individuals of a variety of races and ethnicities including Hispanic, Native American, White, Black, Asian and Native Alaskan. Two grantees also serve new Americans. Additional projects are expected to receive initial funding in 2021.

In FY 2020, the local volunteer grantees had to make changes to their project work plans to respond to the Covid-19 pandemic. Some in-person projects moved to provide companionship and friendly visiting online and on the telephone. One project exercised flexibility by using its volunteer transportation program to provide COVID-19 vaccine appointments and transportation for older adults in need of the vaccine, thereby demonstrating the importance of volunteers in providing needed services.

Funding History:

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

		FTE
FY 2018……..	$12,461,000	0.4
FY 2019……..	$16,400,000	0.9
FY 2020……..	$12,461,000	0.4
FY 2021 Enacted……..	$16,461,000	0.9
FY 2022 President's Budget…….	$19,446,000	0.9

Budget Request:

The FY 2022 request for Aging Network Support Activities (ANSA) is $19,446,000, an increase of +$2,985,000 above the FY 2021 Enacted level of $16,461,000. The additional funding requested is split between $240,000 for the Care Corps program and $2,745,000 for Program Performance and Technical Assistance to address priorities including equity, recovery from COVID-19 and caregiving, including both the informal and paid caregiver workforce.

The COVID-19 pandemic significantly and negatively impacted older adults and their family caregivers. Grants will be targeted to advance equity by addressing barriers faced by minority older adults and their family caregivers who have historically been underserved and without access, and assist them with reengaging in all facets of daily life. This would include participating in and benefitting from supportive programs and services designed to enhance their health and well-being. The request for ANSA ensures that the aging network has the tools and resources needed to fully reengage minority populations.

Aging Network Support Activities includes funding for the following projects:

(dollars in thousands)

Activity	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Aging Network Support Activities: National Eldercare Locator and Engagement	2,038	2,038	2,038
Pension Counseling and Retirement Information	1,858	1,858	1,858
National Resource Centers on Native Americans	655	655	655
Older Adult Equity Collaborative	1,165	1,165	1,165
Program Performance and Technical Assistance	1,745	1,745	4,.490
Holocaust Survivors Assistance	5,000	5,000	5,000
Care Corps	0	4,000	4,240
Total, Aging Network Support Activities	**12,461**	**16,461**	**19,446**

Grant Awards Table:

Aging Network Support Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	25	25	35
Average Award	$452,969	$592,446	$555,600
Range of Awards	$50,000 - $4,935,000	$75,000 - $4,935,000	$75,000 - $4,935,000

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. 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, as reflected in the American Jobs Plan. The plan expands and improves the working conditions for the paid caregiving workforce, including home care and direct care workers (who are primarily women of color, making this an equity issue), and ACL's budget reflects his priorities in its request for funds to support family and other informal 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 and meet their other responsibilities while providing critically needed care. Additionally, several of ACL's caregiver programs (e.g., Lifespan Respite Program; Alzheimer's Disease Program Initiative) provide opportunities to states and communities to address critical workforce infrastructure needs, through training of respite care providers and the establishment of dementia capable systems of support.

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, or the direct-support workforce or some combination of the two—that determines whether an older person or person with a disability can remain in his or her home or ends up institutionalized. In 2014, approximately 34.2 million adult caregivers provided uncompensated care to those 50 years of age and older.[80] An estimated 117 million Americans will need assistance of some kind by 2020.[81] Further, in 2017, an estimated 41 million family caregivers in the United States provided 34 billion hours of care to adults with chronic health conditions or disabilities.[82] These trends are already being felt in the marketplace, where employers are losing an estimated $33 billion per year due to employees' caregiving responsibilities.[83]

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,

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[80] https://acl.gov/about-acl/reports-congress-and-president; FY16OAAReportCongress, page 23.

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

[82] Reinhard S, Feinberg LF, Houser A, Choula R, Evans M. Valuing the Invaluable: 2019 Update Charting a Path Forward. AARP Public Policy Institute; 2019. https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-theinvaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf.)

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

and research indicates that caregivers suffer a mortality rate that is 63 percent higher than non-caregivers.[84]

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-nine percent of the caregivers served by OAA programs report that these services allow them to provide care longer than they otherwise could have.[85]

By 2025, it is estimated there will be 14.8 million non-institutionalized seniors age 65 and over with one or more limitations in Activities of Daily Living (ADLs). This is an increase of more than 2 million older adults (or 17 percent increase between 2020 and 2025) needing caregiver assistance.[86] Further, according to the 2018 American Community Survey conducted by the U.S. Census Bureau, 41 million Americans (12.7 percent of the population of children and adults) currently have a disability or impairment.[87] The vast majority of individuals needing long-term services and supports (LTSS) rely on uncompensated assistance from family and friends, supplemented by Medicaid for those who are eligible.[88]

To address caregivers' needs, ACL is requesting for FY 2022 a total of $310.022 million for caregiver support programs, an increase of $75.67 million from the FY 2021 Enacted level, to target the marginalized and disenfranchised aging, disability, Native American population. The request includes:

- $249.936 million for Family Caregiver Support Services, an increase of $61.0 million above the FY 2021 Enacted Level. This level of funding is critical as the country emerges from the pandemic. Throughout the pandemic, caregivers have had to make up for the loss of formal services and supports, struggling to balance work and caregiving. Many caregivers have had to leave the workforce completely to be full-time caregivers, in some cases because given the risk of contracting COVID-19 in an institutional setting made it less risky to bring a loved one home and take care of them there. These 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 to care for their loved ones at home for as long as possible. They will also allow for increased care to disenfranchised and marginalized groups and those impacted the most by COVID-19. Studies have shown that

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

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

[86] 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. Centers for Medicare & Medicaid Services, ACL analysis of 2017 Medicare Current Beneficiary Survey, https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index.

[87] U.S. Census Bureau, American Community Survey 1-Year Estimates Subject Table, 2019. https://data.census.gov/cedsci/table?t=Older%20Population&tid=ACSST1Y2019.S0102&hidePreview=true

[88] RAISE Report, 2020.

caregiver 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. Increasing direct care services to those who have been severely marginalized, as well as focusing efforts on virtual infrastructure needs during emergency health crises and beyond, will increase the range of services available and offered to older Americans nationwide.

- $15.806 million for Native American Caregiver Support Services, an increase of $5.0 million over the FY 2021 Enacted level. This program makes a range of services comparable to those provided by the Family Caregivers program available to Native American caregivers, including information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services. Native Americans are a group that has been especially vulnerable to, and harder hit by COVID-19. The rural makeup of the Native American population has made it hard to target direct care services but additional funding will address this challenge as well as offer additional services to this marginalized and underserved population.

- $30.060 million for the Alzheimer's Disease Initiative Program (ADPI), an increase of $2.56 million above the FY 2021 Enacted level. The ADPI includes two categories 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. Both of these grants also include direct service provisions. These funds also support a training and technical assistance resource center and a national call center. The increase in funding will also target direct care and engagement with community based organizations that will focus on dementia patients and their caregiving families who have been marginalized, underserved or have been in direct need of services.

- $14.22 million for Lifespan Respite Care, an increase of $7.11 over the FY 2021 Enacted Level. This level of funding is critical as the country emerges from the pandemic. Given the central role that caregivers play in helping their loved ones to remain independent, providing caregivers with the respite care that they personally need to carry on and be effective is imperative. Recognizing this, the Administration has identified increasing resources to strengthen the care economy as a key priority and crucial to our country's economic recovery from COVID-19. At this higher level, the Lifespan Respite Care program will be in a better position to address gaps in respite services at the State level and will continue efforts to develop more efficient, cost-effective methods of providing caregivers with respite that reaches across the aging and the disability populations. Funding will also increase outreach by the grantees to target to the aging and disability populations that have been marginalized and underserved. Finally, the increase will allow ACL to address ways to engage communities and cultures that have previously been unaware of available services, and increase assistance to those aging and disability populations that need more assistance.

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Family Caregiver Support Services

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Family Caregivers Support Services – Budget Authority	$185.936	$188.936	$249.936	+$61.000
RAISE [non-add]	*$0.400*	*$0.400*	*$0.400*	---
Supporting *Grandparents Raising Grandchildren [non-add]*	*$0.300*	*$0.300*	*$0.300*	---
Supplemental Funding	$100.000	$145.000	---	-$145.000
Program Level	$285.936	$333.936	$249.936	-$84.000

*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: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....$230,901,105

Authorization Expiration Date.....2024

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 older adults for whom they provide care. In 2019 these services include:

- *Access Assistance Services* provided nearly 1.4 million contacts to caregivers assisting them in locating services from a variety of public and private agencies (Output I).[89]

- *Counseling and Training Services* provided over 114,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).[90]

- *Respite Care Services* provided over 64,000 caregivers with nearly 6.5 million hours of temporary relief, at home or in an adult day care or nursing home setting, from their caregiving responsibilities (Output K).[91]

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[92] and $522 billion annually, which is roughly equivalent to the cost of *all* Medicaid spending in FY 2016 (Federal and state: $553 billion).[93]

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.[94] According to data from ACL's National Survey of OAA Participants, 21 percent of caregivers reported that they are assisting two or more individuals.[95] Seventy-nine percent of Title III caregivers are 60 or older, making them more susceptible to a decline in their own health, and 36 percent describe their own health as fair to poor.[96] 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.

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[89] ACL'S OAA State Performance Report, FY 2019.

[90] Id.

[91] Id.

[92] Needs a new citation

[93] Needs a new citation

[94] 2019 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

[95] Id.

[96] Id.

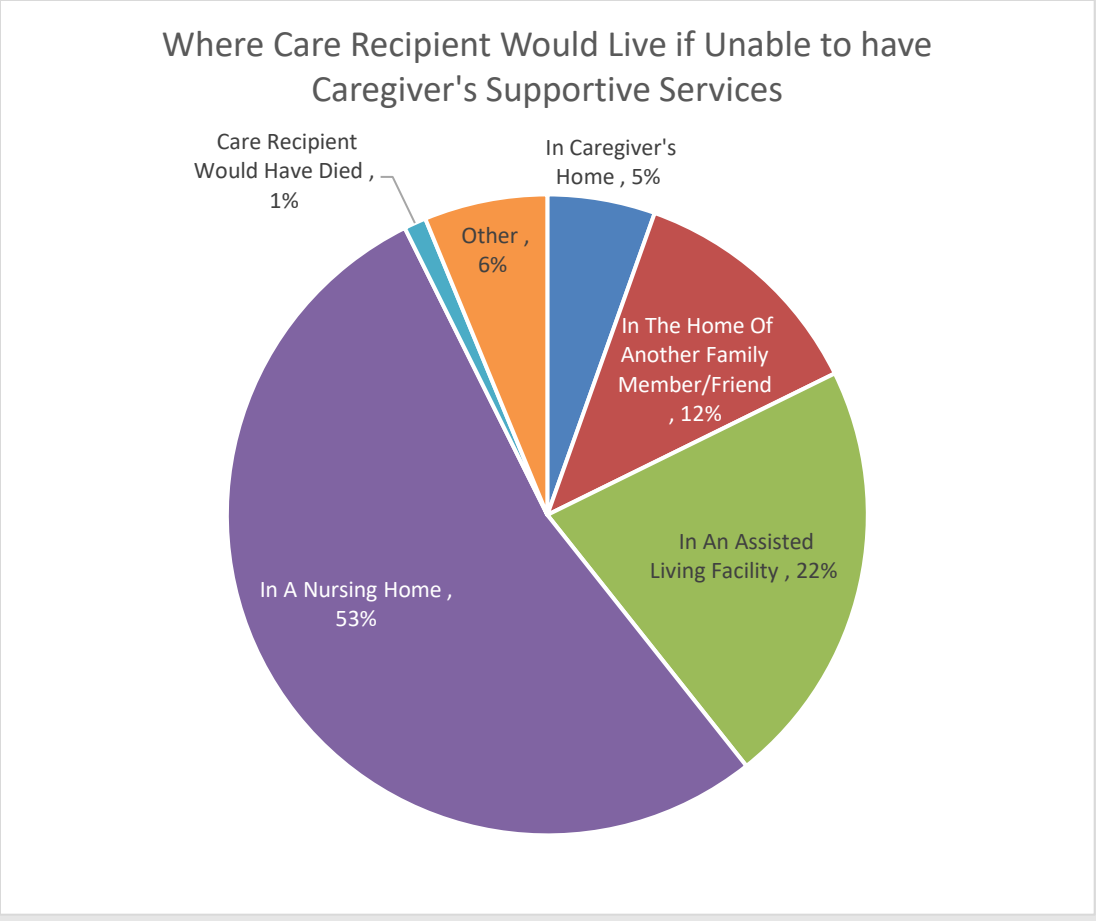
Studies have shown that the types of supports provided through the Family Caregiver Support Services Program can reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, often while continuing to work, thereby avoiding or delaying the need for costly institutional care 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.[97]

Additionally, data from ACL's National Surveys shows that ACL services are effective in helping caregivers keep their loved ones at home. Approximately 79 percent of caregivers of program clients reported that services enabled them to provide care longer than otherwise would have been possible.[98] Caregivers receiving services were also asked whether the care recipient would have been able to live in the same residence if the services had not been available. Forty one percent of caregivers indicated that the care recipient would be unable to remain at home without the support services.[99] Those respondents were then asked to identify where the care recipient would be living without services. A significant majority of those caregivers, 75 percent,[100] indicated that the care recipient would most likely be living in a nursing home or assisted living (see below).

[97] *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.
[98] 2019 National Survey of Older Americans Act Participants. https://agid.acl.gov/.

[99] Id.

[100] Id.



[101]

Funding History:

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

FY 2018……....	$180,568,000
FY 2019……....	$180,999,000
FY 2020……....	$185,936,000
FY 2021 Enacted..…….....	$188,936,000
FY 2022 President's Budget….....	$249,936,000

Budget Request:

[101] ACL did not administer the National Survey of Older Americans Act Participants in 2020 in deference to the level of burden that respondents and stakeholders were under due to COVID-19. This data reflected is from the 2019 survey.

The FY 2022 budget request is $249,936,000, an increase of $61,000,000 million over the FY 2021 Enacted Level. This level of funding is critical as the country emerges from the pandemic. Throughout the pandemic, caregivers have had to make up for the loss of formal services and supports, struggling to balance work and caregiving; services that have been available have often been virtual and more remote. Many caregivers have had to leave the workforce completely to be full-time caregivers, in some cases because they decided to bring a loved one home to take care of them rather than leave them in a congregate setting where they faced a high risk of contracting COVID-19.

Given the central role they play in helping their loved ones to remain independent, providing caregivers with the services and respite care that they personally need in order to carry on and be effective is imperative. Strengthening the infrastructure of the care economy is a key priority and crucial to our country's economic recovery from COVID-19, as reflected in the American Jobs Plan.

This request also reflects the priorities in President Biden's recently issued Job Plan that included supporting and expanding the care economy as a key component. This plan expands and improves the working conditions for the paid caregiving workforce, including home care and direct care workers (who are primarily women and often women of color, making this an equity issue), and to provide supports to family and other informal caregivers.

The budget increase for caregivers will support the higher level of services—both direct and virtual—that are needed by all types of caregivers as the country transitions back from the pandemic. The requested funding level for Family Caregiver Supportive Services will allow more than 1,309,375 caregivers (Outcome 3.1) to receive supportive services, including respite care or other temporary relief from their caregiving responsibilities. In addition, more than 114,340 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).

Finally, at the requested level, ACL also will continue active support for the Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act, and the Supporting Grandparents Raising Grandchildren Act (SGRG) as these groups focus on a national approach to address the needs of family caregivers of all ages and circumstances.

In FY 2022, ACL anticipates that the aging services network will be able to meet or exceed the target of only 31.2 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 2019, that rate had been reduced to 31 percent of caregivers reporting difficulty getting services.[102]

[102] Id.

For FY 2022, the performance target for Family Caregiver Support Services Program participants who rate services good to excellent is 92 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

Outcomes and Outputs Table:

Family Caregiver Support Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 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 2019: 7,794 clients Target: 8,900 clients (Target Not Met)	7,517 clients	7,458 clients	-59 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 2019: 31.2% Target: 30% (Target Not Met)	30%	29%	-1
2.9c Maintain at 90% or higher the percentage of National Family Caregiver Support Program clients who rate services good to excellent. (Outcome)	FY 2019: 92% Target: 90% (Target Exceeded)	92%	91%	-1
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 2019: 66.89 weighted average Target: 63.6 weighted average (Target Exceeded)	64.7 weighted average	64.3 weighted average	-0.4 weighted average
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2019: 837,496 caregivers Target: 800,000 caregivers (Target Exceeded)	989,882 caregivers	1,309,375 caregivers	+319,493 caregivers

Grant Awards Table:

Family Caregiver Supportive Services Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$3,287,319	$3,327,619	$4,361,380
Range of Awards	$115,056 - $19,018,726	$116,467 - $19,236,339	$152,648 - $25,212,322

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	2,771,601	2,798,496	3,667,879	869,383
Alaska	920,449	931,733	1,221,186	289,453
Arizona	4,355,653	4,461,682	5,847,752	1,386,070
Arkansas	1,740,757	1,748,713	2,291,970	543,257
California	19,018,726	19,236,339	25,212,322	5,975,983
Colorado	2,592,460	2,660,746	3,487,336	826,590
Connecticut	2,117,226	2,120,159	2,778,810	658,651
Delaware	920,449	931,733	1,221,186	289,453
District of Columbia	920,449	931,733	1,221,186	289,453
Florida	15,381,708	15,597,883	20,443,539	4,845,656
Georgia	4,781,855	4,899,347	6,421,383	1,522,036
Hawaii	920,449	931,733	1,221,186	289,453
Idaho	920,449	939,278	1,231,075	291,797
Illinois	6,695,498	6,728,665	8,818,999	2,090,334
Indiana	3,511,238	3,543,658	4,644,535	1,100,877
Iowa	1,829,827	1,832,251	2,401,460	569,209
Kansas	1,554,917	1,563,933	2,049,786	485,853
Kentucky	2,420,087	2,444,643	3,204,098	759,455
Louisiana	2,370,152	2,397,569	3,142,400	744,831
Maine	920,449	932,988	1,222,831	289,843
Maryland	3,109,335	3,151,657	4,130,754	979,097
Massachusetts	3,846,934	3,876,283	5,080,494	1,204,211
Michigan	5,704,975	5,754,088	7,541,660	1,787,572
Minnesota	2,967,100	3,004,670	3,938,103	933,433
Mississippi	1,580,261	1,588,713	2,082,264	493,551
Missouri	3,496,082	3,519,288	4,612,594	1,093,306
Montana	920,449	931,733	1,221,186	289,453
Nebraska	1,018,509	1,027,473	1,346,669	319,196
Nevada	1,573,731	1,616,391	2,118,541	502,150
New Hampshire	920,449	931,733	1,221,186	289,453
New Jersey	4,917,312	4,940,721	6,475,611	1,534,890
New Mexico	1,196,376	1,216,868	1,594,901	378,033
New York	10,947,306	11,030,494	14,457,239	3,426,745
North Carolina	5,628,191	5,735,711	7,517,573	1,781,862
North Dakota	920,449	931,733	1,221,186	289,453

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	6,678,692	6,720,913	8,808,839	2,087,926
Oklahoma	2,093,926	2,099,823	2,752,156	652,333
Oregon	2,419,369	2,472,658	3,240,816	768,158
Pennsylvania	7,963,165	7,980,831	10,460,164	2,479,333
Rhode Island	920,449	931,733	1,221,186	289,453
South Carolina	2,978,643	3,058,799	4,009,049	950,250
South Dakota	920,449	931,733	1,221,186	289,453
Tennessee	3,702,032	3,749,744	4,914,644	1,164,900
Texas	11,841,413	12,049,192	15,792,407	3,743,215
Utah	1,146,584	1,172,829	1,537,182	364,353
Vermont	920,449	931,733	1,221,186	289,453
Virginia	4,398,911	4,472,846	5,862,385	1,389,539
Washington	3,800,547	3,886,778	5,094,248	1,207,470
West Virginia	1,197,057	1,207,440	1,582,544	375,104
Wisconsin	3,270,988	3,306,357	4,333,513	1,027,156
Wyoming	920,449	931,733	1,221,186	289,453
Subtotal	**180,584,981**	**182,795,980**	**239,583,571**	**56,787,591**
American Samoa	115,056	116,467	152,648	36,181
Guam	460,225	465,867	610,593	144,726
Northern Mariana Islands	115,056	116,467	152,648	36,181
Puerto Rico	2,354,337	2,385,992	3,127,227	741,235
Virgin Islands	460,225	465,867	610,593	144,726
Subtotal	3,504,899	3,550,660	4,653,709	1,103,049
Total States/Territories	**184,089,880**	**186,346,640**	**244,237,280**	**57,890,640**
Contingency Fund 1/	1,846,120	2,589,360	5,698,720	3,109,360
Subtotal Adjustments	**1,846,120**	**2,589,360**	**5,698,720**	**3,109,360**
TOTAL RESOURCES	**185,936,000**	**188,936,000**	**249,936,000**	**61,000,000**

1/ Contingency Fund- 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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Native American Caregiver Support Services – Budget Authority	$10.306	$10.806	$15.806	+$5.000
Supplemental Funding	---	$8.330	----	-$8.330
Program Level	$10.306	$19.136	$15.806	-$3.330

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....$12,089,846

Authorization Expiration Date.....2024

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 2020 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 11% of these Elders are the primary caregiver of a grandchild. The trending top five chronic diseases among Elders were high blood pressure (58%), arthritis (45.3%), diabetes (39.3%), cataracts (20%), and depression (14%).

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 2018……..	$9,556,000
FY 2019……..	$10,046,000
FY 2020……..	$10,306,000
FY 2021 Enacted..……..	$10,806,000
FY 2022 President's Budget..…….	$15,806,000

Budget Request:

The FY 2022 request, for Native American Caregiver Support Services is $15,806,000, which is an increase of $5,000,000 over the FY 2021 Enacted level. This level of funding is critical as the country emerges from the pandemic. Native Americans as a group have been especially vulnerable to, and harder hit by COVID-19. Further, because many Native Americans are located in more rural areas, caregiver services are often fewer and less accessible, and virtual services during the pandemic difficult to access for other reasons.

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 availability for caregivers and volunteers to continue to offer vital services to the American Indian/ Alaskan Native and Native Hawaiian elders living on the reservations has been dramatically impacted by the COVID-19 pandemic. In prior years, the ability to address the public health disparities within the Native American/Alaskan Native community had yet to be fully addressed, as this community experience health inequities including poorer health and quality of life indicators, when compared to those in other rural caregiving settings. In FY 2020, direct care services for caregivers in the Native American Indian communities were further impacted due to the lack of infrastructure to convert services to virtual settings to meet the needs of older Americans in these communities. COVID-19 often vastly decreased the extent to which caregivers' needs could be or were being met in Native communities.

An estimated 1,042,122 persons age 60 and over identify themselves as Native American or Alaskan Native, alone or in combination with another racial group.[103] Over 607,000 of those elders identify as Native American or Alaskan Native with no other racial group.[104] 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. The budget increase for caregivers will support the higher level of services—both direct and virtual—that are needed by Native American caregivers as Tribes transition back from the pandemic.

Performance data indicates that these programs are an efficient means to help Native American Elders remain independent and in the community. In FY 2022, funding for the Native American Caregiver Support Program will expand 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; while working to close the gaps with infrastructure and the ability to receive direct care and virtual services in times of public health emergencies. In FY 2021, an estimated 989,882 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.

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[103] 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, 2019. Released June 2020. . Released June 25, 2020 https://www2.census.gov/programs-surveys/popest/tables/2010-2019/national/asrh/nc-est2019-asr5h.xlsx. Accessed 30 April, 2021.

[104] 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, 2019 Released June 25,2020, https://www2.census.gov/programs-surveys/popest/tables/2010-2019/national/asrh/nc-est2019-asr6h.xlsx. Accessed 30 April 2021.

Outcome Table:

Native American Caregivers Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 Target
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2019: 837,496 caregivers Target: 800,000 caregivers (Target Exceeded)	989,882 caregivers	1,309,375 caregivers	+319,493 caregivers

Grant Awards Table:

Native American Caregivers Supportive Services Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	238	251	251
Average Award	$42,680	$42,041	$60,980
Range of Awards	$13,820 - $56,560	$17,750 - $72,213	$26,390 - $106,570

Alzheimer's Disease Program

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alzheimer's Disease Program – Budget Authority	$11.800	$12. 800	$15.360	+$2.560
PPHF	$14.700	$14.700	$14.700	--
Program Level	$26.500	$27.500	$30.060	+$2.560

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization .....None

Expiration Date 2024

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.[105] As

[105] 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,[106] 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.[107] 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.[108]

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. Through the Alzheimer's Disease Initiative Program (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;
- 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.

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[106] 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.

[107] 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.

[108] 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.

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 2018……...	$23,500,000
FY 2019/1……...	$19,996,000
FY 2020/1……...	$26,500,000
FY 2021 Enacted1/……...	$27,500,000
FY 2022 President's Budget 1/….	$30,060,000

1/Funding for FY 2019 on includes $14.7 million in funding from the Prevention and Public Health Fund.

Budget Request:

The FY 2022 President's Budget request is $30,060,000, an increase of $2,560,000 over the FY 2021 Enacted level. As previously noted, the number of people with ADRD is growing, increasing the need for, and pressure to address the needs of this population through additional resources. Testing and demonstrating 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 if they are to be able to remain longer in the community. At the proposed funding level, ACL will provide more community-based pilot projects and increase the focus on equity by targeting persons suffering from dementia and their caregivers from marginalized or underserved communities, including communities of color, rural communities, and others.

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; and,
- Respite and culturally competent Memory Cafés.

ACL funded programs are also 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. The increased funding level will allow for ACL to continue to assist individuals with ADRD and their caregivers, while providing direct services to communities who have been marginalized and impacted by COVID-19.

Outcome and Outputs Table:

Alzheimer's Disease Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 Target
ALZ.3 Improve dementia capability of long-term support systems to create dementia-friendly, livable communities. (Outcome)	FY 2019: 13% Target: Not Defined (Historical Actual)	17%	17%	Maintain

Grant Awards Tables:

Alzheimer's Disease Program[109]

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	18	33	36
Average Award	$722,995	$727,044	$727,044
Range of Awards	$225,451 - $1,233,571	$225,451 - $1,233,571	$225,451 - $1,233,571

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

Lifespan Respite Care

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Lifespan Respite Care – Budget Authority	$6.110	$7.110	$14.220	+$7.110

*BA is in millions 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 2020, AARP and the National Alliance for Caregiving estimated that 54 million people served as unpaid family caregivers to an adult or child with disabilities. 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.[110] Many caregivers report difficulty managing both physical and emotional stress and balancing work and family responsibilities.

[110] *National Alliance for Caregiving and AARP. Caregiving in the U.S. 2020 – 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 care services to be among the most frequently requested supportive services for family caregivers.[111] Respite is second only to direct financial assistance as a key policy priority of surveyed family caregivers.[112] 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.[113] 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.[114]

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 disabilities. The program provides ACL with a key vehicle to address the needs of all caregivers. Unlike the Family Caregiver Support Services Program that focuses on five basic services, the Lifespan Respite Care program focuses on providing opportunities to develop and test infrastructure changes and to fill gaps by putting in place coordinated systems of accessible, community-based respite care services for family caregivers of children and adults with disabilities. 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;

[111] 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.

[112] Care Giving in the United States (2021). https://www.caregiving.org/wp-content/uploads/2021/01/full-report-caregiving-in-the-united-states-01-21.pdf (see page 4).

[113] Care Giving in the United States (2021).https://www.caregiving.org/wp-content/uploads/2021/01/full-report-caregiving-in-the-united-states-01-21.pdf (see page 4)

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

- Replication and expansion of respite delivery modalities with a particular focus on person-centered planning and consumer direction;

- Expansion of toll free "helplines," dedicated websites, and statewide respite registries, to provide caregivers with information about available respite programs.

- Development and deployment of marketing and awareness campaigns designed to educate caregivers about the importance of their work and the necessity to take a break;

- Development of data collection methodologies to track service provision and programmatic outcomes;

- 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 2018……	$4,110,000
FY 2019……	$4,096,000
FY 2020 ……...……	$6,110,000
FY 2021 Enacted…..……	$7,110,000
FY 2022 President's Budget…...	$14,220,000

Budget Request:

The FY 2022 President's Budget for Lifespan Respite is $14,220,000, an increase of $7,110,000 over the FY 2021 Enacted level. This level of funding is critical as the country emerges from the pandemic. Given the central role that caregivers play in helping their loved ones to remain independent, providing caregivers with the respite care that they personally need to carry on and be effective is imperative. Recognizing this, the Administration has identified increasing resources to strengthen the care economy as a key priority and crucial to our country's economic recovery from COVID-19.

At this higher level, the Lifespan Respite Care program will be in a better position to address gaps in respite services at the State level and will continue efforts to develop more efficient, cost-effective methods of providing caregivers with respite that reaches across the aging and the disability populations. Funding will also increase outreach by the grantees to target to the aging and disability populations that have been marginalized and underserved. Finally, the increase will allow ACL to address ways to engage communities and cultures that have previously been unaware of available services, and increase assistance to those aging and disability populations that need more assistance.

ACL will use the additional funds to make competitive grants to support a range of possible activities to build or enhance Lifespan Respite Care Programs in additional States; 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, with a focus on reaching marginalized and underserved populations. 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, disability, race, and socio-economic 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 disabilities. 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 disabilities, 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.[115] The resources requested for FY 2022 will be used to address these issues by:

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

- Expanding, enhancing, and advancing respite care direct care services to family members, as well as building on the virtual based infrastructure

- Improving the statewide dissemination and coordination of respite care with community based organizations targeting disenfranchised, and

- Providing, supplementing, or improving access to marginalized families and caregivers, and quality of respite care services to family caregivers who have been impacted by the COVID-19 pandemic, thereby reducing family caregiver strain.

Output Table:

Lifespan Respite Care

Indicator	**Year and Most Recent Result /**	**FY 2021 Projection**	**FY 2022 Projection**	**FY 2022 Projection +/-FY 2021 Projection**
Output AJ: The number of states that have participated in the Lifespan Respite Care program. *(Output)*	FY 2019: 38*	40	42	+2

*Increases in appropriations will be used to fund grants to states to build on previous efforts through "Lifespan Respite Program Enhancement Grants," and states are expected to continue building and expanding their statewide efforts and serve more caregivers.

Grant Awards Table:

Lifespan Respite Care Grant Awards

Grant Awards Tables			
	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	21	29	30
Average Award	$265,553	$236,298	$444,000
Range of Awards	$99,320 - $329,215	$88,030 - $329,215	$176,060 - $658,430

Protection of Vulnerable Adults
Summary of Request

Protection of Vulnerable Adults consists of several distinct, but complementary, programs designed to promote the rights of older Americans and 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. Data from state Adult Protective Services (APS) agencies show an increasing trend in reports of adult maltreatment.[116] These increases are concerning as other research estimates that as few as 1 in 23 cases of elder abuse,[117] and 1 in 44 cases of financial exploitation, ever come to the attention of authorities. 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.[118] 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.[119]

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.[120] 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.

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[116] Teaster, P. B., Dugar, T., Mendiondo, M., Abner, E. L., Cecil, K. A., & Otto, J. M. (2004). The 2004 Survey of Adult Protective Services: Abuse of Vulnerable Adults 18 Years of Age and Older. Washington, D.C.: National Center on Elder Abuse, U.S. Administration for Community Living. National Research Council. (2003). Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Washington, D.C.: The National Academies Press. New York City Dept for the Aging; Lifespan of Greater Rochester, Inc., & Weill Cornell Medical Ctr of Cornell University. (2011). Under the Radar: New York State Elder Abuse Prevalence Study. Rochester: Lifespan of Greater Rochester, Inc. 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. Am J Public Health, 100(2), 292–297.

[117] New York City Dept for the Aging; Lifespan of Greater Rochester, Inc., & Weill Cornell Medical Ctr of Cornell University. (2011). Under the Radar: New York State Elder Abuse Prevalence Study. Rochester: Lifespan of Greater Rochester, Inc.

[118] 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.

[119] 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.

[120] 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

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.[121] 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 2022 request is $74.344 million, an increase of +$10.8 million over the FY 2021 Enacted level of $63.5 million. The requested increase builds on funding provided in the American Rescue Plan to transition State Long-Term Care Ombudsman programs from virtual back to in-person contact and visitation in facilities with adequate personal protective equipment and safety precautions in order to resolve complaints and problems in nursing facilities and to expand coverage to other residential care facilities, i.e., assisted living facilities, for which the Long-Term Care Ombudsman Program has had responsibility and authority, but insufficient funds to address.

The request for Protection of Vulnerable Adults will help to ensure the resiliency of communities by protecting vulnerable populations. The request includes:

- $29.9 million for Long-Term Care Ombudsman, an increase of $11 million over the FY 2021 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 an additional $10 million in supplemental funding was provided in the American Rescue Plan to provide States the resources to plan for and begin to implement a return to on-site visitations and the resumption of direct contact and engagement with residents. The request allows that work to continue into FY 2022 as States return to a post COVID-19 world and to expand coverage to other residential care facilities.

- $5.1 million for the Prevention of Elder Abuse and Neglect an increase of $286,000 over the FY 2021 Enacted level of $4.8 million. The program provides formula grants to states to train, educate, and increase public awareness of how to prevent elder abuse, and has not received as significant increase in over a decade.

- $20 million for the Senior Medicare Patrol Program/Health Care Fraud and Abuse Control the same level as the FY 2021 Enacted level. But does not include $2 million in wedge funding received in FY 2021. 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.

- $4.4 million for the Elder Rights Support Activities (ERSA), an increase of $526,000 over the FY 2021 Enacted level of $3.9 million. The additional funding will go to the National

[121] 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.

Long-term Care Ombudsman Resource Center (NORC), which will support the increased request for the Long-Term Care Ombudsman program and coverage in residential care facilities.

- $15 million for Elder Justice/Adult Protective Services, an increase of $1 million over the FY 2021 Enacted level of $14 million. This funding is in addition to the $188 million in supplemental funding provided for Elder Justice/Adult Protective Services in FY 2021, and the $188 million provide in the American Rescue Plan for Elder Justice/Adult Protective Services in FY 2022. Continued support for guardianship efforts to ensure the rights of the elderly are protected in court proceedings, are part of ACL's focus on equity. The increase of $1 million supports expanded opioid specific efforts specifically targeting communities most affected by opioids and other substance abuse; and to enable APS grantees to identify and procure home-and community-based social, health, and mental/behavioral health services needed for those APS clients impacted by the opioid epidemic, as well as to propose solutions that quickly fill those needs and identified gaps.

Together, programs to protect vulnerable adults create a foundation from which States can 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; (2) protect the rights of older adults; (3) reduces health-care fraud and abuse; and (4) provides 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 Americans Act and the Elder Justice Act.

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Long-Term Care Ombudsman Program

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Budget Authority	$17.885	$18.885	$29.885	+$11.000
Supplemental Funding	--	$10.000	--	-$10.000
Long-Term Care Ombudsman Program	$17.885	$28.885	$29.885	+$1.000

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....19,150,967

Authorization Expiration Date.....2024

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 73,000 long-term care facilities (over 16,000 licensed nursing facilities and over 58,000 licensed board and care facilities).[122] 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 7,298 designated staff and volunteers. Ombudsmen resolve complaints with, and on behalf of,

[122] National Ombudsman Reporting System (NORS) – FFY 2019.

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.

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.[123] All but three states have volunteer Ombudsman programs. These trained and designated volunteer ombudsmen donated over 514,094 hours in FY 2019.[124] In FY 2019, 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). [125]
- Ombudsmen investigated and worked to resolve over 198,000 complaints (Output Q).[126]
- Ombudsmen provided over 559,000 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).[127]

The environment in which individuals seek long term services and supports (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

[123] 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.

[124] National Ombudsman Reporting System (NORS) – FFY 2019

[125] Id

[126] Id

[127] Id

growing Federal awareness of, and response to, the uncharted area of abuse, neglect, and exploitation of older adults and individuals with disabilities.

Five Year Funding Table:

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

FY 2018…….	$16,885,000
FY 2019…….	$16,868,000
FY 2020…….	$17,885,000
FY 2021 Enacted……..…….	$18,885,000
FY 2022 President's Budget …...	$29,885,000

Budget Request:

The FY 2022 request for the LTC Ombudsman Program is $29,885,000, an increase of +$11,000,000 above the FY 2021 Enacted level of $18,885,000, but only $1,000,000 above the total funding provided in FY 2021 when funding from the American Rescue Plan is included. The additional funding will allow States to carry out the planning provided for in FY 2021 and begin on-site visitations by providing the resources necessary to resume direct contact and engagement with residents and to continue expansion to cover residential care facilities and settings throughout the States. The additional funding for State programs is supported by the requested expansion of the National Long-term Care Ombudsman Resource Center (NORC) with ERSA funding.

Individuals who reside in the 74,000 long-term care facilities across the country have been particularly hard hit by, and are particularly susceptible to, COVID-19. In a regular year there is increased demand as the senior population continues to grow. In FY 2022, States will be continuing their transitions from a COVID-19 to a COVID-19 recovery period. This means carrying out their plans from FY 2021 to resume on-site visitations, as well as dealing with the challenges of ensuring safety of those not only in nursing facilities but other residential care settings.

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 a regular year. During COVID-19 State Ombudsman programs have faced new and unique challenges providing outreach and oversight while protecting residents from COVID-19.

State LTC Ombudsman programs provide oversight 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 713 percent in FY 2016.[128] 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 equity, 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 and facilitate individuals choosing 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, but need funding for staff, volunteers and PPE to cover these facilities. In addition, LTC Ombudsmen serve individuals in these settings regardless of the individuals' eligibility for Medicaid or other public benefits. Ombudsmen are the only federally funded entity providing services to all of these residents.

Outcomes and Outputs Table:

Long-Term Care Ombudsman Program

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2021 Target**	**FY 2022 Target**	**FY 2022 Target +/-FY 2021 Target**
2.12 Decrease the average number of complaints per LTC facility. (Outcome)	FY 2019: 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 2019: 10,785 Target: 9,000 (Target Not Met)	9,000	10,000	+1,000

[128] National Ombudsman Reporting System (NORS) 2019– Complaint resolution: 14% needing no further action; 5.0% withdrawn; 5.4% not resolved to the satisfaction of the resident; 4.4% referred to other agency for resolution.

Indicator	Year and Most Recent Result /	FY 2021 Projection	FY 2022 Projection	FY 2022 Projection +/-FY 2021 Projection
Output Q: The Number of Complaints *(Output)*	FY 2019: 198,502	190,000	190,000	Maintain
Output R: Number of Ombudsman Consultations *(Output)*	FY 2019: 559,451	535,000	695,500	+160,500
Output S: Facilities regularly visited not in response to a complaint *(Output)*	FY 2019: 29,168	30,200	36,460	+6,260

Grant Awards Table:

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$319,375	$333,860	$533,661
Range of Awards	$44,635-$1,866,202	$46,740-$1,949,822	$73,965 - $3,085,537

Long-Term Care Ombudsman Program Formula Grant Awards

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	269,471	281,371	445,262	163,891
Alaska	89,269	93,481	147,931	54,450
Arizona	398,489	421,422	666,890	245,468
Arkansas	164,264	171,020	270,634	99,614
California	1,866,202	1,949,822	3,085,537	1,135,715
Colorado	270,951	285,999	452,586	166,587
Connecticut	201,753	210,390	332,937	122,547
Delaware	89,269	93,481	147,931	54,450
District of Columbia	89,269	93,481	147,931	54,450
Florida	1,351,067	1,418,930	2,245,419	826,489
Georgia	485,582	512,462	810,957	298,495
Hawaii	89,269	93,481	147,931	54,450
Idaho	90,475	95,975	151,878	55,903
Illinois	656,593	683,957	1,082,343	398,386
Indiana	347,616	363,289	574,894	211,605
Iowa	174,930	182,061	288,107	106,046
Kansas	151,522	158,168	250,296	92,128
Kentucky	240,019	250,299	396,092	145,793
Louisiana	238,201	249,217	394,379	145,162
Maine	89,606	93,914	148,616	54,702
Maryland	308,598	323,424	511,810	188,386
Massachusetts	373,124	389,572	616,487	226,915
Michigan	565,437	590,230	934,023	343,793
Minnesota	293,956	308,916	488,851	179,935
Mississippi	155,685	162,235	256,733	94,498
Missouri	337,224	352,277	557,469	205,192
Montana	89,269	93,481	147,931	54,450
Nebraska	99,097	103,585	163,920	60,335
Nevada	154,930	163,729	259,097	95,368
New Hampshire	89,269	93,481	147,931	54,450
New Jersey	473,192	494,084	781,874	287,790
New Mexico	115,740	120,990	191,463	70,473
New York	1,046,921	1,091,783	1,727,716	635,933
North Carolina	549,707	578,972	916,208	337,236
North Dakota	89,269	93,481	147,931	54,450

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	655,327	682,962	1,080,769	397,807
Oklahoma	201,873	210,425	332,992	122,567
Oregon	238,385	249,450	394,749	145,299
Pennsylvania	758,496	790,057	1,250,244	460,187
Rhode Island	89,269	93,481	147,931	54,450
South Carolina	290,223	306,598	485,184	178,586
South Dakota	89,269	93,481	147,931	54,450
Tennessee	362,192	379,058	599,848	220,790
Texas	1,205,566	1,270,325	2,010,256	739,931
Utah	116,068	122,872	194,441	71,569
Vermont	89,269	93,481	147,931	54,450
Virginia	432,756	453,811	718,143	264,332
Washington	384,332	403,828	639,048	235,220
West Virginia	115,408	119,332	188,840	69,508
Wisconsin	324,771	340,672	539,105	198,433
Wyoming	89,269	93,481	147,931	54,450
Subtotal	**17,537,708**	**18,365,774**	**29,063,338**	**10,697,564**
American Samoa	11,159	11,685	18,491	6,806
Guam	44,635	46,740	73,965	27,225
Northern Mariana Islands	11,159	11,685	18,491	6,806
Puerto Rico	204,552	213,526	337,900	124,374
Virgin Islands	44,635	46,740	73,965	27,225
Subtotal	316,140	330,376	522,812	192,436
Total States/Territories	**17,853,848**	**18,696,150**	**29,586,150**	**10,890,000**
Contingency Fund 1/	31,152	188,850	298,850	110,000
Subtotal Adjustments	**31,152**	**188,850**	**298,850**	**110,000**
TOTAL RESOURCES	**17,885,000**	**18,885,000**	**29,885,000**	**11,000,000**

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

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Prevention of Elder Abuse and Neglect

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Prevention of Elder Abuse and Neglect – Budget Authority	$4.773	$4.773	$5.059	+$0.286

*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....$5,413,537

Authorization Expiration Date.....2024

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-Teams 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 2018……..	$4,773,000
FY 2019……..	$4,768,000
FY 2020……..	$4,773,000
FY 2021 Enacted…….....	$4,773,000
FY 2022 President's Budget……..	$5,059,000

Budget Request:

The FY 2022 request for the Prevention of Elder Abuse and Neglect program is $5,059,000, an increase of +$286,000 over the FY 2021 Enacted level of $4,773,000. This increase is the first real increase States will receive in funding in the past decade. The increase 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 2021 Projection**	**FY 2022 Projection**	**FY 2022 Projection +/-FY 2021 Projection**
Output U: Elder Abuse prevention non-OAA service expenditures *(Output, dollars in thousands)*	FY 2019: $33,433	$33,809	$33,809	Maintain

Grant Awards Table:

Prevention of Elder Abuse, Neglect, and Exploitation Grant Awards

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	84	89	101
Average Award	$484,620	$462,999	$458,028
Range of Awards	$48,909 - $700,000	$48,909 - $571,732	$48,909 - $571,732

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	76,215	76,215	76,215	-
Alaska	23,769	23,660	25,042	1,382
Arizona	87,456	81,500	106,739	25,239
Arkansas	48,157	48,157	48,157	-
California	471,073	471,073	493,861	22,788
Colorado	59,453	56,082	72,439	16,357
Connecticut	59,907	59,907	59,907	-
Delaware	23,769	23,660	25,042	1,382
District of Columbia	23,769	23,660	25,042	1,382
Florida	344,252	344,252	359,392	15,140
Georgia	106,548	103,321	129,798	26,477
Hawaii	23,769	23,660	25,042	1,382
Idaho	23,769	23,660	25,042	1,382
Illinois	197,384	197,384	197,384	-
Indiana	98,224	98,224	98,224	-
Iowa	55,927	55,927	55,927	-
Kansas	45,843	45,843	45,843	-
Kentucky	66,595	66,595	66,595	-
Louisiana	68,518	68,518	68,518	-
Maine	23,769	23,660	25,042	1,382
Maryland	78,087	78,087	81,918	3,831
Massachusetts	109,606	109,606	109,606	-
Michigan	160,862	160,862	160,862	-
Minnesota	76,347	76,347	78,244	1,897
Mississippi	45,198	45,198	45,198	-
Missouri	97,643	97,643	97,643	-
Montana	23,769	23,660	25,042	1,382
Nebraska	29,770	29,770	29,770	-
Nevada	33,995	27,629	41,470	13,841
New Hampshire	23,769	23,660	25,042	1,382
New Jersey	143,950	143,950	143,950	-
New Mexico	26,393	26,393	30,645	4,252
New York	318,066	318,066	318,066	-
North Carolina	126,782	126,782	146,644	19,862
North Dakota	23,769	23,660	25,042	1,382

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	197,185	197,185	197,185	-
Oklahoma	60,208	60,208	60,208	-
Oregon	56,795	56,795	63,182	6,387
Pennsylvania	242,944	242,944	242,944	-
Rhode Island	23,769	23,660	25,042	1,382
South Carolina	63,681	63,080	77,657	14,577
South Dakota	23,769	23,660	25,042	1,382
Tennessee	91,810	91,810	96,009	4,199
Texas	274,281	274,281	321,753	47,472
Utah	25,468	24,837	31,121	6,284
Vermont	23,769	23,660	25,042	1,382
Virginia	102,820	102,820	114,943	12,123
Washington	86,291	86,291	102,283	15,992
West Virginia	36,736	36,736	36,736	-
Wisconsin	90,309	90,309	90,309	-
Wyoming	23,769	23,660	25,042	1,382
Subtotal	**4,669,776**	**4,648,207**	**4,922,891**	**274,684**
American Samoa	2,971	2,958	3,130	172
Guam	11,884	11,830	12,521	691
Northern Mariana Islands	2,971	2,958	3,130	172
Puerto Rico	54,217	54,217	54,217	-
Virgin Islands	11,884	11,830	12,521	691
Subtotal	83,927	83,793	85,519	1,726
Total States/Territories	**4,753,703**	**4,732,000**	**5,008,410**	**276,410**
Contingency Fund 1/	19,297	41,000	50,590	9,590
Subtotal Adjustments	**19,297**	**41,000**	**50,590**	**9,590**
TOTAL RESOURCES	**4,773,000**	**4,773,000**	**5,059,000**	**286,000**

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

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Health Care Fraud and Abuse Control/Senior Medicare Patrol Program

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Direct	$18.000	$20.000	$20.000	----
Wedge	--	$2.000	--	-$2,000
Program Level	$18.000	$22.000	$20.000	-$2.000
FTEs	3.2	3.1	4.00	-----

*BA is in millions of dollars. FTE is a whole number, FTE for this activity are supported by program dollars.
1/ The FY 2020 appropriations language states that SMP/HCFAC is paid out of discretionary CMS HCFAC appropriations based on the Secretary of HHS's determination of the amount needed to provide funding but not less than the floor of $20,000,000 provided in appropriations language. The FY 2022 amount serves as a placeholder for pending a final decision on the amount by 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: Supporting Older Americans Act of 2016, Public Law 116-131

Current FY Authorization 20,000,000

Authorization Expiration Date 2024

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 team members, many that are volunteers, whose purpose is to educate Medicare beneficiaries on preventing and identifying healthcare fraud and abuse. Projects use the skills of local team members 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 2019 shows that Senior Medicare Patrol projects:

- Maintained 6875 active SMP team members who worked over 549,958 hours to educate beneficiaries about how to prevent Medicare fraud, errors, and abuse;

- Educated 1,912,019 individuals during 28,146 group outreach and education events; and

- Responded to 320,590 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, SMP projects have received more than 3.3 million inquiries from Medicare beneficiaries about preventing, detecting, and reporting billing errors, potential fraud, or other discrepancies. SMPs also have educated more than 41.7 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 June 2020 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. HHS-OIG has documented over $129.2 million in savings attributable to the program as a result of beneficiary complaints since the program's inception in 1997.

Funding History:

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

		FTE
FY 2018…….	$18,000,000	5
FY 2019……	$18,000,000	3
FY 2020……	$18,000,000	3
FY 2021 Enacted/1……	$20,000,000	3
FY 2022 President's Budget…..	$20,000,000	4

1/Does not includes $2 million in HCFAC "wedge" funding.

Budget Request:

The FY 2022 budget for Senior Medicare Patrols/Health Care Fraud and Abuse Control assumes $20,000,000, the same as the FY 2021 Enacted level; this funding level is expected to support 4 FTE. It does not include the $2 million received in FY 2021 from wedge funding. Appropriation language provides that this program be funded at no less than $20,000,000, but leaves the final decision on the funding level to the Secretary of HHS. The Secretary is further directed to make funding for this program available from the discretionary HCFAC appropriation that Congress makes to the Centers for Medicare and Medicaid Services (CMS).

There has been an increase in the need to combat fraud schemes that have been directly attributed to the COVID-19 pandemic. While the need for intervention efforts is on the rise, there is also a need for education and prevention to prevent fraud and schemes occurring in the form of testing sites, sign up initiatives, and follow-up calls to check on the status of the health and individuals of those on Medicare in the times post the pandemic. This is important due to the intersection of direct services and virtual services that have created many issues for Older Americans and Disabled Americans; where they are most vulnerable.

HCFAC/SMP worked closely with ACL, CMS and the OIG to provide cases and complaints directly to investigators upon receipt to ensure the cases were getting in the right hands as quickly as possible. Efforts such as these led to the September 27, 2019, takedown that resulted in charges against 35 individuals for their alleged participation in health care fraud schemes involving $2.1 billion in losses.

Congress increased the funding floor for this program to $20 million in FY 2021. ACL expects that the additional $2 million available as a result in FY 2021 and FY 2022 will provide a limited increase to individual SMP grantee capacity and infrastructure; possible efforts include:

- Focus on recruiting, training, and retaining additional volunteers.
- Revision of program business processes to increase capacity to conduct virtual public outreach and beneficiary assistance.

Strengthening the infrastructure is projected to lead to an increase in both outreach events and individual interactions, in all communities, with more targeted outreach to those marginalized individuals who have been hit hardest by the pandemic.

Output Table:

Senior Medicare Patrol Program

Indicator	**Year and Most Recent Result /**	**FY 2021 Projection**	**FY 2022 Projection**	**FY 2022 Projection +/-FY 2021 Projection**
Output W: Beneficiaries Educated and Served *(Output)*	CY 2019: 1,912,019	2,100,000	2,100,000	Maintain

Grant Awards Table:

Senior Medicare Patrol Grant Awards
(Dollars in thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	55	56	56
Average Award	$301,219	$301,219	$301,219
Range of Awards	$95,000 - $1,000,000	$95,000 - $1,000,000	$95,000 - $1,000,000

Elder Rights Support Activities

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Elder Rights Support Activities – Budget Authority	$3.874	$3.874	$4.400	+$0.526

*BA is in millions of dollars.

Authorizing Legislation: Sections 201, 202, 411, 751 and 752 of the Older Americans Act of 1965, Public Law 89-73,

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization (OAA).....$19,084,548

Authorization Expiration Date.....2024

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

Program Description and Accomplishments:

Elder Rights Support Activities provide information, training, technical assistance and resources to States and communities to promote the rights of older Americans to live where they wish, whether in their own homes or in long-term congregate housing; These activities assist individuals to obtain necessary and appropriate health care, especially including care and services in their own homes; and to live free from hunger and free from abuse, neglect, and exploitation. The National Center on Elder Abuse, the National Long-Term Care Ombudsman Resource Center, the National Center for Law and Elder Rights, and the Legal Assistance Enhancement Grant Program comprise an interconnected framework for carrying out ACL's Protection of Vulnerable Adults discretionary grants programs.

To promote the rights of older Americans and to combat the rising scourge of elder abuse, neglect, and exploitation in America, ACL's goal is to put in place, in coordination with its Elder Justice/Adult Protective Services programs and the Elder Justice Coordinating Council, a comprehensive approach that provides a coordinated and seamless response system that includes the Long-term Care Ombudsman Program, the national network of local legal assistance providers and other community services and alliances. The Elder Rights Support Activities described below are key components of ACL's ongoing elder rights programs.

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 address 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 facilities, board and care homes, and assisted living facilities.

The NORC engages in numerous projects and activities in support of long-term care ombudsman programs. Highlights include leading efforts to support ombudsmen and other advocates to address the dramatic morbidity and mortality that are the consequences of isolation resulting from the COVID pandemic. Additionally, the NORC has supported Ombudsmen through training and technical assistance to fight for the rights of residents to remain connected to family and loved ones through safe visitation, to return to their home in a facility following a hospitalization or a visit home, to contest improper eviction by nursing facilities and to retain a quality of life and quality of care. The NORC has partnered in all of this work with CMS, ACL, and the National Association of State Long-Term Care Ombudsman Programs (NASOP) the Long-term Care Ombudsman Program. The NORC has continued to support residents wishing to move to a community setting, including through working with the Money Follows the Person (MFP) program.

Legal Assistance and Support

Legal Assistance and Support provides funding for two different activities. The National Center on Law and Elder Rights provides technical assistance, training and capacity-building supports for the nation's Older Americans Act-funded and other legal assistance providers and their partners in the aging and disability networks. In 2021, they have reached over 52,000 aging and disability network staff through webinars, conference presentations, technical assistance consultations on complex legal matters and capacity building. Common topics for trainings and case consultations have included strategies to support decisional capacity and guardianship revocation and reform, rights to combat community and long-term care evictions, and rights to Medicaid and Medicaid home and community-based services. NCLER's webinar series on shifting to the remote practice of legal assistance and remote engagement with courts and administrative appeals forums was the earliest (mid-March 2020) provision of technical assistance during COVID-19 received by our legal assistance providers, and NCLER's webinars on this and other cutting edge issues of elder rights consistently garner audiences of 3,000 to 4,000 participants.

Through our discretionary grant program, Legal Assistance Enhancement Program (LAEP), legal assistance programs and community partners are working on replicable and sustainable innovations to expand the resources available to support elder rights. Current grantees are addressing a coordinated statewide approach to legal assistance in the following areas: a rural and frontier area in partnership with Area Agencies on Aging, the Long-Term Care Ombudsman Program, Adult Protective Services and aging network nonprofit partners; legal disaster response; legal support for grandparents raising grandchildren; coordinated approaches to supporting the rights of applicants and beneficiaries of Medicaid home and community-based services; and an easily accessible legal-social services response to financial exploitation. In future years, it is expected that these innovations will sustain themselves and be replicable throughout the country,

Funding History:

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

FY 2018……	$3,874,000
FY 2019……	$3,874,000
FY 2020……	$3,874,000
FY 2021 Enacted..……	$3,874,000
FY 2022 President's Budget….	$4,400,000

1/Total funding and FTEs in all years have been adjusted for comparability purposes to remove Elder Justice/Adult Protective Services funding which, beginning in FY 2022 will be presented in a separate chapter.

Budget Request:

For FY 2022, $4,400,000 is requested, an increase of +$526,000 over the FY 2021 Enacted level of $3,874,000. The increase of $526,000 would be used to increase funding for the National Long-term Care Ombudsman Resource Center (NORC). Even before the pandemic, caregivers (many of whom are thrust into the positions for the first time) struggle to get the information they need to navigate the long-term care system. Expanding resources for NORC would improve the depth of information that can be provided, allowing consumers to more easily link to ombudsmen who can help them navigate the long-term care system and resolve problems in nursing facilities, board and care homes, and assisted living facilities.

Elder Rights Support Activities

(dollars in thousands)

Elder Rights Support Activities	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Legal Assistance and Support	$2,592	$2,592	$2,592	-
National Center on Elder Abuse	$765	$765	$765	-
LTC Ombudsman Resource Center	$516	$516	$1,042	$526
Total, Elder Rights Support Activities/1	$3,874	$3,874	$4,400	$526

1/Total funding in FY 2020 and FY 2021 has been adjusted for comparability purposes to remove Elder Justice/Adult Protective Services funding which, beginning in FY 2022, will be presented in a separate chapter.

Grant Awards Table:

Elder Rights Support Activities Grant Awards

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	6	8	10
Average Award	$308,559	$313,739	$337,324
Range of Awards	$42,493-$1,000,000	$42,493-$1,000,000	$42,493-$1,000,000

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Elder Justice/Adult Protective Services

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Opioids [non-add]	*$2.000*	*$2.000*	*$3.000*	*+$1.000*
Guardianship [non-add]	--	*$2.000*	*$2.000*	--
Infrastructure [non-add]	*$10.000*	*$10.000*	*10.000*	--
Total Budget Authority	$12.000	$14.000	$15.000	+$1.000
Supplemental Funding	--	$188.000	$188.000	--
Program Level	$12.000	$202.000	$203.000	+$1.000
FTEs	1.7	2.6	2.6	---

*BA is in millions of dollars. FTE for this activity are supported by program dollars

Authorizing Legislation: Sections 411 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: Supporting Older Americans Act of 2020, Public Law 116-131, Title XX of the Social Security Act, Subtitle B, as amended by the Affordable Care Act.

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

Authorization Expiration Date.....2024

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

Program Description and Accomplishments:

Elder Justice and Adult Protective Services provides funding to States and communities to support the development of coordinated systems of Adult Protective Services. Together with the National Center on Elder Abuse, the APS Technical Assistance Resource Center, the National Long-Term Care Ombudsman Resource Center, and the National Center for Law and Elder Rights, along with legal assistance providers, these 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. Based on the increasing number of issues related to elder justice, two additional agencies have requested to join the Council in 2021, increasing the number of federal agencies/departments to a total of sixteen members.

Adult Protective Services

Unlike Child Protective Services, which have been in existence for decades, a federal infrastructure to support basic programmatic standards for Adult Protective Services (APS) remains 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. These challenges have impaired States' ability to assess client outcomes and the effectiveness of the services they are providing.[129] 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.

[129] 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.

In FY 2015, ACL received its first dedicated appropriation, totaling $4 million, to support states in enhancing their APS systems statewide. Since that time, funding has grown to between $12 million and $14 million annually. This funding has allowed States 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 have been willing to voluntarily report because they have recognized the value of having consistent data to build a national profile of perpetrators and victims that leads to effective interventions.

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

In FY 2021 ACL received $14 million under its annual appropriation. In addition to continuing the investments described above, ACL is using a portion of these funds to address the impact of opioid misuse on elder abuse and issues around guardianship.

Opioids

Opioid misuse can contribute to Elder Abuse in multiple ways: from stolen medications to adults being abused to provide cash to support an adult child's drug habit to grandparents raising grandchildren because parents are addicted to older adults being addicted themselves. In FY 2021, ACL fully funded 3 elder justice grants focusing on how APS can most effectively respond to abuse, neglect and exploitation originating in opioid misuse. Learnings from these grants will be shared widely for replication. These grants are intended to continue ACL investments in opioid-related activities to maximize the impact on direct services. They are specifically targeted to the most affected communities and identify gaps that hinder APS from securing adequate services for clients affected by opioid and other substance abuse. Further, these grants 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.

Guardianship

Exploitation by guardians and conservators is another area that continues to receive significant state and national attention. In November 2016, the U.S. Government Accountability Office released a report titled "Elder Abuse: The Extent of Abuse by Guardians is Unknown, but Some Measures Exist to Help Protect Older Adults," and the U.S. Senate Special Committee on Aging held hearings called "Trust Betrayed: Financial Abuse of Older Americans by Guardians and Others in Power". Yet although recognized as a serious and pervasive problem, much remains unknown about the extent of the problem and effective methods to monitor guardianships and prevent guardianship abuse. In 2017, the Elder Justice Prevention and Prosecution Act amended the Elder Justice Act to add Section 2042(c)(2)(E), which authorizes grants to the highest state courts to better understand and remedy these issues.

Historically, ACL has supported the development and implementation of Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS), the prevailing national model for guardianship reform and the identification of appropriate alternatives to guardianship throughout our country. In addition, ACL has promoted, and provided technical assistance and trainings to partners and stakeholders on empowering self-determined decision-making by adults.

FY 2021 is the first year funding has been appropriated to award grants to the highest state courts to undertake activities such as:

- Develop systems to audit conservator and guardian accountings to verify accuracy, completeness and the appropriateness of expenditures
- Create and maintain case management systems to track cases for timely adjudication and monitoring of the well-being of wards
- Establish and produce judicial training programs and curricula
- Undertake efforts to identify and implement initiatives to avoid and/or mitigate abuse by conservators and guardians
- Explore how judicial systems may coordinate with the Social Security Administration and the Veterans Administration to identify and remove abusive fiduciaries
- Create independent ombudsman programs for wards to voice concerns and seek redress from abuse
- Review and consider guardianship reforms based on the research and models developed by WINGS and other training, technical assistance, and capacity building tools, methods and approaches, including those developed by NCLER.

Formula Grants

In FY 2021, funding for Adult Protective Services took a major step forward with the appropriation of $188 million in two supplemental funding bills, no less than $100 million of which was directed to fund APS formula grants to States authorized by section 2042(b) of the Social Security Act. This funding is in addition to the $14 million in Elder Justice funding that ACL received under its annual appropriation. Of the $188 million, ACL has chosen to put $179,947,500 into these grants using the formula in the Elder Justice Act which is based on the percentage of the total number of elders in each State. The grants will be awarded to the agency or unit of State government that has the legal responsibility to provide adult protective services within the State. An additional

$3,975,000 were directed to additional formula grants intended to enhance the Elder Justice capacity of the Long-term Care Ombudsman Programs.

The FY 2021 funds are being used to: expand remote work capabilities, improve reporting systems (including improved linking to the National Adult Maltreatment Reporting System), improve responses to scams and fraud especially related to COVID-19, expand personnel resources, training/outreach costs related to COVID-19, increased travel/investigation costs, costs associated with assisting APS clients secure the least restrictive option for emergency or alternative housing, and acquisition of personal protective equipment for in-person investigations.

Funding History:

Comparable funding for Elder Justice and Adult Protective Services over the past five years as follows:

		FTE
FY 2018……	$10,000,000	2.1
FY 2019……	$12,000,000	2.4
FY 2020……	$12,000,000	1.7
FY 2021 Enacted..……	$14,000, 000	2.6
FY 2021 Supplemental Funding[130]	$188,000,000	
FY 2022 President's Budget….	$15,000,000	2.6
FY 2022 Supplemental Funding[131]	$188,000,000	

Budget Request:

In FY 2022, the request for Elder Justice/Adult Protective Services is $15,000,000, an increase of $1,000,000 over the FY 2021 Enacted level. This funding level would allow ACL to maintain support for the infrastructure investments that it has made in Elder Justice and Adult Protective Services over the last seven years; provide $2 million for a second year of guardianship grants, and increase its investment in addressing the opioid crisis by $1,000,000 or 50 percent:

2nd year Funding for Guardianship Grants to the Highest State Courts ($2 million)

With FY 2022 funding, highest state court grantees will be able to continue to assess the fairness, effectiveness, timeliness, safety, integrity, and accessibility of adult guardianship and conservatorship proceedings, and develop innovations to improve the experiences of individuals at risk of guardianship/conservatorship. Grantees will continue to carry out one or more of the following:

- Develop systems to audit conservator and guardian accountings

[130] $100 million was provided by the Coronavirus Response and Relief Supplemental Act, P.L. 116-260 and an additional $88 million by the American Rescue Plan Act, P.L. 117-2.

[131] $188 million was provided for FY 2022 by the American Rescue Plan Act, P.L. 117-2.

- Develop case management systems to track cases
- Develop judicial training programs and curricula
- Identify and understand how to avoid and/or mitigate abuse by conservators and guardians
- Explore and identify appropriate judicial approaches to alternatives to guardianship
- Explore how judicial systems may coordinate with SSA and the VA to identify and remove abusive fiduciaries
- Create and independent ombudsman program for wards to voice concerns and seek redress from abuse

These efforts will ensure that the rights of older adults are protected in court proceedings and in efforts to mitigate, reform and enhance access to alternatives to guardianship as part of ACL's focus on equity.

Funding to Address Opioid Misuse ($3 million)

Increased funding to address the very complex issues associated with opioid abuse, APS discretionary grants will: target communities most affected by opioid and other substance abuse; and enable the APS grantees to identify and procure home-and community-based social, health, and mental/behavioral health services needed for those APS clients impacted by the opioid epidemic, as well as propose solutions that quickly fill those needs and identified gaps.

Formula Grants:

Supplemental funding provided in FY 2021 also provided $188 million for this purpose in FY 2022. Therefore, no additional funding is requested in the FY 2022 annual appropriation for these grants. Of the $188 million available for FY 2022:

- $163.5 million in formula grants will go to State APS Agencies. The grants will expand and improve APS agencies' ability to investigate allegations of abuse, neglect, and exploitation in the context of COVID-19. FY 2022 APS formula grants will be focused on the development of person-directed emergency shelters with wrap-around services, statewide elder justice networks, and enhancing and strengthening tribal Adult Protective Services.

- Funding will also be used to expand remote work capabilities, improve reporting systems (including improved linking to the National Adult Maltreatment Reporting System), improve responses to scams and fraud especially related to COVID-19, expand personnel resources, training/outreach costs related to COVID-19, increased travel/investigation costs, costs associated with assisting APS clients secure the least restrictive option for emergency or alternative housing, and acquisition of personnel protection equipment for in-person investigations. This funding builds on the prior supplemental, which first provided funding for this program.

- $18 million will go to formula grants to Long-Term Care Ombudsman programs to enhance their capacity to respond to and resolve complaints about abuse and neglect, specifically in residential care communities (assisted living, personal care homes and similar settings). Residential Care Communities serve persons similar to those in nursing homes, generally without federal oversight or regulation, thus making the Long-Term Care Ombudsman program presence essential. While the LTCOP has had the responsibility and authority to engage with residents of residential care communities, they have never had sufficient funding to carry out these duties. Funding will be used to build capacity to reach this underserved community to address abuse, neglect and exploitation in the context of COVID in the following ways: hire staff and recruit volunteers, training/outreach costs related to COVID-19, travel, volunteer management costs, training of facility staff and development of resident and family councils.

- $5,000,000 for the acquisition of a national technical assistance, research and practice contract to serve as a national repository of knowledge and to support states in the implementation of their COVID-related and recovery activities.

- $1,500,000 for the 2nd year of the National APS Training Center established through a cooperative agreement to create or curate training targeted at improving the response of APS programs during COVID-19, and for training available through an e-learning system.

APS agencies provide services and supports to our country's most frail and vulnerable individuals, including older adults and people with disabilities, and those with the greatest socioeconomic needs.

Grant Awards Table:

Elder Justice/Adult Protective Services Grant Awards

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	0	56	56
Average Award	$0	$3,213,348	$3,213,348
Range of Awards	0	$13,049,606 - $18,164,771	$1,226,250 - $16,504,485

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Elder Justice/ Adult Protective Services (CFDA 93.630)

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	-	2,621,286	2,381,696	(239,590)
Alaska	-	1,349,606	1,226,250	(123,356)
Arizona	-	3,900,416	3,543,912	(356,504)
Arkansas	-	1,593,239	1,447,614	(145,625)
California	-	18,164,771	16,504,485	(1,660,286)
Colorado	-	2,664,402	2,420,871	(243,531)
Connecticut	-	1,960,021	1,780,871	(179,150)
Delaware	-	1,349,606	1,226,250	(123,356)
District of Columbia	-	269,900	245,231	(24,669)
Florida	-	13,218,925	12,010,693	(1,208,232)
Georgia	-	4,774,154	4,337,789	(436,365)
Hawaii	-	1,349,606	1,226,250	(123,356)
Idaho	-	1,349,606	1,226,250	(123,356)
Illinois	-	6,371,823	5,789,427	(582,396)
Indiana	-	3,384,439	3,075,096	(309,343)
Iowa	-	1,696,107	1,541,079	(155,028)
Kansas	-	1,473,509	1,338,828	(134,681)
Kentucky	-	2,331,817	2,118,685	(213,132)
Louisiana	-	2,321,737	2,109,526	(212,211)
Maine	-	1,349,606	1,226,250	(123,356)
Maryland	-	3,013,059	2,737,660	(275,399)
Massachusetts	-	3,629,298	3,297,574	(331,724)
Michigan	-	5,498,655	4,996,069	(502,586)
Minnesota	-	2,877,899	2,614,854	(263,045)
Mississippi	-	1,511,400	1,373,256	(138,144)
Missouri	-	3,281,854	2,981,887	(299,967)
Montana	-	1,349,606	1,226,250	(123,356)
Nebraska	-	1,349,606	1,226,250	(123,356)
Nevada	-	1,525,322	1,385,905	(139,417)
New Hampshire	-	1,349,606	1,226,250	(123,356)
New Jersey	-	4,602,941	4,182,224	(420,717)
New Mexico	-	1,349,606	1,226,250	(123,356)
New York	-	10,171,178	9,241,515	(929,663)
North Carolina	-	5,393,775	4,900,775	(493,000)
North Dakota	-	1,349,606	1,226,250	(123,356)

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Elder Justice/ Adult Protective Services (CFDA 93.630)

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	-	6,362,557	5,781,008	(581,549)
Oklahoma	-	1,960,345	1,781,166	(179,179)
Oregon	-	2,323,910	2,111,501	(212,409)
Pennsylvania	-	7,360,266	6,687,525	(672,741)
Rhode Island	-	1,349,606	1,226,250	(123,356)
South Carolina	-	2,856,308	2,595,236	(261,072)
South Dakota	-	1,349,606	1,226,250	(123,356)
Tennessee	-	3,531,345	3,208,574	(322,771)
Texas	-	11,834,504	10,752,810	(1,081,694)
Utah	-	1,349,606	1,226,250	(123,356)
Vermont	-	1,349,606	1,226,250	(123,356)
Virginia	-	4,227,754	3,841,331	(386,423)
Washington	-	3,762,114	3,418,251	(343,863)
West Virginia	-	1,349,606	1,226,250	(123,356)
Wisconsin	-	3,173,745	2,883,659	(290,086)
Wyoming	-	1,349,606	1,226,250	(123,356)
Subtotal	-	**177,238,471**	**161,038,583**	**(16,199,888)**
American Samoa	-	179,948	163,500	(16,448)
Guam	-	179,948	163,500	(16,448)
Northern Mariana Islands	-	179,948	163,500	(16,448)
Puerto Rico	-	1,989,237	1,807,417	(181,820)
Virgin Islands	-	179,948	163,500	(16,448)
Subtotal	-	2,709,029	2,461,417	(247,612)
Total States/Territories	-	**179,947,500**	**163,500,000**	**(16,447,500)**
Contingency Fund 1/	-	8,052,500	24,500,000	16,447,500
Subtotal Adjustments	-	**8,052,500**	**24,500,000**	**16,447,500**
TOTAL RESOURCES	-	**188,000,000**	**188,000,000**	-

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Disability Programs, Research and Services
Summary of Request

ACL's Disability Research 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 and to live independently. A hallmark of these programs is that people with disabilities play a central role in their planning and design.

The total FY 2022 request for Disability Programs and Services is $488,670,000, an increase of $59.3 million above the FY 2021 Enacted level. The requested level includes increases to support the critical work that ACL's Disability Programs continue to do to support individuals with disabilities throughout the COVID-19 pandemic and into the post-pandemic recovery period. This includes a $32 million increase for Independent Living programs, which continue to see an increased demand for services – a result of the multiple risk factors faced by people with disabilities: increased risk for contracting the virus and for experiencing a loss of services and supports, social isolation, and food insecurity.

In addition, the request includes a 12 percent increase for core Disability Services programs, none of which received supplemental appropriations during the pandemic despite the heightened demand for their services, and a 5 percent increase for the Limb Loss Resource Center, Paralysis Resource Center, Traumatic Brain Injury, and the National Institute on Disability, Independent Living, and Rehabilitation Research.

Specific requests include:

- $88.5 million for State Councils on Developmental Disabilities (SCDD), an increase of +$9.5 million above the FY 2021 Enacted level. State Councils are the only entity in each State and Territory with the mandate and the means to create life-altering change for people with developmental disabilities. Guided by people with developmental disabilities, families, and other key stakeholders, Councils recognize the potential of every person with developmental disabilities and act as champions for their equal opportunity in all aspects of community living. 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.

- $46.8 million for Developmental Disabilities Protection and Advocacy systems, an increase of +$5.0 million above the FY 2021 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.

- $47.2 million for University Centers for Excellence in Developmental Disabilities (UCEDDs), an increase of +$5.1 million from the FY 2021 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.

- $13.1 million for Projects of National Significance (PNS), an increase of +$850,000 above the FY 2021 Enacted level. This funding will be used to support 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, as well as new grants to promote intersectional equity through partnerships and knowledge exchange and transfer between people with disabilities who face barriers due to race, ethnicity or other factors and disability organizations.

- $148.2 million for Independent Living programs, an increase of +$32.0 million above the FY 2021 Enacted level. Of the total increase, $29 million will provide additional funding for Centers for Independent Living (CILs) and $3 million will support the provision, expansion, and improvement of State Independent Living Services grants.

- $26.3 million for the Limb Loss Resource Center, Paralysis Resource Center, and Traumatic Brain Injury programs. This is a combined increase of +$1.2 million above the FY 2021 Enacted level. The requested level represents a 5 percent increase for each of these important national resource centers. These three programs increase resilience and support the independence of individuals who were born with or develop these disabilities.

- $118.6 million for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), an increase of +$5.6 million over the FY 2021 Enacted level. As part of the Administration's equity priority, NIDILRR will fund three new Rehabilitation Research and Training Centers (RRTCs) on community living and participation, employment, and health and function, with a focus addressing disparate outcomes experienced by people with disabilities who also face systemic barriers due to marginalization. In addition, the funding will allow NIDILRR to conduct additional field-initiated research to address emerging research gaps.

State Councils on Developmental Disabilities

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
State Councils on Developmental Disabilities – Budget Authority	$78.000	$79.000	$88.480	+$9.480

*BA is in millions 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 (SCDDs) are the only State level entity charged with identifying and addressing the most pressing needs of people with developmental disabilities in their state and/or territory. Driven by people with developmental disabilities, families, and other key stakeholders, 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 that are key to supporting people with developmental disabilities. SCDDs are the only entity mandated to provide support and funding for the leadership development of people with developmental disabilities.

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 identified by people with developmental disabilities and their families. 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 developmental disabilities. 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 for lack of 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.

In addition to funding State Councils through formula grants, ACL annually reserves up to one percent of the funds appropriated for the Developmental Disabilities State Councils, as required by authorizing statute, to provide training and technical assistance.

Funding History:

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

FY 2018…….	$75.943,000
FY 2019…….	$75,921,000
FY 2020…….	$78,000,000
FY 2021 Enacted...…….	$79,000,000
FY 2022 President's Budget.…	$88,480,000

Budget Request:

The FY 2022 request for SCDDs is $88,480,000, an increase of +$9,480,000 above the FY 2021 Enacted level. Additional funding will expand the work that SCDDs do to advance equity, self-determination, and community living alongside people with developmental disabilities across the nation, an already important task made critical by the devastating impact of the COVID-19 pandemic on the disability population. As the country recovers from the pandemic, the need to ensure that individuals with developmental disabilities and their families have access to essential community services, individualized supports, and other forms of assistance that promote self-

determination, independence, productivity, integration, and inclusion in all facets of community life will be essential. The requested 12% increase will provide SCDDs with the resources they need to continue the crucial work that they have done to support people with developmental disabilities during the COVID-19 pandemic through the post-COVID recovery period.

ACL recognizes the value this program provides by focusing 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 Tab

Measure	**Year and Most Recent Result /** **Target for Recent Result /** **(Summary of Result)**	**FY 2021 Target**	**FY 2022 Target**	**FY 2022 Target** **+/-FY 2021 Target**
8G Increase the percentage of people with developmental disabilities and their family members increasing their advocacy knowledge. (Outcome)	FY 2019: 83.68% Target: Not Defined (Historical Actual)	Set Baseline	Set Baseline	Maintain

*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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$1,376,586	$1,351,163	$1,548,400
Range of Awards	$277,608-$7,891,297	$274,744-$7,708,204	$307,713 -$9,296,982

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

FY 2022 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: State Councils on Developmental Disabilities (CFDA 93.630)

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	1,317,944	1,287,864	1,298,443	10,579
Alaska	533,068	527,570	590,878	63,308
Arizona	1,536,283	1,500,930	1,637,443	136,513
Arkansas	786,962	769,002	791,404	22,402
California	7,891,297	7,708,204	9,296,982	1,588,778
Colorado	1,077,298	1,088,170	1,252,280	164,110
Connecticut	728,678	712,048	799,128	87,080
Delaware	533,068	527,570	590,878	63,308
District of Columbia	533,068	527,570	590,878	63,308
Florida	4,213,243	4,134,518	4,978,817	844,299
Georgia	2,193,860	2,143,424	2,448,582	305,158
Hawaii	533,068	527,570	590,878	63,308
Idaho	533,068	527,570	590,878	63,308
Illinois	2,704,214	2,642,154	2,883,061	240,907
Indiana	1,523,312	1,488,546	1,537,480	48,934
Iowa	792,256	774,176	774,176	-
Kansas	628,944	614,590	653,506	38,916
Kentucky	1,223,186	1,195,270	1,212,393	17,123
Louisiana	1,407,854	1,375,724	1,449,561	73,837
Maine	533,068	527,570	590,878	63,308
Maryland	1,193,722	1,166,854	1,312,734	145,880
Massachusetts	1,391,820	1,399,852	1,727,146	327,294
Michigan	2,590,362	2,531,242	2,531,242	-
Minnesota	1,092,901	1,080,418	1,221,342	140,924
Mississippi	935,592	914,238	970,887	56,649
Missouri	1,393,040	1,361,246	1,403,330	42,084
Montana	533,068	527,570	590,878	63,308
Nebraska	533,068	527,570	590,878	63,308
Nevada	610,335	596,084	740,330	144,246
New Hampshire	533,068	527,570	590,878	63,308
New Jersey	1,731,436	1,709,231	2,113,835	404,604
New Mexico	533,144	527,570	607,419	79,849
New York	4,176,220	4,080,906	4,980,330	899,424
North Carolina	2,093,337	2,059,287	2,445,731	386,444
North Dakota	533,068	527,570	590,878	63,308

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	2,913,208	2,846,720	2,886,384	39,664
Oklahoma	918,206	897,250	913,640	16,390
Oregon	831,242	813,444	927,679	114,235
Pennsylvania	3,097,206	3,026,520	3,065,892	39,372
Rhode Island	533,068	527,570	590,878	63,308
South Carolina	1,122,620	1,125,624	1,277,050	151,426
South Dakota	533,068	527,570	590,878	63,308
Tennessee	1,495,528	1,461,396	1,623,834	162,438
Texas	5,693,774	5,584,012	6,531,733	947,721
Utah	646,912	632,148	701,480	69,332
Vermont	533,068	527,570	590,878	63,308
Virginia	1,647,016	1,632,514	1,847,410	214,896
Washington	1,537,802	1,502,104	1,693,911	191,807
West Virginia	756,610	739,342	739,342	-
Wisconsin	1,335,982	1,305,492	1,336,950	31,458
Wyoming	533,068	527,570	590,878	63,308
Subtotal	**75,226,298**	**73,814,094**	**82,885,179**	**9,071,085**
American Samoa	277,608	274,744	307,713	32,969
Guam	277,608	274,744	307,713	32,969
Northern Mariana Islands	277,608	274,744	307,713	32,969
Puerto Rico	752,079	752,079	2,594,369	1,842,290
Virgin Islands	277,608	274,744	307,713	32,969
Subtotal	1,862,511	1,851,055	3,825,221	1,974,166
Total States/Territories	**77,088,809**	**75,665,149**	**86,710,400**	**11,045,251**
Contingency Fund 1/	911,191	3,334,851	1,769,600	(1,565,251)
Subtotal Adjustments	**911,191**	**3,334,851**	**1,769,600**	**(1,565,251)**
TOTAL RESOURCES	**78,000,000**	**79,000,000**	**88,480,000**	**9,480,000**

1/ Contingency Fund- 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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Developmental Disabilities – Protection and Advocacy – Budget Authority	$40.784	$41.784	$46.798	+$5.014

*BA is in millions 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 have access to health care, education, and employment opportunities; 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. In all, there are 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-Based 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.[132] 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 also 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.

In addition to funding P&As through formula grants, ACL annually reserves 2 percent of the funds appropriated for the Developmental Disabilities P&A program, as required by authorizing statute, to provide training and technical assistance.

Funding History:

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

FY 2018……..	$40,677,000
FY 2019……..	$40,692,000
FY 2020……..	$40,784,000
FY 2021 Enacted……	$41,784,000
FY 2022 President's Budget……..	$46,798,000

Budget Request:

The FY 2022 request for the Developmental Disabilities Protection and Advocacy program is $46,798,000, an increase of +$5,014,000 above the FY 2021 Enacted level. Additional funding will expand the ongoing training, legal, and advocacy services to groups and to individuals with developmental disabilities, as well as continue the provision of information and referral services.

While there has been no lessening of demand for P&A services, requests in recent years have lagged enacted levels. Furthermore, in any given year, P&As may be called upon to take on additional work in response to natural disasters and other emergencies to ensure individuals are protected from abuse and neglect. For example, most recently the P&As have played a critical role in states during the COVID-19 pandemic to ensure equal access for people with disabilities to

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

medical care and protection from medical decisions that are being made based on discriminatory assumptions about quality of life. They have played a crucial role throughout the pandemic in protecting the legal rights of people with disabilities, from working with state and local entities to address accessibility barriers for people with disabilities seeking COVID-19 vaccines to ensuring that people with disabilities have access to in-person supports necessary for equal access to care in hospitals or in congregate settings to working with school districts to ensure students with disabilities had access to a free and appropriate education throughout the pandemic. The demand on P&As will continue as the nation begins to recover from the COVID-19 pandemic.

Following below are examples of prior year achievements that might not be sustainable if funding for the P&A's is not increased.

In FY 2019, P&As were able to:

- Close 77 percent of individual cases by fully or partially meeting the client's objective;
- P&A efforts resulted in 45 percent of individual clients having their right enforced and/or restored;
- P&As addressed 49 percent of closed cases through technical assistance in self-advocacy;
- P&As used investigation and monitoring to resolve 11 percent of cases;
- Another 10 percent were addressed through negotiation; and
- 16 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 2021 Target**	**FY 2022 Target**	**FY 2022 Target** **+/-FY 2021 Target**
8F Increase the percentage of individuals with developmental disabilities whose rights were enforced, retained, restored or expanded. (Outcome)	FY 2019: 78.6% Target: Not Defined (Historical Actual)	Prior Result + 1%	Prior Result + 1%	N/A

Indicator	Year and Most Recent Result /	FY 2021 Projection	FY 2022 Projection	FY 2022 Projection +/-FY 2021 Projection
8iii: Number of clients receiving professional individual legal advocacy for the Protection and Advocacy program. *(Output)*	FY 2019: 13,714	N/A	N/A	N/A
8iv: Number of people receiving information and referral from the Protection and Advocacy program. *(Output)*	FY 2019: 22,610	N/A	N/A	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.

Grant Awards Tables:

Developmental Disabilities – Protection and Advocacy Formula Grant Awards[133]

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$697,846	$723,759	$810,608
Range of Awards	$216,701-$4,016,299	$222,010-$4,152,122	$248,651 - $4,662,107

[133] Excludes grants to tribal organizations.

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS 2/

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	506,385	500,286	561,228	60,942
Alaska	405,053	414,977	464,774	49,797
Arizona	772,586	728,873	818,346	89,473
Arkansas	405,053	414,977	464,774	49,797
California	4,016,299	4,152,122	4,662,108	509,986
Colorado	526,104	541,533	607,980	66,447
Connecticut	405,053	414,977	464,774	49,797
Delaware	405,053	414,977	464,774	49,797
District of Columbia	405,053	414,977	464,774	49,797
Florida	2,129,599	2,216,398	2,488,316	271,918
Georgia	1,089,023	1,031,408	1,157,801	126,393
Hawaii	405,053	414,977	464,774	49,797
Idaho	405,053	414,977	464,774	49,797
Illinois	1,273,116	1,270,573	1,426,630	156,057
Indiana	654,024	640,008	718,510	78,502
Iowa	405,053	414,977	464,774	49,797
Kansas	405,053	414,977	464,774	49,797
Kentucky	479,092	468,472	525,514	57,042
Louisiana	520,060	526,314	583,972	57,658
Maine	405,053	414,977	464,774	49,797
Maryland	574,503	549,395	616,879	67,484
Massachusetts	634,015	750,237	842,572	92,335
Michigan	1,000,882	963,224	1,081,392	118,168
Minnesota	529,842	518,568	582,253	63,685
Mississippi	418,958	438,154	490,731	52,577
Missouri	599,936	564,379	633,059	68,680
Montana	405,053	414,977	464,774	49,797
Nebraska	405,053	414,977	464,774	49,797
Nevada	405,053	414,977	464,774	49,797
New Hampshire	405,053	414,977	464,774	49,797
New Jersey	813,702	899,882	1,010,642	110,760
New Mexico	405,053	414,977	464,774	49,797
New York	1,936,843	2,231,221	2,505,217	273,996
North Carolina	1,077,316	1,051,514	1,180,359	128,845
North Dakota	405,053	414,977	464,774	49,797

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	1,182,177	1,180,579	1,325,298	144,719
Oklahoma	410,755	414,977	464,774	49,797
Oregon	422,900	423,693	475,691	51,998
Pennsylvania	1,283,195	1,296,004	1,455,273	159,269
Rhode Island	405,053	414,977	464,774	49,797
South Carolina	500,233	543,399	609,931	66,532
South Dakota	405,053	414,977	464,774	49,797
Tennessee	665,837	701,097	787,019	85,922
Texas	2,884,459	2,801,200	3,144,644	343,444
Utah	405,053	414,977	464,774	49,797
Vermont	405,053	414,977	464,774	49,797
Virginia	783,876	792,575	889,858	97,283
Washington	752,938	720,959	809,583	88,624
West Virginia	405,053	414,977	464,774	49,797
Wisconsin	532,169	529,415	594,397	64,982
Wyoming	405,053	414,977	464,774	49,797
Subtotal	**37,881,990**	**38,575,953**	**43,275,005**	**4,699,052**
Indian Tribes	216,701	222,010	248,651	26,641
American Samoa	216,701	222,010	248,651	26,641
Guam	216,701	222,010	248,651	26,641
Northern Mariana Islands	216,701	222,010	248,651	26,641
Puerto Rico	811,723	844,477	875,800	31,323
Virgin Islands	216,701	222,010	248,651	26,641
Subtotal	1,895,228	1,954,527	2,119,055	164,528
Total States/Territories	**39,777,218**	**40,530,480**	**45,394,060**	**4,863,580**
Contingency Fund 1/	1,006,782	1,253,520	1,403,940	150,420
Subtotal Adjustments	**1,006,782**	**1,253,520**	**1,403,940**	**150,420**
TOTAL RESOURCES	**40,784,000**	**41,784,000**	**46,798,000**	**5,014,000**

1/ Contingency Fund- 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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
University Centers for Excellence in Developmental Disabilities – Budget Authority	$41.619	$42.119	$47.173	$5.054

*BA is in millions 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 2020, ACL funded 68 UCEDDs. Funding from ACL 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 2019 UCEDDs leveraged $18 per ACL 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 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.

When funding is statutorily sufficient, UCEDDs also conduct national training initiatives on emerging issues at the national level 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 2018……..	$40,543,000
FY 2019…….	$40,619,000
FY 2020…….	$41,619,000
FY 2021 Enacted……..	$42,119,000
FY 2022 President's Budget……...	$47,173,000

Budget Request:

The FY 2022 request for UCEDDs is $47,173,000, an increase of +$5,054,000 above the FY 2021 Enacted level. Funding for 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.

As a part of the requested increase, ACL will fund a new round of competitive grants focused on diversity and intersectional equity by partnering with minority serving institutions. The Developmental Disabilities Assistance and Bill of Right Act of 2000 (DD Act of 2000) has long identified the importance of cultural competence and improving expectations and outcomes for people with developmental disabilities across the lifespan, including those from culturally and linguistically diverse backgrounds. These grants will build on previous efforts to ensure that individuals with developmental disabilities across the lifespan from racial and ethnic minority backgrounds and their families enjoy equitable opportunities to access and use community services and individualized supports. When funding is statutorily sufficient, UCEDDs also conduct national training initiatives on emerging issues at the national level 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.

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 different kinds of 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 continue to provide technical and other assistance, including sharing best practices, to allow the UCEDDs 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 2021 Target**	**FY 2022 Target**	**FY 2022 Target** **+/-FY 2021 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 2019: 45.89% Target: 46.1% (Target Not Met but Improved)	Prior Result + 1%	Prior Result + 1%	N/A

Indicator	Year and Most Recent Result /	FY 2021 Projection	FY 2022 Projection	FY 2022 Projection +/-FY 2021 Projection
8viii: Number of professionals trained by UCEDDs. (Output)	FY 2019: 6,214	N/A	N/A	N/A
8ix: Number of people reached through UCEDD community training and technical assistance activities. (Output)	FY 2019: 1,313,989	N/A	N/A	N/A
8x: Number of people receiving direct or model demonstration services from UCEDDs. (Output)	FY 2019: 13,446	N/A	N/A	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.

Grant Awards Tables:

University Centers of Excellence in Developmental Disabilities Grant Awards

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	84	89	101
Average Award	$484,620	$462,999	$458,028
Range of Awards	$48,909 - $700,000	$48,909 - $571,732	$48,909 - $571,732

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Developmental Disabilities – Projects of National Significance

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Developmental Disabilities – Project of National Significance - Budget Authority	$12.250	$12.250	$13.100	+$0.850

*BA is in millions 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 2018…….	$11,770,000
FY 2019…….	$11,958,000
FY 2020…….	$12,250,000
FY 2021 Enacted..…….	$12,250,000
FY 2022 President's Budget……..…	$13,100,000

Budget Request:

The FY 2021 request for the Projects of National Significance is $13,100,000, an increase of +$850,000 over the FY 2021 Enacted level. This requested increase will advance the Administration's priorities around equity. Of the requested increase, at least $500,000 would fund an evaluation of the Developmental Disabilities Assistance and Bill of Rights Act Programs – State Councils on Developmental Disabilities, Developmental Disabilities Protection and Advocacy, and University Centers for Developmental Disabilities – to determine the quality, nature, and extent of their cultural competence and outreach to both unserved and underserved populations, including people with disabilities who are multiply marginalized based on their race, ethnicity or other factors. While each of these programs is required to be culturally competent and reach unserved and underserved populations, a thorough evaluation would help determine the effectiveness of these efforts while developing resources such as self-assessment and monitoring tools to guide future work in these essential areas.

The remaining $350,000 of the requested increase would support a grant program to address diversity, equity, and inclusion that would fund up to five new community-based partnership grants to promote equity between multiply marginalized people with disabilities and disability organizations, with a focus on ACL grantees.

Grant Awards Tables:

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

	FY 2020 Enacted Level	FY 2021 President's Budget	FY 2022 Requested Level
Number of Awards	24	26	28
Average Award	$375,823	$375,381	$378,925
Range of Awards	$249,829-$997,480	$350,000-$997,480	$350,000-$997,480

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Independent Living

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
State Independent Living ServicesGrants	$25.378	$25.378	$28.423	+$3.045
Centers for Independent Living	$90.805	$90.805	$119.805	+$29.000
Supplemental Funding	$85.000	---	---	---
Total Program Level	$116.183	$116.183	$148.228	+$32.045
FTE	1.0	1.0	1.0	---

*BA is in millions of dollars. 1.0 FTE for this activity are supported by program dollars.

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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.....Expired
Centers for Independent Living.....Expired

Expiration Date: 2020

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 (SILCs), and other federal, state and community programs that address the needs of people with disabilities.

State Independent Living Services Grants

The State Independent Living Services (ILS) Grants program funds formula grants to states and territories to support provision, expansion, and improvement of independent living services. Specifically, the program supports in part the operation of SILCs, 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 and 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 and supports 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.

In fiscal year 2019, CILs served approximately 238,701of the estimated 55.2 million individuals with a significant disability living in the United States.[134]

In addition to funding centers for independent living, ACL 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).

During the pandemic, CILs have experienced, and met, the increased demand for services—a result of the multiple risk factors faced by people with disabilities: increased risk for contracting the virus and for experiencing a loss of services and supports, social isolation, and food insecurity.

[134] ACL, 704 Report, 2014. And U.S. Census Bureau, "Americans with Disabilities 2010" issued July 2012. https://www2.census.gov/library/publications/2012/demo/p70-131.pdf. Accessed 16 April 2021.

Supported in part by emergency supplemental appropriations, CILs continue to work to ensure that people with disabilities have access to food, social supports, PPE, information, and are diverted from nursing homes and other institutional settings.

Funding History:

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

Centers for Independent Living

FY 2018……	$83,305,000
FY 2019……	$90,805,000
FY 2020……	$90,805,000
FY 2021 Enacted…….	$90,805,000
FY 2022 President's Budget……....	$119,805,000

State Independent LivingServices Grants

		FTE
FY 2018……	$24,878,000	0.8
FY 2019……	$25,378,000	1.0
FY 2020……	$25,378,000	1.0
FY 2021 Enacted…..……..	$25,378,000	1.0
FY 2022 President's Budget.……	$28,423,000	1.0

Budget Request:

State Independent Living Services Grants
The FY 2022 request for State Independent Living Services Grants is $28,423,000, an increase of +$3,045,000 above the FY 2021 Enacted level. The requested funding level would provide a 12 percent increase in funding for grants to states, and the important work they do to support the provision, expansion, and improvement of independent living services, including training, technical assistance, coordination, and evaluation activities. As a part of this increase, ACL also will continue to reserve, in accordance with statute, at least 1.8 percent of funding for the provision of technical assistance, including support for one FTE to provide direct federal technical assistance.

Centers for Independent Living
The FY 2022 request for the Centers for Independent Living program is $119,805,000, an increase of +$29,000,000 over the FY 2021 enacted level. This increase will provide the additional funding the CILs need to continue their pivotal pandemic efforts as the nation begins to recover from the COVID-19 pandemic.

Even as the pandemic begins to recede, the need for CIL services is expected to continue well into FY 2022 as more people with disabilities have experienced loss of employment and/or access to services and supports and will require a longer recovery period to reconnect. Complicating recovery, there is a higher incidence of vaccine hesitancy in the disability community – both

amongst people with disabilities and their support providers that will result in many people with disabilities continuing to be at risk for contracting COVID-19.

In addition to pandemic support and recovery efforts, requested funding will 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 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: While some CILs provide employment support and training, the statute currently does not require CILs to provide such services or to connect services to employment outcomes and economic mobility. To address this, ACL is requesting appropriations language to use up to $8,000,000 to fund a competitive employment demonstration grant program to test models for supporting people with disabilities in securing and sustaining competitive, integrated employment, including related training and technical assistance and an evaluation. The goal of the program is to build evidence-based practices to assist CILs across the country to expand and strengthen the employment-related services that they provide.

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 significant barriers that prevent people with disabilities from accessing and sustaining employment. Consequently, employment may be a key contributor to health disparities between people with and without disabilities.

Legislative Proposal: Removal of Requirement that Grantee Compliance Reviews Must Be Conducted Onsite

ACL proposes to remove the requirement that a prescribed number of grantee compliance reviews must be conducted onsite each year. ACL is committed to conducting compliance reviews with a minimum of 15 percent of grantees annually, however, current technology and experience during the pandemic, have illustrated that conducting all compliance reviews onsite is not an effective and efficient use of resources. ACL proposes having the flexibility to determine the most appropriate approach and setting for reviews. To that end, ACL developed the Compliance and Outcome Monitoring Protocol (COMP), which is a standardized tool that provides a more efficient and cost-effective process for grantee compliance reviews as it uses remote technologies, reserving onsite methods for cases in which remote approaches would not be sufficient. The COMP is comprised of three interwoven processes that can occur in any order or simultaneously:

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: 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 and/or remote review (the latter is also referred to as a desktop review).

3. Targeted Review: is a review that is focused on monitoring of the grantee in specific areas of concern. This type of review is individualized based on the issue(s) with the program, including operations and financial management. The review is conducted onsite and/or remotely, depending on the nature of the issue(s) of concern.

This approach leverages technology to conduct many routine monitoring activities remotely and uses a risk-based approach for more in-depth reviews. Reserving onsite activities for cases or issues that require a physical presence is a more efficient approach that maximizes program funding while ensuring sound program management, compliance, and oversight of grantees.

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.

Grant Awards Tables:

State Independent Living Services Grant Awards[135]

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$439,105	$435,958	$488,267
Range of Awards	$30,737-$2,171,583	$30,517 - $2,132,224	$34,179 - $2,388,066

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	338,717	338,717	379,358	40,641
Alaska	338,717	338,717	379,358	40,641
Arizona	393,705	392,787	439,916	47,129
Arkansas	338,717	338,717	379,358	40,641
California	2,171,583	2,132,224	2,388,066	255,842
Colorado	338,717	338,717	379,358	40,641
Connecticut	338,717	338,717	379,358	40,641
Delaware	338,717	338,717	379,358	40,641
District of Columbia	338,717	338,717	379,358	40,641
Florida	1,169,280	1,159,019	1,298,085	139,066
Georgia	577,493	572,956	641,702	68,746
Hawaii	338,717	338,717	379,358	40,641
Idaho	338,717	338,717	379,358	40,641
Illinois	699,453	683,819	765,867	82,048
Indiana	367,367	363,296	406,886	43,590
Iowa	338,717	338,717	379,358	40,641
Kansas	338,717	338,717	379,358	40,641
Kentucky	338,717	338,717	379,358	40,641
Louisiana	338,717	338,717	379,358	40,641
Maine	338,717	338,717	379,358	40,641
Maryland	338,717	338,717	379,358	40,641
Massachusetts	378,911	371,945	416,573	44,628
Michigan	548,751	538,928	603,592	64,664
Minnesota	338,717	338,717	379,358	40,641
Mississippi	338,717	338,717	379,358	40,641
Missouri	338,717	338,717	379,358	40,641
Montana	338,717	338,717	379,358	40,641
Nebraska	338,717	338,717	379,358	40,641
Nevada	338,717	338,717	379,358	40,641
New Hampshire	338,717	338,717	379,358	40,641
New Jersey	489,055	479,316	536,827	57,511
New Mexico	338,717	338,717	379,358	40,641
New York	1,072,818	1,049,787	1,175,747	125,960
North Carolina	570,035	565,976	633,885	67,909
North Dakota	338,717	338,717	379,358	40,641

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	641,721	630,787	706,473	75,686
Oklahoma	338,717	338,717	379,358	40,641
Oregon	338,717	338,717	379,358	40,641
Pennsylvania	703,076	690,843	773,735	82,892
Rhode Island	338,717	338,717	379,358	40,641
South Carolina	338,717	338,717	379,358	40,641
South Dakota	338,717	338,717	379,358	40,641
Tennessee	371,657	368,528	412,746	44,218
Texas	1,575,659	1,564,726	1,752,471	187,745
Utah	338,717	338,717	379,358	40,641
Vermont	338,717	338,717	379,358	40,641
Virginia	467,600	460,608	515,875	55,267
Washington	413,685	410,928	460,234	49,306
West Virginia	338,717	338,717	379,358	40,641
Wisconsin	338,717	338,717	379,358	40,641
Wyoming	338,717	338,717	379,358	40,641
Subtotal	**24,128,227**	**23,952,851**	**26,826,852**	**2,874,001**
American Samoa	30,737	30,517	34,179	3,662
Guam	30,737	30,517	34,179	3,662
Northern Mariana Islands	30,737	30,517	34,179	3,662
Puerto Rico	338,717	338,717	379,358	40,641
Virgin Islands	30,737	30,517	34,179	3,662
Subtotal	461,665	460,785	516,074	55,289
Total States/Territories	**24,589,892**	**24,413,636**	**27,342,926**	**2,929,290**
Contingency Fund	788,108	964,364	1,080,074	115,710
Subtotal Adjustments	**788,108**	**964,364**	**1,080,074**	**115,710**
TOTAL RESOURCES	**25,378,000**	**25,378,000**	**28,423,000**	**3,045,000**

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

2/ In FY 2021 the President's Budget proposes to use funds for an evaluation of the program.

Limb Loss Resource Center

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Limb Loss Resource Center – Budget Authority	$4.000	$4.000	$1.465	-$2,535
PHS Evaluation Funding	---	---	2.735	+2.735
Program Level	$4.000	$4.000	$4.200	+$0.200

*BA is in millions 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/or 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 and/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 1,200 individuals, 75% of whom are people living with limb loss and/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 and/or limb difference in the United States,[136] and an estimated 185,000 amputations are performed in the country every year.[137] People with limb loss and/or 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 a limb(s).[138] Additionally, people with limb loss and/or 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.[139]

Funding History:

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

FY 2018……..	$3,491,000
FY 2019……..	$3,500,000
FY 2020……..	$4,000,000
FY 2021 Enacted…….	$4,000,000
FY 2022 President's Budget……	$4,200,000

[136] 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.

[137] 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.

[138] 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.

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

Budget Request:

The FY 2022 request for the Limb Loss Center is $4,200,000, an increase of +$200,000 above the FY 2021 Enacted level. For FY 2022, ACL is requesting to partially fund this program with PHS Evaluation Fund dollars. Section 241 of the Public Health Service (PHS) Act authorizes HHS to assess or "tap" PHS Act-authorized programs to pay for certain activities across the Department. The funds generated through this assessment are referred to as PHS Evaluation Funds and authorized for a broad range of uses, including activities to support the evaluation and implementation of PHS Act authorized programs of which the Limb Loss Center is one.

The request supports the National Limb Loss Resource Center's (NLLRC) programs which use both traditional and innovative approaches to educate and inform people with limb loss and/or limb difference, improving individual resiliency and expanding their ability to remain in the community. The requested five percent increase will provide additional support to expand the reach and impact of the NLLRC, including connecting those with limb loss and/or limb difference with the information and support they need as the nation recovers from the COVID-19 pandemic.

The NLLRC provides patient educational materials that help new amputees adjust to their new "normal." First Step Magazine and Your New Journey was distributed to approximately 63,000 people after a new amputation. 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 a number of camp activities while building a network of support that lasts well beyond the camp. All camp counselors are people with limb loss or limb difference.

Grants Awards Tables

Limb Loss Resource Center Grant Awards

	FY 2020 Final	FY 2021 Requested	FY 2022 President's Budget
Number of Awards	1	1	1
Average Award	$3,884,003	$3,884,003	$4,084,003
Range of Awards	$3,884,003	$3,884,003	$4,084,003

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Paralysis Resource Center

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Paralysis Resource Center – Budget Authority	$9.700	$9.700	$3.553	-$6.147
PHS Evaluation Funds	---	---	$6.632	+$6.632
Program Level	$9.700	$9.700	$10.185	+$0.485

*BA is in millions 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 longer periods of time – by providing individualized support and information with the ability to respond in over 170 languages. PRC 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 that 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 nonprofit organizations 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 sustained.
- 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.[140] These individuals face health and other disparities, which often translate into exclusion from full participation in their communities.

Starting in FY 2018, 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 the end of FY 2022, the State Pilot Program grantees will have completed their projects and ACL expects to learn how the pilot states were able to provide quality of life grants to state community-based organizations and if this approach is the most efficient and effect way to increase services and supports to people living with paralysis.

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[140] 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

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

FY 2018……..	$7,681,000
FY 2019……..	$8,700,000
FY 2020……..	$9,700,000
FY 2021 Enacted…….	$9,700,000
FY 2022 President's Budget…..…….	$10,185,000

Budget Request:

The FY 2022 request for the Paralysis Resource Center (PRC) is $10,185,000, an increase of +$485,000 above the FY 2021 Enacted level. For FY 2022, ACL is requesting to partially fund this program with PHS Evaluation Fund dollars. Section 241 of the Public Health Service (PHS) Act authorizes HHS to assess or "tap" PHS Act-authorized programs to pay for certain activities across the Department. The funds generated through this assessment are referred to as PHS Evaluation Funds and authorized for a broad range of uses, including activities to support the evaluation and implementation of PHS Act authorized programs of which the Limb Loss Center is one.

Of the increase for the Paralysis Resource Center, $300,000 is requested to provide additional support to the PRC. 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.

The remaining $185,000 of the increase is requested to support a national project to develop a national paralysis and physical disability quality of life action plan that will promote health and wellness that enhances full participation, independent living, and self-sufficiency. The action plan would then be used as a guide to fund partnerships with State-based disability and health programs to promote healthy living with paralysis.

Grant Awards Table:

Paralysis Resource Center

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	5	1	1
Average Award	$1,880,241	$8,700,000	$9,185,000
Range of Awards	$175,168 - $6,511,661	$8,700,000	$9,185,000

Traumatic Brain Injury

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Traumatic Brain Injury – Budget Authority	$11.321	$11.321	$4.148	+$4.148
Traumatic Brian Injury – PHS Evaluation	---	---	$7.739	+$7.739
Program Level	$11.321	$11.321	$11.887	+$0.566
FTE	1.2	1.2	1.2	---

*BA is in thousands of dollars. 1.2 FTE for this activity are supported by program 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, more than two and a half million TBI-related emergency department visits, hospitalizations, and deaths occurred in the United States, including over

837,000 involving children.[141] Many of these individuals live the rest of their lives with the resulting disability. These national estimates do not include individuals with TBI who are treated in military hospitals.

Individuals with TBI may need a variety of services and supports, including rehabilitation, counseling, academic and vocational accommodations, independent living assistance, transportation assistance, and vocational training. These services and supports are often fragmented across different State systems of care, making access difficult for families. ACL works across the lifespan, focusing on multiple life domains outside the health arena to achieve systems change, address fragmentation, and enhance service delivery.

The TBI Program includes two grant programs: the State Protection and Advocacy (P&A) Systems Grants (formula grant), and the TBI State Partnership Program (competitive grant).

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 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.

State TBI partnerships 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. States have been collaborating to

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

address a variety of critical issues, including individuals with TBI and criminal justice, healthy living with a TBI, person-centered design, and employment. In fiscal year 2021, ACL will be awarding a new round of TBI state partnership grants to continue to strengthen state infrastructure to support people with TBI living in the community.

Funding History:

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

		FTE
FY 2018……..	$11,293,000	1.6
FY 2019……..	$11,321,000	1.6
FY 2020……..	$11,321,000	1.2
FY 2021 Enacted……	$11,321,000	1.2
FY 2022 President's Budget...	$11,887,000	1.2

Budget Request:

The FY 2022 request for the Traumatic Brain Injury (TBI) program is $11,887,000, an increase of +$566,000 above the FY 2021 Enacted level. The majority of the requested 5 percent increase would provide a total of $200,000 in additional support to the TBI Protection and Advocacy (P&A) Formula Grants to support the crucial direct services work that TBI P&As have provided during the COVID-19 pandemic through the post-pandemic recovery period. For FY 2022, ACL is requesting to partially fund this program with PHS Evaluation Fund dollars. Section 241 of the Public Health Service (PHS) Act authorizes HHS to assess or "tap" PHS Act-authorized programs to pay for certain activities across the Department. The funds generated through this assessment are referred to as PHS Evaluation Funds and authorized for a broad range of uses, including activities to support the evaluation and implementation of PHS Act authorized programs of which the Traumatic Brain Injury is one.

The remaining $366,000 of the increase would provide an increase for existing TBI State Partnership Program grants. In FY 2021, ACL will fund a new round TBI State Partnership grants that will continue to advance the work of states to improve services and supports for people with TBI. The requested increase would provide small increases to these projects and their ongoing efforts 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 funding would also support a TBI technical assistance center (TBICC), that would provide technical assistance to grantees, maintain a national listserv on issues that affect TBI service delivery (with approximately 1,500 subscribers), manage an online collaboration space for grantees to share promising practices for building and maintaining service-delivery infrastructure, and develop educational materials for the public about TBI.

Grant Awards Tables:

Traumatic Brain Injury: Protection and Advocacy

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	28	28	28
Average Award	$205,203	$205,203	$215,203
Range of Awards	$143,800 - $300,000	$143,800 - $300,000	$153,800 - $310,000

Traumatic Brain Injury: State Implementation/Mentor Partnership

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	57	57	57
Average Award	$70,175	$69,474	$72,947
Range of Awards	$20,000- $319,615	$20,000- $311,602	$20,000- $345,075

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	55,729	55,285	57,585	2,300
Alaska	50,000	50,000	50,000	-
Arizona	73,111	72,878	77,319	4,441
Arkansas	50,000	50,000	50,000	-
California	319,615	311,602	345,075	33,473
Colorado	61,876	61,622	64,692	3,070
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	180,644	178,036	195,266	17,230
Georgia	98,593	97,605	105,053	7,448
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	115,503	112,819	122,118	9,299
Indiana	69,460	68,831	72,779	3,948
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	52,536	52,060	53,968	1,908
Louisiana	53,994	53,401	55,472	2,071
Maine	50,000	50,000	50,000	-
Maryland	64,518	63,746	67,076	3,330
Massachusetts	71,060	70,018	74,110	4,092
Michigan	94,608	92,935	99,814	6,879
Minnesota	61,234	60,739	63,703	2,964
Mississippi	50,000	50,000	50,000	-
Missouri	65,156	64,426	67,838	3,412
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	-
New Jersey	86,331	84,754	90,638	5,884
New Mexico	50,000	50,000	50,000	-
New York	167,270	163,045	178,452	15,407
North Carolina	97,559	96,647	103,978	7,331
North Dakota	50,000	50,000	50,000	-

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	107,499	105,542	113,954	8,412
Oklahoma	50,000	50,000	50,000	-
Oregon	50,422	50,209	51,892	1,683
Pennsylvania	116,005	113,784	123,199	9,415
Rhode Island	50,000	50,000	50,000	-
South Carolina	57,222	57,104	59,625	2,521
South Dakota	50,000	50,000	50,000	-
Tennessee	70,054	69,549	73,584	4,035
Texas	236,989	233,715	257,718	24,003
Utah	50,000	50,000	50,000	-
Vermont	50,000	50,000	50,000	-
Virginia	83,357	82,187	87,759	5,572
Washington	75,881	75,368	80,111	4,743
West Virginia	50,000	50,000	50,000	-
Wisconsin	62,774	62,093	65,222	3,129
Wyoming	50,000	50,000	50,000	-
Subtotal	**3,849,000**	**3,810,000**	**4,008,000**	**198,000**
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	20,000	20,000	20,000	-
Puerto Rico	50,000	50,000	50,000	-
Virgin Islands	20,000	20,000	20,000	-
Subtotal	150,000	150,000	150,000	-
Total States/Territories	**3,999,000**	**3,960,000**	**4,158,000**	**198,000**
Contingency Fund	1,000	40,000	42,000	2,000
Subtotal Adjustments	**1,000**	**40,000**	**42,000**	**2,000**
TOTAL RESOURCES	**4,000,000**	**4,000,000**	**4,200,000**	**200,000**

1/ Contingency Fund – includes funds for grant systems and review, and program reporting systems costs.

National Institute on Disability, Independent Living, and Rehabilitation Research

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
National Institute on Disability, Independent Living, and Rehabilitation Research – Budget Authority	$111.970	$112.970	$118.619	+$5.649

*BA is in millions 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 people 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 funding generates new knowledge and promotes the effective use of this knowledge to allow people with disabilities to function at the highest level of health status possible, to function and navigate community living and to be able to gain competitive, integrated employment through the use of technology and evidence-based research. NIDILRR utilizes nationwide listening sessions with stakeholders to address the challenges and needs of people with disabilities, issues funding grants to address these issues, and then translates the findings into practical applications within a short timeframe. NIDILRR focuses not only on research to improve opportunities for people with disabilities but also on insuring that advances in research are quickly and effectively translated into practical interventions, including new commercially available products. 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 2018……..	$104,710,000
FY 2019……..	$108,970,000
FY 2020……..	$111,970,000
FY 2021 Enacted…….....	$112,970,000
FY 2022 President's Budget……	$118,619,000

Budget Request:

The FY 2022 request is $118,619,000 an increase of +$5,649,000 over the FY 2021 Enacted level of $112,970,000. The request includes:

- +$2.8 million for expanding intersectional equity research. NIDILRR will fund three new Rehabilitation Research and Training Centers (RRTCs), one in each of its three outcome domains: community living and participation, employment, and health and function. Each of these RRTCs will conduct research toward the development and testing of practices, policies, services, or supports to address the disparate outcomes experienced by people

with disabilities from racial and ethnic backgrounds who experience not just discrimination based on their disability but are also historically underserved and marginalized, including due to race or ethnicity. The RRTCs will provide training and technical assistance to promote cultural competence in the field of disability, independent living, and rehabilitation research. The RRTCs will also train early career disability researchers, with a focus on researchers with disabilities from racial and ethnic minority populations.

- +$2.8 million to expand the number of field-initiated grant competitions to address emerging research gaps in disability, independent living, and rehabilitation research.

The FY 2022 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 each budget request since FY 2018.

Outcomes and Output Table:

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 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 2019: 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. Target: In FY 2019, these grantees will conduct systematic literature reviews on opioid use disorder among people with disabilities, and disseminate early products. (Target Met)	Conduct primary data collection and conduct secondary data analysis by September 2021.	Complete analysis of data and publish peer reviewed results by September 2022.	N/A
R2 By 2023, assess the efficacy of an intervention to improve employment outcomes for individuals with serious mental illness. (Outcome)	FY 2019: 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 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). Target: In FY 2019, this grantee will begin data collection for a randomized trial of the HYPE intervention. (Target Met)	In FY 2021, this grantee will continue data collection and disseminate early results and informational products to key stakeholders.	Recruit research participants and train intervention providers by September 2022.	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 Target
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)	FY 2019: In FY 2018, NIDILRR made a research grant to develop knowledge regarding the effects of ABLE accounts in increasing community living and participation for individuals with intellectual and developmental disabilities (I/DD) and cognitive disabilities. Target: Grantee will design the training curriculum, the recruitment materials, and will train trainers. (Target Met)	In FY 2021, grantee will disseminate surveys twice a year to enrolled participants, and analyze outcomes data.	In FY 2022, grantee will disseminate surveys twice a year to enrolled participants, analyze outcomes data, and provide technical assistance to stakeholders.	N/A

*As part of the 2020 budget cycle, ACL proposed three new measures for NIDILRR.

Grant Awards Tables:

National Institute on Disability, Independent Living, and Rehabilitation Research

(Dollars in Thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	213	243	250
Average Award	$480,814	$447,065	$447,745
Range of Awards	$70,000 - $1,246,000	$70,000 - $1,246,000	$70,000 - $1,246,000

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Consumer Information, Access, and Outreach

Summary of Request

Older Americans and Americans with disabilities can benefit from an array of services and supports that are available to assist them to remain active and independent in their communities. However, the complexity of navigating programs and selecting services that best address 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 information they need to make informed decisions about their independence and connect them with 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. In FY 2021, the range of outreach offered by ACL will expand as a result of the American Rescue Plan (ARP) Act, which funds a new program to provide resources to assist Grandfamilies or Kinship families.

The FY 2022 request for CIAO programs is $182.7 million, an increase of $27.0 million above the FY 2021 Enacted level of $155.7 million. This request includes:

- $23.5 million, an increase of $15.3 million over the FY 2021 Enacted level of $8.1 million, for Aging Disability Resource Centers. In FY 2020, for the first time, ADRCs were able to be funded as a national program when the Coronavirus Aid, Relief and Economic Security (CARES) Act provided $50 million to ADRCs to connect people to services during the COVID-19 pandemic. The request allows ACL to continue to fund a national-level program and allow ADRCs to continue to provide efficient, cost-effective, and consumer-responsive systems of information and integrated access by providing "one-stop shop" entry points into long-term care at the community-level.

- $55.2 million, an increase of $3.1 million over the FY 2021 Enacted level of $52.1 million, for the State Health Insurance Assistance (SHIP) program. The request level allows SHIP grantees to expand capacity while also incorporating new technologies adopted during the COVID-19 pandemic into program business processes.

- $9.9 million, an increase of $2 million over the FY 2021 Enacted level of $7.9 million, for the Voting Access for People with Disabilities program. These grants 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, casting their votes, and accessing polling places.

- $44 million, an increase of $6.5 million over the FY 2021 Enacted level of $37.5 million, for Assistive Technology (AT). Consistent with prior years, the Budget does not request

any funding for the Alternative Funding Program. AT programs improve the ability of individuals with disabilities of all ages and their families to obtain AT devices and services. The pandemic resulted in a loss of crucial community-based services, social isolation, and increased the need for access to assistive technology. The need for access to AT was highlighted during the pandemic but continues as individuals with disabilities recover from the conditions created during the pandemic.

- National Technical Assistance Center on Kinship and Grandfamilies: The American Rescue Plan (ARP) Act provided $10 million, available over five years, to create a National Technical Assistance Center to provide technical assistance and resources to organizations that serve grandfamilies, where one or more children are being raised by a grandparent, and kinship families, where one or more children are being raised by a relative. Efforts will be focused on families where the primary caregiver is 55 or older or the child has one or more disabilities. As funding was provided in the ARP through FY 2025, no additional funding is requested in the FY 2022 Budget.

- $50 million in mandatory funding for the Medicare Improvements for Patients and Providers Act (MIPPA) programs, the same level as in FY 2021, and which was extended through FY 2023 by PL 116-260. This funding provides grants to States' ADRCs, Area Agencies on Aging and SHIPs to fund more extensive outreach to the Medicaid Advantage and Low-Income Subsidy populations, as well as support for a National Center on Benefits Outreach and Enrollment.

Aging and Disability Resource Centers

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Aging and Disability Resource Centers – Budget Authority	$8.119	$8.119	$23.457	+$15.338
Supplemental Funding	$50.000			---
Program Level	$58.119	$8.119	$23.457	+$15.338

*BA is in millions 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: Supporting Older Americans Act of 2020, Public Law 116-131

Current FY Authorization.....$9,208,570

Authorization Expiration Date.....2024

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 Long Term Services and Supports (LTSS) might otherwise make decisions based on inaccurate or incomplete information, which could lead them to select support and care options that are more expensive than necessary.[142] 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 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.[143] 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 through assistance provided with funding under the Medicare Improvements to Patients and Providers Act (MIPPA).

Since 2003, ACL (or its predecessor) and 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.

Currently, 56 states and territories have NWD activity, with an estimated 618 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

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[142] 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.

[143] 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.

- Public outreach and coordination with key referral sources,
- Person-centered counseling
- Streamlined eligibility for public programs.[144]

Recent accomplishments include:

- In 2016, ACL funded 8 states to coordinate their ADRC/NWD system with their statewide Assistive Technology (AT) Programs. Since then the ADRC/NWD program has assisted in the coordination of activities such as creating assistive technology "toolkits", and increased collaboration with the Durable Medical Equipment (DME) state workgroups.

- 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 response to the pandemic, Congress provided in FY 2020 an additional $50 million in supplemental funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act to expand ADRC funding to all 50 States, Guam and Puerto Rico. This funding increase allowed ADRCs to have nationwide coverage for the first time in its history. The expanded funding allowed ADRCs to increase and enhance services and functions in response to COVID-19 access challenges that included:

    - *Virtual assessments* for social determinants of health needs (standardized screenings);
    - *Care transitions* (hospital-to-home and nursing home-to-home) follow-up;
    - State or local *Information and Referral* to community based services;
    - Virtual short and long-term *Care Coordination*;
    - *Tele-functional and clinical assessments*; and
    - *Person-centered plan development*.

[144] 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.

Funding History:

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

FY 2018……..	$8,099,000
FY 2019……..	$8,119,000
FY 2020……..	$8,119,000
FY 2020 Supplemental Funds……	$50,000,000
FY 2021 Enacted……	$8,119,000
FY 2022 President's Budget……..	$23,457,000

Budget Request:

The FY 2022 request for Aging and Disability Resource Centers is $23,457,000, an increase of $15,338,000 above the FY 2021 Enacted level of $8,119,000. The FY 2022 request seeks to maintain the progress begun with the one-time infusion of $50 million in CARES Act funding by providing ongoing funding to scale this program nationwide. With this increased funding ACL will be able to expand competitive ADRC grants from 8 grants to up to 25 grants in States across the country. Funding would also support a nationwide No Wrong Door (NWD) Resource Center, interoperability 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 practice.

Maintaining ADRC/No Wrong Door (NWD) funding in FY 2022 will allow ADRCs to continue their roles (providing Information and Referral/Assistance (I&R/A) services) in critical post-pandemic areas such as continuing support for vaccinations, outreach, registration and transportation services and providing services to mitigate social isolation. Many states have seen an unprecedented and sustained increase in demand for I&R/A. This is evidenced by approximately 4.5 million unique visitors who accessed states' NWD websites from April to-September 2020 across 33 states and over 2 million people across all states who received I&R/A services, of which approximately 588,000 received person-centered counseling. In addition, FY 2022 NWD funding would be used to develop resources/technical assistance (TA) and best practices that address the growing cohort of COVID-19 patients with "long haul" symptoms in the community, raise awareness of home and community-based services (HCBS) options.

Without continued funding, ACL estimates that over a year's time over 1.0 million people will not receive critical person-centered counseling services by ADRCs during the first year of recovery from the pandemic while the demand for HCBS will remain high with an increased number of older adults and people with disabilities needing guidance and counseling on their options to remain at home and in their communities.

The ADRC/NWD System brings together state and community long-term care funding and resources (state-level Medicaid, Aging and Disability organizations as well as local-level AAAs, ADRCs, CILs, Traumatic Brain Injury (TBI) organizations, Mental Health and behavioral health providers, and other CBOs) to coordinate access and service delivery for older adults and people with disabilities in the community (regardless of age or payer source). Without this coordination, individuals seeking services often may make five or more different calls in an attempt to connect to services only to be told they are ineligible based on age, or income or other factors. The ADRCs bring coordination across communities of organizations and programs so that an individual looking for services can make one call, and if they are ineligible for a service, a person centered counselor will work with them to identify and activate other services to meet their needs. If additional funding is not provided in FY 2022, more than 50% of states will not have the capacity through a coordinated NWD System infrastructure to ensure seamless access to HCBS for all populations when most individuals that need LTSS will want to remain supported in the community and avoid institutional stays.

Grant Awards Tables:

Aging and Disability Resource Centers
(Dollars in Thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	53	53	53
Average Award	$88,172	$89,522	$221,292
Range of Awards	$1,456 - $388,635	$694 - $37,6342	$221,986 - $609,927

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State Health Insurance Assistance Programs

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
State Health Insurance Assistance Programs – Program Level	$52.115	$52.115	$55.242	+$3.127
FTE	3.6	3.4	4.0	---

* BA is in millions of dollars. 4.0 FTE for this activity are supported by program dollars.

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 Assistance Programs (SHIPs) provide counseling and assistance to help older adults and people with disabilities who are Medicare eligible or who have dual eligibility for Medicare and Medicaid (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 13,500 highly trained SHIP counselors (of which 47% were volunteers) provides local community-based assistance to the ever increasing number of Medicare beneficiaries. In 2019, an estimated 6.000,000 Medicare beneficiaries used SHIP services. In addition to the 2,400,000 hours of direct one-on-one services, SHIPs reached 3,600,000 people in public events explaining Medicare and its benefits. These state grantees invested more than 1,550,000 hours leading these educational events.

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.

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.

Funding History:

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

		FTE
FY 2018……	$49,115,000	4.1
FY 2019……	$49,115,000	4.4
FY 2020……	$52,115,000	3.6
FY 2021Enacted……	$52,115,000	3.4
FY 2022 President's Budget....	$55,242,000	4.0

Budget Request:

The FY 2022 request for the State Health Insurance Assistance programs (SHIP) is $55,242,000, an increase of $3,127,000 above the FY 2021 Enacted level. The request would allow SHIP grantees to expand capacity, while also incorporating new technologies adopted during the COVID-19 epidemic into program business processes.

During the Pandemic SHIPs were instrumental in:

1. helping state grantees to boost their virtual capacity, increasing their ability to reach people remotely (a need that emerged during the COVID-19 pandemic) and prepare for future crises;
2. supporting increased education on emerging models of value-based care and on choices in care delivery settings; and
3. continuing work to combat the Opioid crisis.

In FY 2022 ACL expects SHIP grantees will continue to provide virtual public outreach and beneficiary assistance until the threat of the virus is gone.

Grant Awards Table:

State Health Insurance Assistance Programs Grant Awards

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	54	54	54
Average Award	$896,329	$901,176	$961,215
Range of Awards	$55,551-$4,056,058	$58,287-$3,9918,979	$62,170-$4,180,064

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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	886,001	886,979	946,070	59,091
Alaska	237,601	235,596	251,292	15,696
Arizona	947,652	954,405	1,017,988	63,583
Arkansas	698,794	730,526	779,194	48,668
California	4,056,058	3,918,979	4,180,064	261,085
Colorado	701,574	736,971	786,068	49,097
Connecticut	549,001	553,093	589,940	36,847
Delaware	234,293	246,008	262,397	16,389
District of Columbia	178,045	186,947	199,402	12,455
Florida	2,914,883	2,926,303	3,121,255	194,952
Georgia	1,335,211	1,327,286	1,415,711	88,425
Hawaii	289,552	304,030	324,285	20,255
Idaho	439,835	417,843	445,680	27,837
Illinois	1,535,531	1,530,605	1,632,575	101,970
Indiana	1,000,203	1,014,734	1,082,336	67,602
Iowa	705,080	719,611	767,552	47,941
Kansas	556,979	565,421	603,090	37,669
Kentucky	978,810	1,019,438	1,087,354	67,916
Louisiana	732,675	723,642	771,852	48,210
Maine	483,819	459,628	490,249	30,621
Maryland	760,213	761,096	811,801	50,705
Massachusetts	937,428	936,284	998,660	62,376
Michigan	1,446,388	1,502,853	1,602,974	100,121
Minnesota	867,232	880,142	938,778	58,636
Mississippi	690,248	724,760	773,044	48,284
Missouri	1,036,368	1,044,044	1,113,599	69,555
Montana	519,302	493,337	526,203	32,866
Nebraska	433,202	444,379	473,984	29,605
Nevada	469,766	486,004	518,382	32,378
New Hampshire	330,532	347,059	370,180	23,121
New Jersey	1,101,022	1,105,999	1,179,681	73,682
New Mexico	458,984	476,564	508,313	31,749
New York	2,364,417	2,375,143	2,533,377	158,234
North Carolina	1,569,004	1,556,558	1,660,257	103,699
North Dakota	264,698	277,933	296,449	18,516

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	1,636,931	1,678,766	1,790,606	111,840
Oklahoma	705,249	740,511	789,844	49,333
Oregon	673,328	706,994	754,094	47,100
Pennsylvania	1,842,174	1,813,023	1,933,808	120,785
Rhode Island	280,308	285,923	304,971	19,048
South Carolina	879,884	849,295	905,876	56,581
South Dakota	312,625	328,179	350,042	21,863
Tennessee	1,141,110	1,125,798	1,200,799	75,001
Texas	2,731,313	2,794,773	2,980,963	186,190
Utah	407,733	397,969	424,482	26,513
Vermont	279,028	292,979	312,497	19,518
Virginia	1,152,325	1,136,969	1,212,715	75,746
Washington	985,468	984,898	1,050,513	65,615
West Virginia	544,099	525,414	560,417	35,003
Wisconsin	966,371	997,985	1,064,471	66,486
Wyoming	270,632	284,164	303,095	18,931
Subtotal	**47,518,979**	**47,813,840**	**50,999,229**	**3,185,389**
Guam	55,511	58,287	62,170	3,883
Puerto Rico	771,761	733,173	782,017	48,844
Virgin Islands	55,511	58,287	62,170	3,883
Subtotal	882,783	849,747	906,357	56,610
Total States/Territories	**48,401,762**	**48,663,587**	**51,905,586**	**3,241,999**
Contingency Fund	3,713,238	3,451,413	3,346,414	(104,999)
Subtotal Adjustments	**3,713,238**	**3,451,413**	**3,346,414**	**(104,999)**
TOTAL RESOURCES	**52,115,000**	**52,115,000**	**55,252,000**	**3,137,000**

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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Voting Access for Individuals with Disabilities – Budget Authority	$7.463	$7.963	$9.963	+$2.000

*BA is in millions 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.

In addition to funding P&As through formula grants, ACL annually reserves 7 percent of the funds appropriated for the Help America Vote Act P&A program, as required by authorizing statute, to provide training and technical assistance.

Funding History:

Funding over the past five years is as follows:

FY 2018……..	$6,946,000
FY 2019……..	$6,963,000
FY 2020……..	$7,463,000
FY 2021 Enacted……..……..	$7,963,000
FY 2022 President's Budget……..…	$9,963,000

Budget Request:

The FY 2022 request for Voting Access for Individuals with Disabilities is $9,963,000 an increase of +$2,000,000 above the FY 2021 Enacted level of $7,963,000. These additional funds are requested to buttress the ability of all people with disabilities to be able to vote by further expanding 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. Living within the community means more than just living but also participating in the community; there is no more quintessentially American activity than voting. As stated on day one of the Biden-Harris Administration:

> *"Equal opportunity is the bedrock of American democracy, and our diversity is one of our country's greatest strengths. But for too many, the American Dream remains out of reach. Entrenched disparities in our laws and public policies, and in our public and*

private institutions, have often denied that equal opportunity to individuals and communities."

Examples of grantees working to ensure voting access include the creation and staffing of a hotline and training of 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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	56	56	56
Average Award	$123,252	$130,821	$163,678
Range of Awards	$52,630-$514,880	$56,156-$539,638	$70,260 - $675,230

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	$105,261	$112,313	$140,522	$28,209
Alaska	105,261	112,313	140,522	$28,209
Arizona	105,261	112,313	140,522	$28,209
Arkansas	105,261	112,313	140,522	$28,209
California	514,880	539,683	675,230	$135,547
Colorado	105,261	112,313	140,522	$28,209
Connecticut	105,261	112,313	140,522	$28,209
Delaware	105,261	112,313	140,522	$28,209
District of Columbia	105,261	112,313	140,522	$28,209
Florida	277,236	293,357	367,036	$73,679
Georgia	136,923	145,020	181,442	$36,422
Hawaii	105,261	112,313	140,522	$28,209
Idaho	105,261	112,313	140,522	$28,209
Illinois	165,840	173,080	216,550	$43,470
Indiana	105,261	112,313	140,522	$28,209
Iowa	105,261	112,313	140,522	$28,209
Kansas	105,261	112,313	140,522	$28,209
Kentucky	105,261	112,313	140,522	$28,209
Louisiana	105,261	112,313	140,522	$28,209
Maine	105,261	112,313	140,522	$28,209
Maryland	105,261	112,313	140,522	$28,209
Massachusetts	105,261	112,313	140,522	$28,209
Michigan	130,108	136,407	170,667	$34,260
Minnesota	105,261	112,313	140,522	$28,209
Mississippi	105,261	112,313	140,522	$28,209
Missouri	105,261	112,313	140,522	$28,209
Montana	105,261	112,313	140,522	$28,209
Nebraska	105,261	112,313	140,522	$28,209
Nevada	105,261	112,313	140,522	$28,209
New Hampshire	105,261	112,313	140,522	$28,209
New Jersey	115,955	121,319	151,789	$30,470
New Mexico	105,261	112,313	140,522	$28,209
New York	254,365	265,709	332,444	$66,735
North Carolina	135,155	143,253	179,232	$35,979
North Dakota	105,261	112,313	140,522	$28,209

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	152,152	159,657	199,756	$40,099
Oklahoma	105,261	112,313	140,522	$28,209
Oregon	105,261	112,313	140,522	$28,209
Pennsylvania	166,699	174,858	218,775	$43,917
Rhode Island	105,261	112,313	140,522	$28,209
South Carolina	105,261	112,313	140,522	$28,209
South Dakota	105,261	112,313	140,522	$28,209
Tennessee	105,261	112,313	140,522	$28,209
Texas	373,588	396,045	495,514	$99,469
Utah	105,261	112,313	140,522	$28,209
Vermont	105,261	112,313	140,522	$28,209
Virginia	110,868	116,584	145,865	$29,281
Washington	105,261	112,313	140,522	$28,209
West Virginia	105,261	112,313	140,522	$28,209
Wisconsin	105,261	112,313	140,522	$28,209
Wyoming	105,261	112,313	140,522	28,209
Subtotal	**6,638,948**	**7,045,179**	**8,814,658**	**1,769,479**
American Samoa	52,630	56,156	70,260	$14,104
Guam	52,630	56,156	70,260	$14,104
Puerto Rico	105,261	112,313	140,522	$28,209
Virgin Islands	52,630	56,156	70,260	14,104
Subtotal	263,151	280,781	351,302	70,521
Total States/Territories	**6,902,099**	**7,325,960**	**9,165,960**	**1,840,000**
Contingency Fund	560,901	637,040	797,040	$160,000
Subtotal Adjustments	**560,901**	**637,040**	**797,040**	**160,000**
TOTAL RESOURCES	**7,463,000**	**7,963,000**	**9,963,000**	**2,000,000**

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 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Assistive Technology – Budget Authority	$37.000	$37.500	$44.000	+$6.500
Alternative Financing Grant Competition (non-add)	*$2.000*	*$2.000*	---	*-$2.000*

*BA is in millions 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 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 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 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.

- Section 4 AT Act 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. Section 4 State AT Program data continues to show increased program use and performance. In fiscal year 2019, the 56 State AT Program Section 4 grantees, achieved the following:

- 4,668 individuals participated in assistive technology device demonstrations exploring devices to support decision-making about consumer-AT match.

- 54,018 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.\

- 78,412 AT devices were reutilized, saving consumers $30,448,542 by obtaining a gently used or refurbished AT device rather than a new one.

- 945 financial loans totaling $8,532,521 at an average interest rate of 4.3% were made to enable consumers to purchase needed AT.

- 6,224 AT devices at a value of $3,860,279 were provided to consumers through externally funded programs administered by State AT Programs.

- 8,009 AT devices were acquired by consumers at a savings of $880,567 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.

- 103,182 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 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.[145]

Alternative Financing Program

The Assistive Technology Alternative Financing Program (AFP) provides grantees one-year grant awards to assist individuals with disabilities of any age to obtain financial assistance for AT devices and services.

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 2018……..	$33,911,000
FY 2019……..	$34,000,000
FY 2020……..	$37,000,000
FY 2021 Enacted……..……..	$37,500,000
FY 2022 President's Budget……	$44,000,000

Budget Request:

The FY 2022 request for Assistive Technology is $44,000,000, an increase of $6,500,000 over the FY 2021 Enacted level of $37,500,000. Consistent with past requests, no funding is included for

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

the redundant Alternative Financing Program since the AT State grant program already includes financing activities that allow States to make decisions to best meet specific needs.

People with disabilities have been significantly impacted by the pandemic. Loss of crucial community-based services, social isolation, and in some cases the after effects of COVID-19 significantly increased the need for access to assistive technology since it allowed individuals to maintain contact with and to participate in their communities while in their homes. The request for the State AT program is $37,000,000, an increase of $7,296,000. As recovery from the pandemic proceeds, the State AT programs need this additional funding to address backlogged requests while simultaneously expanding services to continue to meet the heightened demand created by the pandemic.

The request would also increase funding for the Protection and Advocacy for Assistive Technology (PAAT) program to $6,000,000. Funds assist individuals with disabilities of all ages in the acquisition, use, or maintenance of AT services or devices. During the pandemic, there was an increased demand analogous to that of the State AT grants.

Finally, the request would maintain approximately the same funding level, $1,000,000, 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 2022, 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.

Outcomes and Outputs Table:

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/-FY 2021 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 2019: 95% 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 2019: 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 2019: 99% Target: 95% (Target Exceeded)	95%	95%	Maintain

Indicator	Year and Most Recent Result /	FY 2021 Projection	FY 2022 Projection	FY 2022 Projection +/-FY 2021 Projection
Output ATi: Device Demonstrations Provided (*Output*)	FY 2019: 33,799	35,000	38,500	+3,500
Output ATii: Short-Term Device Loans Made (*Output*)	FY 2019: 36,198	38,000	38,350	+350

Indicator	Year and Most Recent Result /	FY 2021 Projection	FY 2022 Projection	FY 2022 Projection +/-FY 2021 Projection
Output ATiii: Recipients of Reused Devices (*Output*)	FY 2019: 57,588	58,250	64,075	+5,825
Output ATiv: State Financing Device Recipients (*Output*)	FY 2019: 10,307	7,000	7,700	+700

Grant Awards Tables:

Assistive Technology Act - State Grants

	FY 2020 Enacted	FY 2021 President's Budget	FY 2022 Requested
Number of Awards	56	56	56
Average Award	$519,480	$525,124	$654,107
Range of Awards	$126,424-$1,267,323	$125,692-$1,286,889	$127,626-$1,786,405

Assistive Technology Act - Protection and Advocacy Grants

	FY 2020 Enacted	FY 2021 President's Budget	FY 2022 Requested
Number of Awards	57	57	57
Average Award	$83,703	$83,368	$104,211
Range of Awards	$30,000-$472,346	$30,000 - $467,579	$30,000 - $630,192

Assistive Technology Act – National Grant Activities

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	2	2	6
Average Award	$445,345	$445,345	$665,345
Range of Awards	$317,942 - $572,748	$317,942 - $572,748	$317,942 - $572,748

Alternative Financing Grant Competition for Assistive Technology

	FY 2020 Final	FY 2021 Enacted	FY 2022 President ‘s Budget
Number of Awards	7	7	-
Average Award	$284,336	$284,336	-
Range of Awards	$31,468 - $625,754	$31,468 - $625,754	-

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	492,455	497,823	620,643	122,820
Alaska	458,722	462,000	539,414	77,414
Arizona	669,110	676,728	825,405	148,677
Arkansas	509,681	514,081	616,380	102,299
California	1,267,323	1,286,889	1,786,405	499,516
Colorado	519,910	526,285	658,417	132,132
Connecticut	445,611	450,096	558,354	108,258
Delaware	443,884	447,433	527,484	80,051
District of Columbia	400,520	403,908	481,042	77,134
Florida	816,871	831,592	1,134,815	303,223
Georgia	667,494	676,438	861,453	185,015
Hawaii	479,481	483,072	567,934	84,862
Idaho	455,683	459,934	548,837	88,903
Illinois	679,978	687,587	894,963	207,376
Indiana	527,588	534,081	676,809	142,728
Iowa	484,290	488,682	592,475	103,793
Kansas	443,831	448,157	549,319	101,162
Kentucky	512,837	517,803	635,882	118,079
Louisiana	540,848	545,753	665,804	120,051
Maine	492,014	495,713	579,796	84,083
Maryland	545,358	551,056	686,311	135,255
Massachusetts	569,743	575,641	720,113	144,472
Michigan	722,379	729,625	907,778	178,153
Minnesota	537,301	543,163	673,999	130,836
Mississippi	428,542	432,732	534,578	101,846
Missouri	603,736	609,581	745,835	136,254
Montana	473,440	477,028	558,113	81,085
Nebraska	488,306	492,252	582,758	90,506
Nevada	454,921	459,904	562,881	102,977
New Hampshire	460,058	463,730	547,982	84,252
New Jersey	546,122	552,660	718,789	166,129
New Mexico	477,118	481,084	573,359	92,275
New York	801,852	812,142	1,093,333	281,191
North Carolina	619,808	628,782	812,390	183,608
North Dakota	399,052	402,448	480,195	77,747

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	635,782	643,882	840,562	196,680
Oklahoma	472,476	477,414	589,935	112,521
Oregon	467,972	473,198	588,558	115,360
Pennsylvania	767,598	776,117	984,911	208,794
Rhode Island	398,690	402,215	483,197	80,982
South Carolina	565,523	571,652	697,145	125,493
South Dakota	448,176	451,631	530,712	79,081
Tennessee	499,981	506,767	650,550	143,783
Texas	1,038,080	1,057,598	1,442,651	385,053
Utah	495,441	500,466	604,813	104,347
Vermont	434,426	437,705	513,949	76,244
Virginia	560,265	567,240	729,596	162,356
Washington	542,482	549,877	702,212	152,335
West Virginia	454,450	458,084	547,042	88,958
Wisconsin	517,338	523,019	655,844	132,825
Wyoming	390,325	393,628	469,380	75,752
Subtotal	**28,124,872**	**28,436,376**	**35,551,102**	**7,114,726**
American Samoa	125,676	125,689	126,235	546
Guam	127,233	127,310	129,141	1,831
Northern Mariana Islands	125,692	125,711	126,274	563
Puerto Rico	461,005	465,409	569,622	104,213
Virgin Islands	126,424	126,465	127,626	1,161
Subtotal	966,030	970,584	1,078,898	108,314
Total States/Territories	**29,090,902**	**29,406,960**	**36,630,000**	**7,223,040**
Contingency Fund	7,909,098	8,093,040	7,370,000	(723,040)
Subtotal Adjustments	**7,909,098**	**8,093,040**	**7,370,000**	**(723,040)**
TOTAL RESOURCES	**37,000,000**	**37,500,000**	**44,000,000**	**6,500,000**

1/ Contingency Fund-- includes funds for grant systems and review, and program reporting systems costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM/CFDA NUMBER: Assistive Technology Protection and Advocacy (CFDA 84.343)

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	58,365	58,023	78,202	20,179
Alaska	50,000	50,000	50,000	-
Arizona	85,636	86,135	116,090	29,955
Arkansas	50,000	50,000	50,000	-
California	472,346	467,579	630,192	162,613
Colorado	68,010	68,148	91,848	23,700
Connecticut	50,000	50,000	56,864	6,864
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	254,332	254,162	342,555	88,393
Georgia	125,611	125,644	169,340	43,696
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	152,139	149,955	202,107	52,152
Indiana	79,907	79,667	107,374	27,707
Iowa	50,000	50,000	50,321	321
Kansas	50,000	50,000	50,000	-
Kentucky	53,356	52,869	71,256	18,387
Louisiana	55,644	55,013	74,145	19,132
Maine	50,000	50,000	50,000	-
Maryland	72,155	71,543	96,424	24,881
Massachusetts	82,417	81,564	109,931	28,367
Michigan	119,360	118,182	159,283	41,101
Minnesota	67,002	66,738	89,948	23,210
Mississippi	50,000	50,000	50,000	-
Missouri	73,155	72,629	97,888	25,259
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	-
New Jersey	106,375	105,110	141,665	36,555
New Mexico	50,000	50,000	50,000	-
New York	233,350	230,209	310,270	80,061
North Carolina	123,989	124,113	167,277	43,164
North Dakota	50,000	50,000	50,000	-

PROGRAM/CFDA NUMBER: Assistive Technology Protection and Advocacy (CFDA 84.343)

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	139,582	138,326	186,433	48,107
Oklahoma	50,000	50,000	63,111	13,111
Oregon	50,041	50,000	67,270	17,270
Pennsylvania	152,927	151,496	204,183	52,687
Rhode Island	50,000	50,000	50,000	-
South Carolina	60,709	60,929	82,118	21,189
South Dakota	50,000	50,000	50,000	-
Tennessee	80,840	80,815	108,920	28,105
Texas	342,724	343,130	462,464	119,334
Utah	50,000	50,000	51,133	1,133
Vermont	50,000	50,000	50,000	-
Virginia	101,708	101,007	136,135	35,128
Washington	89,981	90,113	121,452	31,339
West Virginia	50,000	50,000	50,000	-
Wisconsin	69,419	68,901	92,864	23,963
Wyoming	50,000	50,000	50,000	-
Subtotal	**4,571,080**	**4,552,000**	**5,739,063**	**1,187,063**
Indian Tribes	30,000	30,000	30,000	-
American Samoa	30,000	30,000	30,000	-
Guam	30,000	30,000	30,000	-
Northern Mariana Islands	30,000	30,000	30,000	-
Puerto Rico	50,000	50,000	50,937	937
Virgin Islands	30,000	30,000	30,000	-
Subtotal	200,000	200,000	200,937	937
Total States/Territories	**4,771,080**	**4,752,000**	**5,940,000**	**1,188,000**
Contingency Fund	1,920	21,000	(881,000)	(902,000)
Subtotal Adjustments	**1,920**	**21,000**	**(881,000)**	**(902,000)**
TOTAL RESOURCES	**4,773,000**	**4,773,000**	**5,059,000**	**286,000**

National Technical Assistance Center on Kinship and Grandfamilies

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
National Technical Assistance Center on Kinship and Grandfamilies - Supplemental Funding	---	$10.000	---	-$10.000

1/ The American Rescue Plan Act, P.L. 117-2 provides $10 million to establish this technical assistance center, with the funding available for five years, from FY 2021 through FY 2025.

Original Authorizing Legislation: American Rescue Plan Act of 2021, Subtitle L, Section 2922, P.L. 117-2.

Most Recent Authorizing Legislation: American Rescue Act of 2021, Subtitle L, Section 2922, P.L. 117-2.

Current FY Authorization of Funds……..……..$10,000,000

Authorization Expiration Date……...….. FY 2025

Allocation Method……Competitive Grants/ Formula Grants or Contracts

Program Description and Accomplishments:

The National Technical Assistance Center on Kinship and Grandfamilies, first funded in FY 2021, provides, at a national level, training, technical assistance, and resources for government programs, nonprofit and other community-based organizations, and Indian Tribes, Tribal organizations, and urban Indian organizations that serve grandfamilies and kinship families. The Center supports the health and well-being of members of grandfamilies and kinship families, including caregivers, children, and their parents. The Center in intended to focus primarily on serving grandfamilies and kinship families in which the primary caregiver is an adult age 55 or older, or the child has one or more disabilities.

The Center provides support for the following key activities:

- engage experts to stimulate the development of new, and identify existing evidence-based, evidence-informed, and exemplary practices or programs related to health promotion (including mental health and substance use disorder treatment), education, nutrition, housing, financial needs, legal issues, disability self-determination, caregiver support, and other issues to help serve caregivers, children, and their parents in grandfamilies and kinship families;

- encourage and support the implementation of the evidence-based, evidence-informed, and exemplary practices to support grandfamilies and kinship families and to promote coordination of services for them across the systems that support them;

- facilitate learning and provide technical assistance, resources, and training to individuals and entities across systems that directly work with grandfamilies and kinship families;

- promote collaboration and coordination of OAA services in conjunction with programs that ACL already provides, including Family Caregivers, the Long-term Care Ombudsman program, Elder Justice, and Nutrition.

- plan and coordinate disaster response to assist grandfamilies and kinship families during emergencies and disasters by supporting coordination and collaboration across grandfamily-serving government programs, nonprofit and community-based organizations, and Indian tribes, Tribal organizations, and urban Indian organizations; and,

- assist government programs, and nonprofit and other community-based organizations, to promote racial equity, enhance services, and implement culturally and linguistically appropriate approaches as the programs and organizations serve grandfamilies and kinship families.

Funding History

The National Technical Assistance Center on Kinship and Grandfamilies received $10 million in initial funding available for five years (FY 2021-FY 2025).

FY 2018…….	$0
FY 2019…….	$0
FY 2020…….	$0
FY 2021 Supplemental Funding ……..	$10,000,000
FY 2022 President's Budget……..	$0

Budget Request

No FY 2022 funding is requested for this activity. Initial funding provided by the American Rescue Plan Act, 2021, P.L. 117-2, is available through FY 2025.

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Medicare Improvements for Patients and Providers Act Programs (MIPPA)

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
ADRCs	$5.000	$5.000	$5.000	----
AAAs	$7.500	$15.000	$15.000	----
NCOBE	$12.000	$15.000	$15.000	----
SHIP[146]	$13.000	$15.000	$15.000	----
Program Total	$37.500	$50.000	$50.000	----
FTE	3.3	3.0	4.0	----

*BA is in millions of dollars. FTE is a whole number, 4.0 FTE for this activity are supported by program dollars.

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 2021, Public Law 116-68.

Current FY Authorization of Funds.....$35,000,000

Authorization Expiration Date..... FY 2024

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

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

Program Description and Accomplishments:

The Medicare Improvements for Patients and Providers Act (MIPPA) programs provide additional funding to key segments of ACL's network of community-based service providers – including Area Agencies on Aging (AAA), Aging and Disability Resource Centers (ADRCs), and State Health Insurance Assistance Programs (SHIPs). This funding is provided so that these providers can undertake more in-depth activities, above and beyond the basic information and referral that they normally provide, specifically for the benefit of hard to reach low-income and rural Medicare beneficiaries who qualify for either Medicare Savings Plans (MSP) or a Low Income Subsidy (LIS). 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. MIPPA funds also support the National Center for Benefits Outreach and Enrollment.

MIPPA 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 2019, MIPPA State Grantees conducted over 41,000 group outreach events, serving 1.2 million people, and conducted almost 943,000 one-on-one contacts with Medicare beneficiaries, their families, or caregivers.

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. To date in FY 2021 (9/1/2020-4/30/2021) the NCBOE Benefit Enrollment Centers assisted 64,363 individuals and submitted 104,564 applications for LIS, MSP and other low income benefits worth an estimated $190 million.

Funding History:

MIPPA is funded through mandatory appropriations and is currently funded through FY 2023. Funding for MIPPA over the past five years is as follows:

		FTE
FY 2018……	$37,500,000	4.0
FY 2019……	$37,500,000	3.4
FY 2020……	$37,500,000	3.3
FY 2021 Enacted……	$50,000,000	3.0
FY 2022 Budget..……	$50,000,000	4.0

1/ Reflects request for mandatory funding in FY 2020 and FY 2021.
2/The program most recently was funded in FY 2021, through FY 2023, in the Coronavirus Response and Relief Supplemental Appropriations Act, P.L. 116-260, at $50 million per year.

Budget Request:

MIPPA is currently funded at $50 million annually for fiscal years FY 2021 through FY 2023 out of mandatory appropriations. Appropriations were most recently provided by the Coronavirus Response and Relief Supplemental Appropriations Act, 2021, P.L. 116-260.

Grant Awards Tables:

MIPPA – Aging Disability and Resource Centers

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	53	53	53
Average Award	$88,172	$89,522	$89,522
Range of Awards	$1,456 - $388,635	$694- $37,6342	$221,986 - $609,927

MIPPA – Area Agencies on Aging[147]

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	54	54	54
Average Award	$126,713	$259,121	$259,121
Range of Awards	$2,644-$557,337	$8,670-$1,141492	$8,670-$1,141492

MIPPA – National Center for Benefits Outreach and Enrollment

	FY 2020 Final	FY 2021 Requested	FY 2022 President's Budget
Number of Awards	1	1	1
Average Award	$11,281,282	$11,500,000	$13,500,000
Range of Awards	$11,281,282	$11,500,000	$13,500,000

MIPPA – State Health Insurance Assistance Programs

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Number of Awards	54	54	54
Average Award	$229,853	$266,930	$266,930
Range of Awards	$4,796-$1,010,968	$8,931-$1,175,892	$8,931-$1,175,892

[147] 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.

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

FY 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	86,327	82,308	82,308	-
Alaska	8,466	8,072	8,072	-
Arizona	112,704	107,457	107,457	-
Arkansas	53,587	51,093	51,093	-
California	178,939	376,342	376,342	-
Colorado	79,832	76,116	76,116	-
Connecticut	55,932	53,328	53,328	-
Delaware	17,174	16,374	16,374	-
District of Columbia	7,815	7,451	7,451	-
Florida	388,635	370,543	370,543	-
Georgia	148,767	141,841	141,841	-
Hawaii	22,195	21,161	21,161	-
Idaho	28,442	27,118	27,118	-
Illinois	184,085	175,515	175,515	-
Indiana	104,375	99,516	99,516	-
Iowa	51,506	49,109	49,109	-
Kansas	44,379	42,313	42,313	-
Kentucky	77,058	73,471	73,471	-
Louisiana	72,179	68,819	68,819	-
Maine	28,228	26,914	26,914	-
Maryland	86,673	82,638	82,638	-
Massachusetts	109,648	104,543	104,543	-
Michigan	170,611	162,668	162,668	-
Minnesota	86,260	82,245	82,245	-
Mississippi	50,430	48,082	48,082	-
Missouri	103,824	98,991	98,991	-
Montana	19,418	18,514	18,514	-
Nebraska	28,736	27,399	27,399	-
Nevada	45,103	43,003	43,003	-
New Hampshire	25,226	24,052	24,052	-
New Jersey	134,971	128,688	128,688	-
New Mexico	35,388	33,740	33,740	-
New York	299,554	285,608	285,608	-
North Carolina	167,479	159,682	159,682	-
North Dakota	10,923	10,415	10,415	-

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	190,916	182,029	182,029	-
Oklahoma	62,789	59,866	59,866	-
Oregon	73,258	69,847	69,847	-
Pennsylvania	222,810	212,438	212,438	-
Rhode Island	18,157	17,312	17,312	-
South Carolina	89,529	85,362	85,362	-
South Dakota	15,171	14,465	14,465	-
Tennessee	113,540	108,255	108,255	-
Texas	351,375	335,018	335,018	-
Utah	33,343	31,791	31,791	-
Vermont	12,433	11,854	11,854	-
Virginia	129,354	123,332	123,332	-
Washington	114,744	109,402	109,402	-
West Virginia	36,204	34,518	34,518	-
Wisconsin	97,029	92,512	92,512	-
Wyoming	9,279	8,847	8,847	-
Subtotal	**4,694,800**	**4,681,977**	**4,681,977**	**-**
Indian Tribes				
Migrant Program				
American Samoa				
Guam	1,456	694	694	-
Marshall Islands				
Micronesia				
Northern Mariana Islands				
Palau				
Puerto Rico	65,046	62,018	62,018	-
Virgin Islands	-	-	-	-
Subtotal	**66,502**	**62,712**	**62,712**	**-**
Total States/Territories	**4,761,302**	**4,744,689**	**4,744,689**	**-**
Contingency Fund 1/	238,698	255,311	255,311	
Subtotal Adjustments	**238,698**	**255,311**	**255,311**	**-**
TOTAL RESOURCES	**5,000,000**	**5,000,000**	**5,000,000**	**-**

1/ Contingency Fund- 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 2022 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: MIPPA - AAA (CFDA 93.071)

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	147,104	306,652	306,652	-
Alaska	17,762	33,454	33,454	-
Arizona	120,242	219,312	219,312	-
Arkansas	135,794	277,122	277,122	-
California	557,337	1,141,492	1,141,492	-
Colorado	73,043	162,807	162,807	-
Connecticut	53,001	110,154	110,154	-
Delaware	23,854	27,372	27,372	-
District of Columbia	8,472	17,325	17,325	-
Florida	412,029	779,417	779,417	-
Georgia	228,432	436,191	436,191	-
Hawaii	38,639	77,442	77,442	-
Idaho	52,815	96,736	96,736	-
Illinois	230,842	473,488	473,488	-
Indiana	160,028	336,917	336,917	-
Iowa	98,940	208,657	208,657	-
Kansas	69,658	145,792	145,792	-
Kentucky	175,136	362,489	362,489	-
Louisiana	122,848	242,076	242,076	-
Maine	58,493	111,022	111,022	-
Maryland	77,997	144,310	144,310	-
Massachusetts	113,811	216,227	216,227	-
Michigan	208,224	471,685	471,685	-
Minnesota	122,508	259,704	259,704	-
Mississippi	125,030	269,395	269,395	-
Missouri	167,317	346,079	346,079	-
Montana	39,846	99,177	99,177	-
Nebraska	49,311	104,234	104,234	-
Nevada	47,296	105,444	105,444	-
New Hampshire	37,152	87,879	87,879	-
New Jersey	111,346	227,696	227,696	-
New Mexico	59,504	128,049	128,049	-
New York	398,979	840,915	840,915	-
North Carolina	289,174	581,825	581,825	-
North Dakota	19,378	45,613	45,613	-

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	246,709	569,558	569,558	-
Oklahoma	105,803	232,370	232,370	-
Oregon	91,560	175,782	175,782	-
Pennsylvania	282,801	574,375	574,375	-
Rhode Island	17,003	34,771	34,771	-
South Carolina	147,280	274,325	274,325	-
South Dakota	27,724	60,318	60,318	-
Tennessee	202,397	406,396	406,396	-
Texas	451,059	959,247	959,247	-
Utah	42,207	72,554	72,554	-
Vermont	27,787	65,839	65,839	-
Virginia	170,872	330,723	330,723	-
Washington	114,418	225,358	225,358	-
West Virginia	82,395	156,092	156,092	-
Wisconsin	134,311	291,306	291,306	-
Wyoming	18,694	47,679	47,679	-
Subtotal	**6,814,362**	**13,970,842**	**13,970,842**	**-**
Guam	2,644	-	-	-
Puerto Rico	22,022	13,017	13,017	-
Virgin Islands	3,493	8,670	8,670	-
Subtotal	**28,159**	**21,687**	**21,687**	**-**
Total States/Territories	**6,842,521**	**13,992,529**	**13,992,529**	**-**
Contingency Fund 1/	657,479	1,007,471	1,007,471	-
Subtotal Adjustments	**657,479**	**1,007,471**	**1,007,471**	**-**
TOTAL RESOURCES	**7,500,000**	**15,000,000**	**15,000,000**	**-**

1/ Contingency Fund- 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 2022 DISCRETIONARY STATE FORMULA GRANTS

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Alabama	266,840	315,895	315,895	-
Alaska	32,219	34,462	34,462	-
Arizona	218,114	225,922	225,922	-
Arkansas	246,325	285,473	285,473	-
California	1,010,986	1,175,892	1,175,892	-
Colorado	132,498	167,713	167,713	-
Connecticut	96,142	113,474	113,474	-
Delaware	43,270	28,197	28,197	-
District of Columbia	15,368	17,847	17,847	-
Florida	747,404	802,906	802,906	-
Georgia	414,367	449,336	449,336	-
Hawaii	70,090	79,776	79,776	-
Idaho	95,805	99,652	99,652	-
Illinois	418,738	487,756	487,756	-
Indiana	290,283	347,071	347,071	-
Iowa	179,472	214,945	214,945	-
Kansas	126,357	150,186	150,186	-
Kentucky	317,691	373,413	373,413	-
Louisiana	222,842	249,371	249,371	-
Maine	106,105	114,368	114,368	-
Maryland	141,483	148,659	148,659	-
Massachusetts	206,448	222,743	222,743	-
Michigan	377,710	485,900	485,900	-
Minnesota	222,225	267,529	267,529	-
Mississippi	226,797	277,513	277,513	-
Missouri	303,507	356,509	356,509	-
Montana	72,280	102,166	102,166	-
Nebraska	89,449	107,375	107,375	-
Nevada	85,792	108,622	108,622	-
New Hampshire	67,393	90,527	90,527	-
New Jersey	201,978	234,558	234,558	-
New Mexico	107,937	131,907	131,907	-
New York	723,731	866,257	866,257	-
North Carolina	524,549	599,358	599,358	-
North Dakota	35,151	46,988	46,988	-

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

STATE/TERRITORY	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Ohio	447,520	586,723	586,723	-
Oklahoma	191,921	239,373	239,373	-
Oregon	166,086	181,080	181,080	-
Pennsylvania	512,991	591,685	591,685	-
Rhode Island	30,844	35,819	35,819	-
South Carolina	267,161	282,592	282,592	-
South Dakota	50,291	62,135	62,135	-
Tennessee	367,140	418,643	418,643	-
Texas	818,203	988,155	988,155	-
Utah	76,561	74,740	74,740	-
Vermont	50,403	67,822	67,822	-
Virginia	309,954	340,690	340,690	-
Washington	207,551	232,150	232,150	-
West Virginia	149,461	160,796	160,796	-
Wisconsin	243,634	300,085	300,085	-
Wyoming	33,911	49,116	49,116	-
Subtotal	**12,360,978**	**14,391,870**	**14,391,870**	**-**
Guam	4,796	-	-	-
Puerto Rico	39,947	13,409	13,409	-
Virgin Islands	6,336	8,931	8,931	-
Subtotal	**51,079**	**22,340**	**22,340**	**-**
Total States/Territories	**12,412,057**	**14,414,210**	**14,414,210**	**-**
Contingency Fund 1/	587,943	585,790	585,790	-
Subtotal Adjustments	**587,943**	**585,790**	**585,790**	**-**
TOTAL RESOURCES	**13,000,000**	**15,000,000**	**15,000,000**	**-**

1/ Contingency Fund- 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.

Program Administration

Services	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Program Administration –Budget Authority	$41.063	$41.063	$47.063	+$6.000
FTE	154	171	192	+21

*BA is in millions of dollars; FTE is a whole number. FTE numbers shown above for Program Administration include 5 FTE paid for with evaluation set-aside funding. 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: Supporting Older Americans Act of 2020, Public Law 116-131, 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, among others, 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 2020, evaluation funding supported 5 FTE and Program Administration funding another 149 FTE for a total of 154 of the 170 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 2018……	$40,063,000	170.1
FY 2019……	$41,063,000	163.0
FY 2020……	$41,063,000	154.0
FY 2021 Enacted……	$41,063,000	170.8
FY 2022 President's Budget..	$47,063,000	191.8

ACL

Budget Request:

The FY 2022 request for Program Administration is $47,063,000 and 192 FTE, an increase of +$6,000,000 and +21 FTE above the FY 2021 Enacted levels. The additional funding is needed to provide continued support for existing FTE, including projected to be hired in the last quarter of FY 2021, as well as to support seventeen (17) new FTE, related overhead and IT support contracts. Six of these additional FTE will support the President's National COVID-19 Strategy will also enable ACL to carryout key activities that align with executive order directives.. Three staff are requested to allow ACL to fully serve the role of advisor on aging and disability policy across HHS and the Administration. Three staff are needed to build ACL's technical assistance capacity–and especially its disability capacity—with its regional offices. The remaining five FTE and funding will provide additional contract support for vital IT services.

For the last five years, funding for ACL Program Administration has been essentially flat, only growing from $40.063 million to $41.063 million during this period. At the same time, program requirements (particularly in information technology) and complexity have significantly increased.

Lack of funding led to significant staffing reductions and an inability to adequately invest in key areas—especially the IT realm, which has increased the Agency's exposure to risk. Further, as a result of the pandemic and the significant additional funding that ACL's programs received through various supplemental appropriations including the American Rescue Plan Act, ACL also needs to invest additional resources in program and fiscal monitoring and oversight. To this end, ACL also seeks to explore options for charging a limited number of additional program monitoring and fiscal operations staff to some of its program funding where doing so would allow it to better carry out full stewardship of the Acts that it is responsible for implementing.

ACL is well aware of the difference that being fully staffed makes, having dealt with a range of issues in prior years related to under-staffing that resulted in delays, missed deadlines, and reduced ability to provide technical assistance and oversight, all of which had an impact on the ability of ACL grantees to do their work. Therefore, in FY 2022, ACL is requesting an increase of approximately +$1.4 million to cover the annualized costs of current baseline operations and the staff that are expected to be on-board at the beginning of fiscal year 2022.

This increase, however, is not sufficient to address priorities of the new administration—in particular those related to the President's National COVID-19 Strategy, executive orders and other Administration priorities—nor does it provide the level of investment in IT that ACL believes is critical to reducing its risk in this sphere. To address these gaps, ACL seeks an additional +$4.6 million and 17 FTE, detailed below, for a total FY 2022 Program Administration request of $47.063 million. The additional funds include:

- **Support for the Administration's National COVID-19 Strategy and Executive Orders and other Administration Priorities. (+6 FTE).** This portion of the request will support COVID-19 priorities in the President's National COVID-19 Strategy and will also enable ACL to carryout key activities that align with executive order directives. It will support a total of 6 additional FTE and associated overhead costs to support ongoing COVID-19 priorities and several other Administration priorities. The request supports work on the President's Caregiving Infrastructure Plan, Interagency work on the President's priorities for expanding Community Living and Home and Community Based Services for individuals with disabilities and older adults, and the President's Executive Order On Advancing Racial Equity and Support for Underserved Communities, in addition to the ongoing work to support the President's Executive Orders on Ensuring Equitable Pandemic Response and Recovery and Improving and Expanding Access to Care and Treatment of COVID-19.

  The additional staff will provide leadership and subject matter expertise focused on accomplishing the following: ensuring the COVID-19 response addresses the unique needs and heightened risks faced by people with disabilities and older adults; exploring and implementing strategies to expand access and address systemic barriers for individuals with disabilities, older adults and their families, particularly those who are marginalized due to race or ethnicity, who are experiencing disproportionate economic or health effects. The additional staff will assist with increasing access to home and community based services,

with particular attention to people with disabilities and older adults and the direct care workforce crisis; and the implementation of community-based, multi-sector efforts to align health and social interventions.

- **Support for ACL to Fully Serve as the Advisor on Aging and Disability Across HHS and the Administration, (+3 FTE)**. ACL serves in the unique role of advising the Secretary of HHS and other federal agencies on issues and policies impacting people with disabilities and older adults. Until now ACL has not fully achieved this function. Since the Administration began, ACL has taken on additional leadership roles, for which additional FTEs are needed:

    - At the request of the Secretary's office, ACL has begun leading an HHS disability policy workgroup and has taken a leadership role with the Domestic Policy Council on four workgroups – long term services and supports, children with disabilities, and COVID-19 – and anticipates extensive work on additional workgroups.

    - In support of these efforts, ACL is strengthening and broadening partnerships with CMS, HHS OCR, DOJ, HUD, DOL, ED and other federal agencies to address a range of disability and aging issues, with a particular focus on addressing the Nation's institutional bias in public long-term care.

    - These efforts are in addition to ACL's work on the President's Caregiving Infrastructure Plan, the President's Executive Order on Advancing Racial Equity and Support for Underserved Communities, and the President's National COVID-19 Strategy and associated Executive Orders.

  An additional three (3) FTE will enable ACL to sufficiently staff this work and make significant progress on the Administration's agenda with regards to disability, aging, caregiving, and equity and inclusion.

- **Support for Programmatic Technical Assistance and Oversight, (+3 FTE).** The pandemic has highlighted the importance of providing technical assistance and oversight to programs especially through ACL's regional offices. Significant gaps have been revealed in ACL's capacity to provide a sufficient level of technical assistance and oversight to grantees, gaps that have been exacerbated by the pandemic. The impact of COVID-19 on programs is expected to last well beyond the immediate crisis, so ACL is requesting funding for three additional FTE to allow it to build its technical assistance capacity—and especially its disability capacity—with its regional offices.

- **Supporting IT Services (+5 FTE).** This request would provide funding to expand IT services within ACL providing for 5 additional FTE and $400,000 for a new IT oversight contract, and $100,000 for additional funds for the existing IT support contract. The new

FTE and new and expanded contracts will provide support for program expansions (both existing and new) including additional cybersecurity specialists, product managers to support acquisition, development and operations efforts, and an enterprise architect. The architect is needed to help ensure that the business processes for which ACL develops and supports systems collecting data allow for effective decision making on the efficacy of ACL's programs.

ACL has historically underinvested in technology – both in terms of people, money, and engagement with our programs and our customers. This has prevented ACL from developing and operating systems that maximize interoperability with other HHS programs across Operating and Staff Divisions, and with our grantees, health care providers, and other community-based organizations providing services supporting the social determinants of health.

The additional resources will address longstanding concerns from ACL leadership, staff, and stakeholders regarding the risk and constraints that result from having a very limited team of Federal and contractor staff with which to address a multi-year backlog of requests for technology services.

The addition of IT product managers will allow existing program office staff to return to their roles as subject matter experts, and will provide the ACL CIO better insight into the development and operation of ACL projects and systems, as required by the Federal Information Technology Acquisition Reform Act of 2014 and the Clinger Cohen Act of 1996.

ACL has worked diligently in FY 2021 to fill a variety of vacant positions, and going into FY 2022 expects to have its full complement of 195 staff on board; requested funding will allow it to maintain and build from that staffing level in FY 2022 to address the current administration's critical priorities.

Section Break

Nonrecurring Expenses Fund

Administration for Community Living

Budget Summary

	FY 2020[2]	FY 2021[3/4]	FY 2022[5]
Notification #8[148]	$0	$9.826	TBD

*Dollars in millions.

Authorizing Legislation:

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

Allocation…….……..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.

ACL continues to work to augment, replace, or modernize its portfolio of IT systems. In FY 2020 and FY 2021, 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 received $9.8 million in FY 2021 to continue system enhancements across the agency. ACL plans for the NEF funds included the following new and continuing projects:

ACL Data

FY 2021: $2,000,000

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. In FY 2020, 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." The project will continue with the award of a development and implementation contract in FY 2021 to replace the ACL Aging, Independence, and Disability Data Portal with a new portal offering streamlined user experience and a greatly increased ability to incorporate new program data sets.

ACL Reporting Enhancements

FY 2021: $500,000

Development and use of ACL Reporting was suspended in FY 2020 due to issues with performance of the system and a desire by the Administration on Disability to pursue a different approach to program performance reporting. Additional development to integrate the new performance reporting tools is anticipated in FY 2021 and FY 2022. In FY 2021 ACL will use NEF funds to develop tools to integrate data from three disparate systems into the ACL Data Lake for analysis, program oversight, and performance measurement.

ACL.gov Enhancements

FY 2021: $1,000,000

In FY 2020 ACL and its contractor completed enhancements to ACL.gov that improved the security and functionality of the content management system supporting ACL.gov; expanded and enhanced 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.

In FY 2021, ACL.gov will undergo a platform upgrade, and will continue to expand program content and enhance the functionality of the website.

ACL Security Mitigation and Enhancements

FY 2021: $4,326,000

In FY 2021 ACL received $1.8 million as a part of its total request to ensure that all of its systems have the appropriate security controls in place; have up-to-date secure code, design, and monitoring tools in place; have documentation required to meet Federal Information System Modernization Act guidelines and HHS policy; and that our accounts and systems are constantly monitored for unusual activity. To reach this goal, ACL has developed an approach which will allow the most important enterprise tools and platforms to be prioritized for attention, working our way through the entire portfolio of systems and applications. As the team works through assessing, mitigating, and documenting the portfolio, ACL will put in place policy and processes to ensure that any new services and systems are documented as they are developed, and that all systems maintain an ongoing assessment until they are decommissioned.

ACL Using Available Data to Visually Represent the Aging and Disability Network
FY 2021: $2,000,000

ACL received $500,000 to create data sets and tools that allow visual representation of the aging and disability network and the services provided by our partners on a public facing map of the United States based on currently available data from ACL grantees and other community based organization that are part of community support agencies. Over time, additional data will be collected and available to visually represent other information about the Aging and Disability Networks, and to allow access to the data and visual representation to serve older adults and those with disabilities. This will allow both individuals and health care organizations looking for the services and capabilities offered by ACL's networks to find providers offering the services, or to find opportunities to partner with service providers supporting the social determinants of health.

Resources required including Federal staff to oversee and manage the work, and budget for contractors to establish a data taxonomy (including metadata) and business rules for the use of the data; plan for, implement, and operate the systems needed to collect and store the data to visually represent the aging and disability network; and to ensure the data collected is current and valid.

ACL anticipates work on this project will begin in FY 2021 and will continue through FY 2022.

ACL Knowledge Management

Following reorganization in FY 2019, ACL suspended development of initiatives under the Knowledge Management project pending decisions on how requests for technical assistance from Older Americans Act grantees would be received, assigned, processed, and closed. ACL anticipates resuming initiatives that are part of the Knowledge Management project in FY 2021 with continuing development in FY 2021 and 2022.

HHS Accessibility and Usability Shared Service Pilot

In FY 2019, ACL received $350,000 in NEF funding to explore 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, though ACL anticipates resuming activities on the business case and pilot in FY 2021.

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

[2] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on July 20, 2020.

[3] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 22, 2020.

[4]4The projects described below are the current list of approved projects through FY 2021. Additional projects may be funded from the FY 2021 notification letter upon approval from OMB.

[5]HHS has not yet notified for FY 2022.

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Supplementary Tables

Administration for Community Living

COVID-19 Impacts on Program Performance Reporting

Administration for Community Living

The Key Outputs and Outcomes reported in the FY 2022 Congressional Budget justification are based on the most recent actual data. Those data are from 2019 and were unaffected by COVID-19 and the COVID-19 supplemental funding. The projections and estimates for FY 2021 and FY2022 include the budget amounts from the columns entitled “FY 2021 Enacted” and “FY 2022 President's Budget”. They do not include the FY 2020 or FY 2021 supplemental funding. ACL did not develop new measures based on the COVID-19 supplemental funding.

Object Classification Table - Direct

Administration for Community Living

(Dollars in Thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Personnel compensation:				
Full-time permanent (11.1)	19,942	21,680	25,151	3,472
Other than full-time permanent (11.3)	768	916	1,063	147
Other personnel compensation (11.5)	393	305	354	49
Military personnel (11.7)				
Special personnel services payments (11.8)				
Subtotal personnel compensation	**21,103**	**22,901**	**26,568**	**3,667**
Civilian benefits (12.1)	6,998	7,634	8,856	1,222
Military benefits (12.2)				
Benefits to former personnel (13.0)	34	-	-	-
Total Pay Costs	**28,135**	**30,535**	**35,425**	**4,890**
Travel and transportation of persons (21.0)	100	81	391	310
Transportation of things (22.0)	2	2	3	1
Rental payments to GSA (23.1)	3,245	3,295	3,327	32
Rental payments to Others (23.2)				
Communication, utilities, and misc. charges (23.3)	159	180	268	87
Printing and reproduction (24.0)	6	7	8	2
Other Contractual Services:				
Advisory and assistance services (25.1)	39,469	40,105	47,905	7,800
Other services (25.2)	1,347	1,369	1,843	475
Purchase of goods and services from government accounts (25.3)	10,403	10,571	12,994	2,423
Operation and maintenance of facilities (25.4)	1	1	1	1
Research and Development Contracts (25.5)				
Medical care (25.6)				
Operation and maintenance of equipment (25.7)		15	21	6
Subsistence and support of persons (25.8)				
Subtotal Other Contractual Services	**51,220**	**52,061**	**62,764**	**10,703**
Supplies and materials (26.0)	42	43	75	32
Equipment (31.0)	9	9	21	13
Land and Structures (32.0)				
Investments and Loans (33.0)				
Grants, subsidies, and contributions (41.0)	2,088,083	2,119,788	2,868,549	748,761
Interest and dividends (43.0)				
Refunds (44.0)				
Total Non-Pay Costs	**2,142,865**	**2,175,465**	**2,935,406**	**759,941**
Total Budget Authority by Object Class	**2,171,000**	**2,206,000**	**2,970,831**	**764,831**

Budget Authority by Object Classification Table – Reimbursable

Administration for Community Living

(Dollars in Thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Personnel compensation:				
Full-time permanent (11.1)	1,207	1,320	1,347	28
Other than full-time permanent (11.3)	17	18	18	0
Other personnel compensation (11.5)	24	27	27	1
Military personnel (11.7)				
Special personnel services payments (11.8)				
Subtotal personnel compensation	**1,248**	**1,364**	**1,393**	**29**
Civilian benefits (12.1)	421	460	470	10
Military benefits (12.2)				
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs	**1,669**	**1,825**	**1,863**	**38**
Travel and transportation of persons (21.0)	5	6	71	65
Transportation of things (22.0)				
Rental payments to GSA (23.1)	905	919	928	9
Rental payments to Others (23.2)				
Communication, utilities, and misc. charges (23.3)				
Printing and reproduction (24.0)				
Other Contractual Services:				
Advisory and assistance services (25.1)	3,475	3,799	3,828	29
Other services (25.2)	472	530	534	4
Purchase of goods and services from government accounts (25.3)	1,009	1,132	1,140	8
Operation and maintenance of facilities (25.4)				-
Research and Development Contracts (25.5)				
Medical care (25.6)				
Operation and maintenance of equipment (25.7)				-
Subsistence and support of persons (25.8)				
Subtotal Other Contractual Services	**4,956**	**5,460**	**5,501**	**41**
Supplies and materials (26.0)				-
Equipment (31.0)				-
Land and Structures (32.0)				
Investments and Loans (33.0)				
Grants, subsidies, and contributions (41.0)	127,779	143,605	144,578	973
Interest and dividends (43.0)				
Refunds (44.0)				
Total Non-Pay Costs	**133,646**	**149,990**	**151,079**	**1,089**
Total Budget Authority by Object Class	**135,315**	**151,815**	**152,942**	**1,127**

Salaries and Expenses – Direct

Administration for Community Living

(Dollars in Thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Personnel compensation:				
Full-time permanent (11.1)	19,942	21,680	25,151	3,472
Other than full-time permanent (11.3)	768	916	1,063	147
Other personnel compensation (11.5)	393	305	354	49
Military personnel (11.7)				
Special personnel services payments (11.8)				
Subtotal personnel compensation	**21,103**	**22,901**	**26,568**	**3,667**
Civilian benefits (12.1)	6,998	7,634	8,856	1,222
Military benefits (12.2)				
Benefits to former personnel (13.0)	34	-	-	-
Total Pay Costs	**28,135**	**30,535**	**35,425**	**4,890**
Travel and transportation of persons (21.0)	100	81	391	310
Transportation of things (22.0)	2	2	3	1
Rental payments to GSA (23.1)	3,245	3,295	3,327	32
Rental payments to Others (23.2)				
Communication, utilities, and misc. charges (23.3)	159	180	268	87
Printing and reproduction (24.0)	6	7	8	2
Other Contractual Services:				
Advisory and assistance services (25.1)	39,469	40,105	47,905	7,800
Other services (25.2)	1,347	1,369	1,843	475
Purchase of goods and services from government accounts (25.3)	10,403	10,571	12,994	2,423
Operation and maintenance of facilities (25.4)	1	1	1	1
Research and Development Contracts (25.5)				
Medical care (25.6)				
Operation and maintenance of equipment (25.7)		15	21	6
Subsistence and support of persons (25.8)				
Subtotal Other Contractual Services	**51,220**	**52,061**	**62,764**	**10,703**
Supplies and materials (26.0)	42	43	75	32
Total Non-Pay Costs	**54,773**	**55,669**	**66,836**	**11,167**
Total Salary and Expense	**82,908**	**86,203**	**102,260**	**16,057**
Direct FTE	**159**	**176**	**200**	**24**

Detail of Full Time Equivalents (FTE)
Administration for Community Living

Appropriation Account Title
Detail of Full Time Equivalents (FTE)

	2020 Est. Civilian	2020 Est. Military	2020 Est. Total	2021 Est. Civilian	2021 Est. Military	2021 Est. Total	2022 Est. Civilian	2022 Est. Military	2022 Est. Total
Immediate Office of the Administrator									
Direct:	15		15	15		15			0
Reimbursable:	0		0	0		0			0
Total:	15.0	0	15	15.0	0	15	0.0	0	0.0
Administration on Aging									
Direct:	32		32	35		35			0
Reimbursable:	4.5		4.5	4.5		4.5			0
Total:	36.5	0	36.5	39.5	0	39.5	0.0	0	0.0
Administration on Disabilities									
Direct:	26		26	26		26			0
Reimbursable:	1.6		1.6	1.6		1.6			0
Total:	27.6	0	27.6	27.6	0	27.6	0.0	0	0.0
Center for Policy and Evaluation									
Direct:	13		13	13		13			0
Reimbursable:	4.2		4.2	4.2		4.2			0
Total:	17.2	0	17.2	17.2	0	17.2	0.0	0	0.0
Center for Management and Budget									
Direct:	39		39	42		42			0
Reimbursable:	0		0	0		0			0
Total:	39.0	0	39.0	42.0	0	42.0	0.0	0	0.0
Center for Innovation and Partnerships									
Direct:	8		8	8		8			0
Reimbursable:	12.0		12	12.0		12			0
Total:	20.0	0	20	20.0	0	20	0.0	0	0.0
Center for Regional Operations									
Direct:	10.0		10.0	10.0		10			0
Reimbursable:	0		0	0		0			0
Total:	10.0	0	10.0	10.0	0	10	0.0	0	0.0
National Institute on Disability, Independent Living, and Rehabilitation Research									
Direct:	24		24	24		24			0
Reimbursable:	0		0	0		0			0
Total:	24.0	0	24	24.0	0	24	0.0	0	0.0
ACL FTE Total	**189.3**	**0.00**	**189.3**	**195.3**	**0.00**	**195.3**	**0**	**0**	**0**

Detail of Positions
Administration for Community Living

	2020 Est. Civilian	2020 Est. Military	2020 Est. Total	2021 Est. Civilian	2021 Est. Military	2021 Est. Total	2022 Est. Civilian	2022 Est. Military	2022 Est. Total
Immediate Office of the Administrator									
Direct:	16		16	17		17	21		21
Reimbursable:	0		0	0		0	0		0
Total:.....	16	0	16	17	0	17	21	0	21
Administration on Aging									
Direct:	22		22	27		27	31		31
Reimbursable:	2		2	4		4	3		3
Total:.....	25	0	25	31	0	31	34	0	34
Administration on Disabilities									
Direct:	21		21	21		21	24		24
Reimbursable:	2		2	2		2	2		2
Total:.....	23	0	23	24	0	24	26	0	26
Center for Policy and Evaluation									
Direct:	6		6	7		7	10		10
Reimbursable:	5		5	5		5	5		5
Total:.....	11	0	11	13	0	13	15	0	15
Center for Management and Budget									
Direct:	35		35	42		42	50		50
Reimbursable:	0		0	0		0	0		0
Total:.....	35	0	35	42	0	42	50	0	50
Center for Innovation and Partnerships									
Direct:	10		10	11		11	13		13
Reimbursable:	12		12	12		12	12		12
Total:.....	21	0	21	23	0	23	25	0	25
Center for Regional Operations									
Direct:	11		11	11		11	11		11
Reimbursable:	0		0	0		0	0		0
Total:.....	11	0	11	11	0	11	11	0	11
National Institute on Disability, Independent Living, and Rehabilitation Research									
Direct:	27		27	27		27	30		30
Reimbursable:	0		0	0		0	0		0
Total:.....	27	0	27	27	0	27	30	0	30
ACL FTE Total.....	**170**	**0**	**170**	**188**	**0**	**188**	**212**	**0**	**212**

Average GS Grade
FY 2018 13.1
FY 2019 13.3
FY 2020 13.2
FY 2021 13.1
FY 2022 13.1

Programs Proposed for Elimination

Administration for Community Living

ACL has no programs proposed for elimination.

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

Administration for Community Living

Program	Section	FY 2012 Total	FY 2012 FTEs	FY 2012 CEs	FY 2013 Total	FY 2013 FTEs	FY 2013 CEs	FY 2014 Total	FY 2014 FTEs	FY 2014 CEs
Pre-existing programs funded by ACA (Mandatory)										
National Clearinghouse for Long-Term Care Information	Title VIII	$ 3,000	1	0	$ 86	0	0	$ -	0	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$ -	0	0	$ 25,000	0	0	$ -	0	0
New programs authorized and funded by ACA (Mandatory)										
Aging and Disability Resource Centers	Section 2405	$ 10,000	4	0	$ 9,490	4	0	$ 9,280	3	0
New programs funded from the PPHF under ACA (Discretionary)										
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$ 6,000	0	0	$ 2,000	0	0	$ -	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$ 10,000	0	0	$ 7,086	1	0	$ 8,000	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ -	0	0	$ -	0	0	$ 10,500	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ 4,000	0	0	$ 150	0	0	$ 4,200	0	0
Falls Prevention--(PPHF)	Section 4002	$ -	0	0	$ -	0	0	$ 5,000	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 2015 Total	FY 2015 FTEs	FY 2015 CEs	FY 2016 Total	FY 2016 FTEs	FY 2016 CEs	FY 2017 Total	FY 2017 FTEs	FY 2017 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	$ 10,500	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ 4,200	0	0	$ 4,200	0	0	$ 4,200	0	0
Alzheimer's Disease Program--(PPHF Allocation)	Section 4002	$ -	0	0	$ -	0	0	$ -	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	$ 4,000	2	0	$ 8,000	1	0	$ 10,000	2.5	0

Program	Section	FY 2018 Total	FY 2018 FTEs	FY 2018 CEs	FY 2019 Total	FY 2019 FTEs	FY 2019 CEs	FY 2020 Total	FY 2020 FTEs	FY 2020 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	$ -	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	$ 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	$ 12,000	2.1	0	$ 12,000	2.35	0	$ 12,000	1.7	0

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

Administration for Community Living

Program	Section	FY 2021 Total	FY 2021 FTEs	FY 2021 CEs	FY 2022 Total	FY 2022 FTEs	FY 2022 CEs
Pre-existing programs funded by ACA (Mandatory)							
National Clearinghouse for Long-Term Care Information	Title VIII	$ -	0	0	$ -	0	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$ -	0	0	$ -	0	0
New programs authorized and funded by ACA (Mandatory)							
Aging and Disability Resource Centers	Section 2405	$ -	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
Chronic Disease Self-Management Education (PPHF)	Section 4002	$ -	0	0	$ -	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ -	0	0	$ -	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ -	0	0	$ -	0	0
Alzheimer's Disease Program--(PPHF Allocation)	Section 4002	$ -	0	0	$ -	0	0
Falls Prevention--(PPHF)	Section 4002	$ -	0	0	$ -	0	0
Programs authorized by ACA but funded by other sources (Discretionary)	,						
Elder Justice Initiative/Adult Protective Services	6701-6703	$ 14,000	2.6	0	$ 15,000	2.6	0
Elder Justice Initiative/Adult Protective Services (American Rescue Plan Act)	6701-6703	$ 88,000	0	0	$ 188,000	1.0	0

Physicians' Comparability Allowance

Administration for Community Living

ACL does not have anything to submit for this section.

Performance Measures Proposed Changes

Administration for Community Living

ACL does not have anything to submit for this section.

Good Accounting Obligation in Government Act (GAO-IG-ACT) Report

Administration for Community Living

This request has been moved externally. ACL reports have been sent separate from this submission.

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Legislative Proposals

FISCAL YEAR 2022 HHS 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 2021, if full authority was utilized:

- ½% -- $7,783,816
- 1% -- $15,567,633

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 2022 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 2021, there are 352 CIL grants, requiring 53 annual onsite compliance reviews. Historically, the program has not met the requirement. As demonstrated by pilot desktop reviews conducted in FY2019 and 6 reviews conducted in FY2020 whole or in part remotley due to the need to maintain social distancing during the pandemic, 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.

Budget Impact: None

Personnel Requirements: No change

Effective Date: Upon enactment

Significant Items

Administration for Community Living

1-National Technical Assistance Center on Grand families. The Committee encourages ACL to work with the Advisory Council to Support Grandparents Raising Grandchildren and with ACF, to **coordinate the establishment of a Technical Assistance Center** on Grandfamilies to provide information, resources and individualized technical assistance and support to help State, tribal, and local agencies and non-profit organizations use model practices and programs for serving children, parents and caregivers in grandfamilies, including those impacted by parental substance use.

Action to be Taken: ACL continues its work to implement the Supporting Grandparents Raising Grandchildren Act and leads the work of the Advisory Council to Support Grandparents Raising Grandchildren. ACL and the council (of which ACF is an active participant), are identifying and compiling a range of resources and information that will be included in the Council's initial Report to Congress. We expect to submit a report in FY 2021, and then update it on a regular basis. ACL will use $10 million in resources (available from FY 2021 through FY 2024) provided in the American Rescue Plan Act, P.L. 117-2, to coordinate the establishment of a Technical Assistance Center on Grandfamilies to help State, tribal, and local agencies and non-profit organizations to use model practices and programs to serve children, parents and caregivers in grandfamilies.

2 -Alzheimer's Disease Program. The Committee continues to **support** efforts to increase respite care services for family members and caregivers supporting individuals living with Alzheimer's Disease and Related Dementias.

Action to be Taken: ACL will continue to make competitive grants available to states and communities through the Alzheimer's Disease Program Initiative (ADPI), the primary focus of which is building dementia capable systems of services and supports for persons living with Alzheimer's disease and related dementias (ADRD) and their family caregivers. The ADPI focuses on the provision of direct services to persons living with ADRD and their caregivers--50% of total programs funds must be dedicated to direct services. Respite for caregivers plays a significant role in many ADPI grants. ACL program funds are used by grantees to pilot innovations in respite care in their communities. ADPI projects have brought and are bringing dementia-capable adult day services (ADS) to communities that did not previously have them, as well as voucher programs to support ADS attendance for those who would otherwise not be able to attend. Programs have also funded volunteer respite initiatives, including bringing companion care in to homes, offering weekend respite programs, hosting Memory Cafes and cultural outings at museums and other community-based venues.

During the COVID-19 pandemic respite has become more challenging and much more important for caregivers. In response to the pandemic, ACL ADPI grantees have pivoted to on-line activities, and offer outdoor programs when possible. All of ACL's ADPI program activities are evaluated

to demonstrate their impact on the communities they serve. The evaluation data is expected to aid grantees in securing program support beyond the federal funding of their pilots.

In addition to funding under its Alzheimer's Disease Program Initiative, ACL also works to expand respite services through its Lifespan Respite Services program. These efforts include further integrating, sustaining, and advancing Lifespan Respite activities into broader long-term services and supports in the State and/or providing additional respite services to family caregivers across the age and disability spectrum. By investing in the Lifespan Respite 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.

3 - Elder Rights Support Activities. The Committee **encourages** ACL to lead efforts to develop a coordinated and consistent approach to Adult Protective Services (APS) through development of an APS National Data System. The Committee recognizes that the opioid crisis is affecting adult protective services, but believes this work should be done as part of increased screening efforts, which should be prioritized in order to reduce elder abuse, neglect and exploitation.

Action to be Taken: ACL launched and runs the National Adult Maltreatment Reporting System (NAMRS), which receives voluntarily submitted Adult Protective Services (APS) data from all 50 States, the District of Columbia, and territories. All data reports for FY 2016-2019 are posted on the Adult Maltreatment Reports page (https://namrs.acl.gov/Learning-Resources/Adult-Maltreatment-Reports.aspx). ACL is currently updating the NAMRS to capture information on APS cases that involve opioids. It is expected that the earliest this information will be reflected will be the FY 2021 NAMRS Report.

ACL further encourages a coordinated and consistent approach to adult protective services through the "National Voluntary Consensus Guidelines for State APS Systems" (or APS Guidelines). From 2018-2019, ACL facilitated updates of the APS Guidelines. The APS Guidelines incorporate information from research and input from the field about effective APS practices and policies. Overall, the APS Guidelines are designed to provide APS Administrators with recommendations from the field about quality practice, including in responses to abuse that originates in opioid misuse. For more information on the APS Guidelines and how states are using them, please visit the Voluntary Consensus Guidelines for State APS Systems webpage (https://acl.gov/programs/elder-justice/final-voluntary-consensus-guidelines-state-aps-systems). ACL is also supporting Elder Justice State Grants to two State APS programs that will contribute to better understanding and responding to the opioid crisis.

4- Guardianship Systems. The agreement **supports** continued investment, as established by Senate Report 115-289, in research by universities and other eligible entities that seek to develop technologies that allow for independent living, address the disabled aging populations, and target rural, frontier, and tribal communities.

Action to be Taken: ACL has long-supported Working Interdisciplinary Networks of Guardianships (WINGS) initiatives and will continue to use all appropriate means of facilitating information-sharing among existing and emerging State WINGS as an effective approach to collective action for guardianship reform. Because WINGS are predominantly chaired and hosted by the highest state courts, we anticipate continued national support for WINGS initiatives through these grants and other opportunities. Additionally, ACL has received a $2 million appropriation pursuant to the "Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2021" to award up to 16 demonstration grants under the authority of the Elder Justice Act Section 2042(c)(2)(E) to the highest courts of States. In accordance with the statutory authority, these grants will assess the fairness, effectiveness, timeliness, safety, integrity, and accessibility of adult guardianship and conservatorship proceedings, including the appointment, monitoring, and performance of court-appointed guardians and conservators. Grantees will implement changes deemed necessary as a result of the assessments. The assessments will focus on identifying discrepancies, and fraud that lead to the exploitation of protected persons. Changes may include mandating background checks for all potential guardians and conservators, implementing systems to enable the annual accountings and other required conservatorship and guardianship filings to be completed, filed, and reviewed electronically in order to simplify the filing process for conservators and guardians and better enable courts to identify discrepancies and detect fraud and the exploitation of protected persons.

5 – Traumatic Brain Injury. The Committee **encourages** ACL to expand efforts to better understand the impacts of TBI on young people.

Action to be Taken: The Traumatic Brain Injury ((TBI) State Partnership Program grantees work within their respective states to create and strengthen person-centered systems of services and supports that maximize the independence, health, and well-being of people with TBI. Grantees develop state plans that focus their efforts on building and expanding infrastructure that supports the state's priorities and makes use of the state's unique resources and partnerships. ACL requires that these state plans include goals for closing the gap of unmet or insufficiently met needs of children and youth with TBI in the state.

Specifically, many grantees leverage TBI grant funds to develop and strengthen infrastructures within their state Departments of Education in order to better serve students with TBI, particularly with respect to strengthening concussion management within school systems and ensuring sufficient protocols for students returning to activities after a concussion. Other areas of significant infrastructure development involve increasing Workforce Innovation and Opportunity Act (WIOA) services for transition-aged youth with TBI across Vocational Rehabilitation and other workforce systems and supporting young people involved within states' justice systems. The grantees' work in these areas continually leads to protocols, tools, and resources that ACL then shares with other states to encourage and facilitate expanded work on behalf of and in support of children and youth with TBI.

ACL anticipates that these activities addressing the impact of TBI on children and youth with TBI will continue as part of the TBI State Partnership Program.

6- Developmental Disabilities Protection and Advocacy. The Committee **supports** efforts that ensure programs properly account for the needs and desires of patients, their families, and caregivers and the importance of affording patients the proper setting for their care.

Action to be Taken: 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. 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 2018, 36,654 people with disabilities received rights training and 29,514 received advocacy training by P&As. In addition, 17,771 people with disabilities received information and referral services.

ACL understands that many people with developmental disabilities need specialized, individualized services and supports to live independently, and that for some individuals with developmental disabilities, families and caregivers are an integral part of their support system. ACL recognizes the important role family members and caregivers can play in ensuring that individual preferences are honored and needs are met. ACL will continue to support P&As in ensuring they account for the needs and desires of individuals with developmental disabilities, their families, and caregivers and in understanding the importance of affording individuals the proper setting of their choosing.

7- Developmental Disabilities Programs. The agreement **encourages** ACL to consult with the appropriate Developmental Disabilities Act stakeholders prior to announcing opportunities for new technical assistance projects and to notify the Committees prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding. Note: The agreement includes not less than $700,000 for technical assistance and training for the State Councils on Developmental Disabilities.

Action to be Taken: ACL gathers information from multiple sources, including the Developmental Disabilities Act grantees, training and technical assistance providers and other stakeholders with a vested interest in developmental disabilities, as part of our planning process for new activities, including technical assistance projects. ACL will communicate with the Committees as appropriate prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

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.

Action to be Taken: ACL continues 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- National Institute on Disability, Independent Living, and Rehabilitation Research. The agreement **supports** continued investment, as established by Senate Report 115-289, in research by universities and other eligible entities that seek to develop technologies that allow for independent living, address the disabled aging populations, and target rural, frontier, and tribal communities.

Action to be Taken: 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.

10- Youth Caregivers. The Committee recognizes the significant barriers and lack of support youth caregivers face, and urges ACL and its Family Caregiving Advisory Council to consider the needs of youth caregivers in the development and execution of its national family caregiving strategy.

Action to be Taken: Youth caregivers are an ongoing focus of ACL and the Family Caregiving Advisory Council (FCAC) currently:

- The FCAC's initial Report to Congress is well under development and includes a section on the specific needs and challenges of younger caregivers.

- ACL fully expects that the National Family Caregiving Strategy will include specific actions that can be taken on behalf of youth caregivers to improve the recognition and support of their particular circumstances.

- The National Academy for State Health Policy, under a grant from The John A. Hartford Foundation, established a resource, technical assistance and dissemination center to support the work of the Family Caregiving Advisory Council (FCAC). As part of this grant, NASHP has convened a faculty of advisors to their work. The faculty includes representation of the Association of Caregiving Youth.

As part of its grant, NASHP convened a series of caregiver focus groups to delve into the key issues and challenges faced by family caregivers. A focus group of young caregivers was convened and the findings are being included in the FCAC's initial Report to Congress.

ACL Specific Requirements

Administration for Community Living

See individual chapters for the ACL specific requests.

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.