DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2020

Administration for Community Living

Justification of Estimates for Appropriations Committees

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On behalf of the Administration for Community Living (ACL), I am pleased to present the FY 2020 President's Budget request. The request of $2 billion represents strategic decision-making that aligns with the President's goal of bringing government spending under control while striving to support core programs and activities.

ACL's request supports the programmatic priorities outlined by the President. This includes allocating an additional $2 million to assist with combating the opioid epidemic. The Budget also invests in improving the effectiveness and efficiency of ACL's programs and oversight activities. ACL's request continues to support the flexibility for states to allocate resources and address state-specific challenges to better serve the needs of their communities.

The proposed budget maintains the mission and purpose of ACL as we work each day with thousands of partners to improve the lives of older adults and people with disabilities through services, research, advocacy and education. These partners include state and local governments, tribes, industry, and nonprofit organizations who are creating opportunities for older adults and people with disabilities to earn a living, go to school, choose where to live, and make decisions about their lives.

Older adults and people with disabilities across the lifespan prefer to live in the community as opposed to living in institutional settings. In most cases, creating opportunities and supporting people as they remain in the community is significantly less expensive than institutional care. ACL remains committed to this mission and this budget aligns with this critical pursuit.

Lance Robertson
Administrator and Assistant Secretary for Aging

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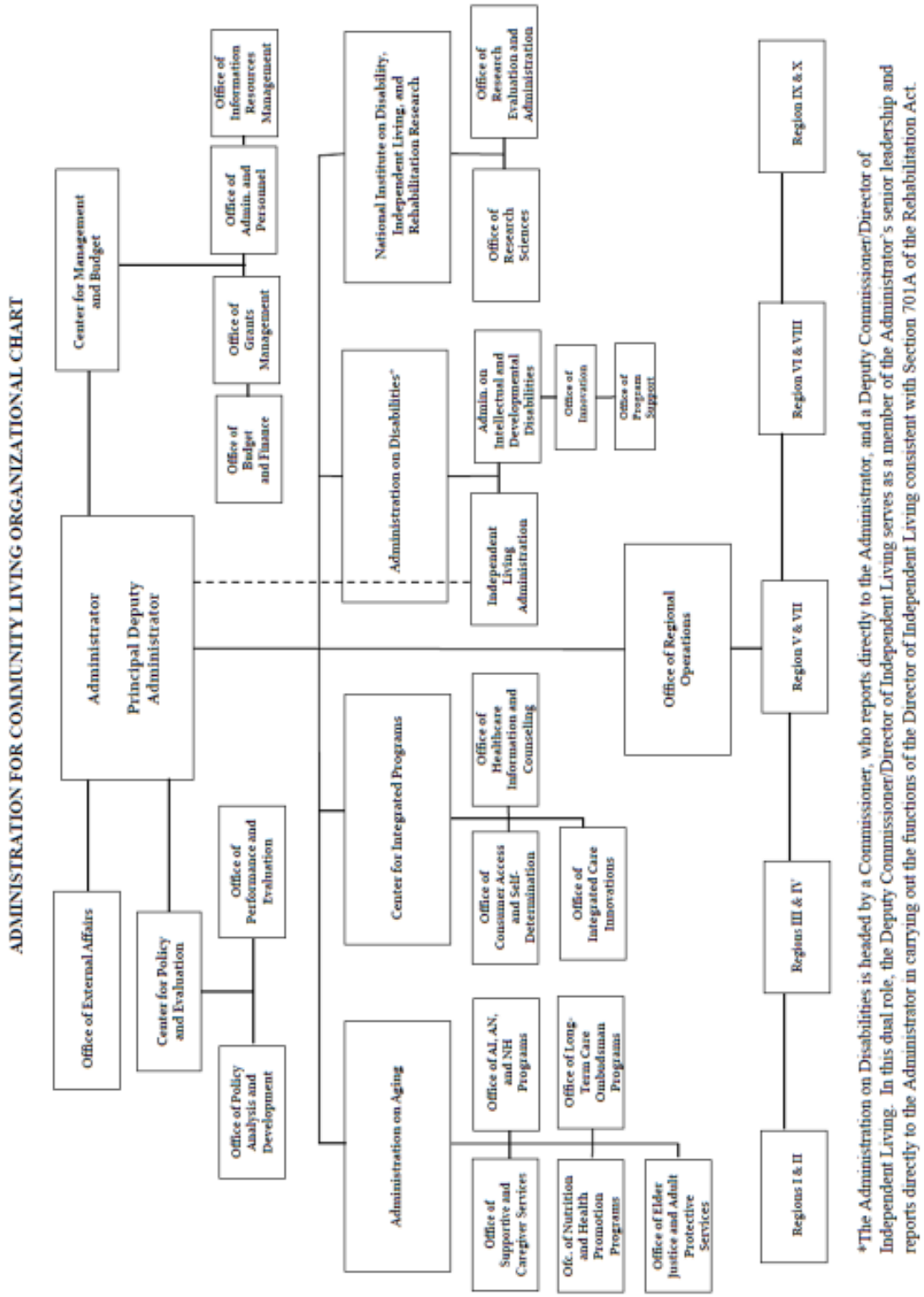
Organization Chart



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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 9 percent between 2017 and 2020, from 70.8 million to 77.1 million.[1]

- According to the U.S. Census Bureau, in 2010, there were 56.7 million Americans with disabilities of all ages living in the community. Of these, more than 12 million required assistance with activities of daily living or instrumental activities of daily living.[2]

- There are an estimated 3.9 to 5.4 million individuals with developmental disabilities.[3]

- The number of people age 65 and older with severe disabilities – defined as three or more limitations in activities of daily living – is projected to increase from 4.2 million individuals in 2017 to 4.6 million (10 percent increase) by the year 2020.[4] These individuals are at the greatest risk of nursing home admission.

Community living means that older adults and people with disabilities live alongside people of all ages, with and without disabilities, and have the same opportunities as 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 which prioritizes care in the

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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. Accessed 23 October 2018. U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017. Released June 2018,

[2] U.S. Census Bureau, "Americans with Disabilities: 2010," Issued July 2012. Accessed 21 August 2014.

[3] Extrapolated from Developmental Disabilities Assistance and Bill of Rights Act of 2000, Section 101(a)(1)) 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] .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. Accessed 23 October 2018. U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017: Released June 2018. Accessed 24 July 2018. Centers for Medicare & Medicaid Services, ACL analysis of 2015 Medicare Current Beneficiary Survey. Accessed 26 July 2018.

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

With a mission of helping all Americans live independently and fully participate in their communities, the Administration for Community Living (ACL) advocates across the Federal government for older adults, people with disabilities and their families and caregivers. ACL funds services and supports provided primarily by networks of community-based organizations; and invests in training, education, research and innovation.

The FY 2020 discretionary request for ACL is $2,032,671,000, a reduction of -$136,644,000 below the FY 2019 Enacted level. ACL has worked to expand flexibility and invest in programs that provide direct services to older adults and people with all disabilities.

The FY 2020 budget includes a request to increase the authority of Older Americans Act (OAA) programs to shift funding to meet needs in states and to consolidate preventive health services activities. The Older Americans Act authorization expires in 2020. The Administration supports the reauthorization of the Older Americans Act and looks forward to working with and providing technical assistance to Congress. It also directs $2 million within the Elder Justice program toward opioid abuse cases. ACL has enhanced its focus on outcome measures that are required from grantees and has begun a robust program evaluation in 2019 that will continue to be developed throughout 2020.

Increasing Flexibility for States and Tribes

- Increased Authority to Transfer Funds between Programs: ACL is requesting to expand existing transfer authorities for States and Tribes to maximize flexibility to transfer funding between four Older Americans Act programs. These programs are: Home and Community-Based Services, Nutrition Services, Family Caregiver Services and Preventive Health Services. This additional authority will provide States and Tribes the flexibility to allocate funding to best address their individual challenges.

- The Budget continues to include the proposal to combine Chronic Disease Self-Management Education (CDSME) and the Falls Prevention Program into the Preventive Health Services Program, increasing the ability of State's to focus resources where they are most needed, with savings of -$13.0 million.

The FY 2020 ACL budget request invests in programs that provide direct services and continues to maintain oversight activities at a fiscally responsible level.

- Capacity Building, Knowledge Generation, and Information Referral Activities, and Rights Protection: The Budget continues to support programs which provide capacity building, knowledge generation, and information and referral activities. Programs include State Councils on Developmental Disabilities (-$20.0 million), University Centers for Excellence in Developmental Disabilities (-$8.1 million), Aging and Disability Resource Centers (-$2.0 million), Voting Access for People with Disabilities (-$2.0 million), Traumatic Brain Injury (-$2.0 million), Developmental Disability Protection and

Advocacy (-$2.0 million), and Lifespan Respite Care (-$0.8 million). Total savings produced: -$36.8 million.

- Research and Demonstration: ACL's research programs explore new ways of assisting older adults and people with disabilities to remain in their communities. Reductions include the National Institute on Disability, Independent Living, and Rehabilitation Research (-$18.6 million); Projects of National Significance (-$10.9 million); and the Alzheimer's Disease Program (-$4.0 million). Funding is not included for the Care Corps program (-$5.0 million) which was newly funded in FY 2019. Total savings produced: -$38.6 million.

- Direct Services: The Budget maintains funding at the FY 2019 Enacted level for ACL's core direct service programs serving older Americans and person with disabilities. These include Home and Community Based Supportive Services, Nutrition Services, and Centers for Independent Living.

- Supportive Services. The Budget reduces the Caregiver Supportive Services Programs (-$33.1 million), State Health Insurance Assistance Program (-$13.0 million), State Grants for Independent Living (-$7.5 million), and the State Long-Term Care Ombudsman program (-$1.0 million). ACL is committed to identifying new ways to efficiently support the purposes of these programs at this reduced level. Total savings produced -$54.7 million.

- Program Administration: Funding for ACL program administration is reduced by -$2.1 million. This reduction results in a decrease of -9 FTE, and minimizing operating expenses such as travel, contracts, business process reengineering, human capital development, and funding supporting existing and emerging technological trends.

- Program Eliminations: Funding for the Alternative Financing Grant Competition, which is no longer authorized by the Assistive Technology Act would be eliminated (-$2 million). ACL's Assistive Technology State grant program already includes alternative financing as an allowable activity, giving states the option to make decisions to best meet their own needs. In addition, funding for the Limb Loss Resource Center and Paralysis Resource Center would also be eliminated saving another -$12.2 million. Savings from eliminating these programs total -$14.2 million.

Conclusion

Most people who are aging or have significant disabilities can live in their own homes or in other independent settings if they have access to the services and support they need. For millions, this help comes through the community-based services and supports provided by ACL's programs. ACL remains committed to its central mission of supporting people with disabilities and older adults so they can live independently and fully participate in their communities. This budget allows ACL to continue to serve its populations while expanding program flexibilities and supporting targeted efforts to address the priorities identified by the HHS Secretary.

Overview of Performance

ACL programs and activities have a fundamental purpose: to develop and support a comprehensive, coordinated and cost-effective system of long-term services and supports that help older adults and people with disabilities maintain their health and independence in their homes and communities and participate fully in society. This purpose led ACL to focus on the following categories of performance measures: 1) improving consumer outcomes and delivery systems; 2) effectively targeting services to at risk populations; and 3) improving program efficiency. Each performance measure is aligned with a goal and represents activities that span across ACL. Progress toward the goal is tracked using performance indicators.

Overview of Performance

ACL's home and community-based programs, nutrition programs, and family caregiver support programs continue to meet or exceed their targets for most measures including the number of clients served per million dollars of funding (measure 1.1) and increasing the likelihood that the most vulnerable people receiving services will continue to remain in their homes (measure 2.10). 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. In terms of nutrition, supportive, and caregiver services for Native American elders, ACL continues to use targeted technical assistance to meet its targets for the number of units of service provided per thousand dollars of funding (measure 1.3). A significant performance-based accomplishment for family and caregiver support programs is the implementation of a standardized method for measuring the progress of Alzheimer's disease supportive services program grantees towards the outcome of improving the dementia-capability of long-term support systems to create dementia-friendly livable communities (measure AZL.3).

ACL's performance in protecting vulnerable adults continues to exceed targets in areas such as reducing the number of complaints made to Long-Term Care Ombudsmen that are not resolved to the clients' satisfaction (measure 2.14). ACL projects continued growth in the amount of funds that states can leverage for prevention of elder abuse and neglect based on their use of Older Americans Act (OAA) funding (measure output U). A significant performance-based accomplishment in this area is the design of a new Adult Protective Services (APS) Client outcomes study to determine how APS makes a difference in the lives of the older adults and adults with disabilities who interact with it. The only study examining the outcomes of older adults who were abused, comparing those who interacted with APS with those who did not, was conducted in 1968. In FY 2018, ACL also began planning to develop an APS research agenda to build the evidence base for Adult Protective Services, and to provide guidance and tools needed by the field.

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 is proposing several new performance measures for its disability programs, research, and services. These include three new measures related to the use and availability of assistive technology, and more robust measures of enforcing, retaining,

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

ACL's Internal Performance Management Process

ACL's performance data is reported and tracked for three primary reasons: 1) to monitor the administration's progress towards achieving our departmental and agency strategic goals, objectives, and priorities 2) to support ACL's budget justifications; and 3) to monitor program performance and support improvement. ACL employs a program performance management strategy with multiple components. This includes coordination and collaboration with other agencies and organizations, enhanced partnerships between aging and disability networks, and senior leadership involvement in performance management. For example, in FY 2018, ACL's Office for Performance and Evaluation partnered with the Assistance Secretary for Planning and Evaluation (ASPE) to develop a framework for evaluating ACL's disability programs. The results of this work are expected in FY 2019 and will provide ACL with a roadmap for better evaluation and monitoring of these programs.

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

The National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Long-Range Plan is a five-year agenda to support ACL's research efforts in the areas of applied disability, independent living, and rehabilitation research and will guide the development and refinement of performance measurement for NIDILRR's programs (see proposed new performance measures R1a, R1b, and R2 in the Summary of Proposed Changes in Performance Measures). The Plan emphasizes consumer relevance and scientific rigor, presents a 5-year agenda that is scientifically sound and accountable, and will contribute to the refinement of national policy affecting people with disabilities.

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

review tool that assesses program performance and a state fiscal monitoring review tool that assesses fiscal operations. Results of reviews are used to target and coordinate technical assistance.

In addition to monitoring grants, each program within ACL develops a Program Funding Plan for senior management review and approval. The plan details proposed grant and procurement activities and justifies how the activity supports ACL's mission and performance goals. ACL is enhancing this process by including formal reviews of Funding Opportunity Announcements (FOAs) to ensure alignment with ACL's priorities. All FOAs will identify measurable performance metrics, including requiring outcomes demonstrating the value of the program in both the grant application and progress reports. ACL also employs extensive program evaluation methods, including longitudinal data collection and matched comparison groups.

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

ACL's Use of Performance Information for Management Purposes

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

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

- In 2014, ACL developed a Dementia Capability Assessment Tool in support of its programs to expand dementia capability in communities. In 2017, the tool was translated into an on-line format, making it possible to analyze each program's progress toward dementia capability in its entirety or broken down by sector.

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

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

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

- ACL develops and operates systems that support the collection and analysis of performance data from grantees. These systems are designed to be enhanced and modified to support improved outcome and quality performance measures.

ACL is also exploring methods for potentially redirecting funds to invest in higher performing models. Examples include:

- The Paralysis Resource Center State Pilot Program is an effort to ensure program efficiency and to test two approaches for making sub-awards to community-based organizations that provide long-term services and supports to people with paralysis, their families, and their support networks. Outcomes from the pilot will help ACL assess the most effective and efficient ways to make such sub-awards and will determine how ACL funds this effort going forward.

- The Chronic Disease Self-Management/Education and Falls Management Program grants will be monitored using a new tool that allows grant officers to more clearly determine grantees' progress towards meeting their targeted service levels and, therefore, restrict or withhold funding based on that progress.

Overview of ACL's Use Of Evaluations And Other Evidence-Based Approaches

In 2018, ACL started or continued evaluations of the following programs:

New Evaluations:

- Model Approaches for Enhancing the Quality, Effectiveness and Monitoring of Home and Community-Based Services for Individuals with Developmental Disabilities Grantees;
- Community of Practice Supporting Families;
- Designing an approach for an Adult Protective Services Client Outcomes Study

Existing Evaluations:

- 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;
- Older Americans Act Long Term Care Ombudsman Program,
- Older Americans Act Nutrition Services Program; and,
- Older Americans Act National Family Caregiver Services Program.

In FY 2018, ACL published the:

- Evaluation of the ACL Title VI Programs: Year 1 Interim Report outlining the approach to and the design of the evaluation. In addition, the report provides information on the evaluation participants, timeline of the project, and initial findings

- Client Outcome Study: Part II which describes participants' health and health care utilization and examines overall wellness measured using longer-term outcomes related to health and avoidance of institutionalization.

- Outcome Evaluation of the National Family Caregiver Support Program (NFCSP) which describes the impact of the program on informal caregivers. Ninety-eight percent of the caregivers said the NFCSP was "helpful". Similarly, among those caregivers who received educational services, 99 percent said the educational services received were "helpful" for allowing them to continue providing quality care to their loved ones. Among caregivers who used NFCSP respite care, as the respite hours per week increased so did the probability of caregivers saying that the service allowed them to provide care longer.

The final report for the Older Americans Act Long Term Care Ombudsman Program process evaluation is expected in March 2019. This report will describe how Ombudsman programs identify, investigate and resolve complaints about the care residents receive with respect to their health, safety, welfare and rights; represent residents' interests before government agencies and analyze, comment on, and monitor federal, state and local regulations, policies, and actions that potentially affect residents of long-term care facilities; and provide information and consultation to facilities and residents and their families as well as collaboration with other agencies. A study

to determine the efficacy of LTCOP in carrying out core functions as described in the Older Americans Act, the long-term impacts of the LTCOP's for various stakeholders, what system advocacy among Ombudsman programs looks like, and effective or promising Ombudsman program practices is also being conducted.

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

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

All Purpose Table

Administration for Community Living
(Dollars in Thousands)

Health & Independence for Older Adults	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
Home & Community-Based Supportive Services	384,118	385,074	385,074	-
Nutrition Services	894,528	906,753	906,753	-
Congregate Nutrition Services (non-add)	*489,125*	*495,342*	*495,342*	-
Home-Delivered Nutrition Services (non-add)	*245,731*	*251,342*	*251,342*	-
Nutrition Services Incentive Program (non-add)	*159,672*	*160,069*	*160,069*	-
Preventive Health Services	24,786	24,848	24,848	-
Chronic Disease Self-Management Education [PPHF]/2	8,000	8,000	--	(8,000)
Elder Falls Prevention [PPHF]/2	5,000	5,000	--	(5,000)
Native American Nutrition & Supportive Services	33,129	34,208	34,208	-
Aging Network Support Activities	12,430	17,461	11,503	(5,958)
Holocaust Survivor Assistance {non-add}	*4,988*	*5,000*	*5,000*	-
Care Corp (non-add)	--	*5,000*	--	*(5000)*
Subtotal, Health & Independence for Older Adults	**1,361,992**	**1,381,344**	**1,362,386**	**(18,958)**

Caregiver & Family Support Services	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
Family Caregiver Support Services	180,138	181,186	150,586	(30,600)
Native American Caregiver Support Services	9,529	10,056	7,556	(2,500)
Alzheimer's Disease Program	23,478	23,500	19,490	(4,010)
Alzheimer's Disease from Direct Appropriations {Non-Add}	*8,778*	*8,800*	*19,490*	*10,690*
Alzheimer's Disease from PPHF {Non-Add} 2/	*14,700*	*14,700*	--	*(14,700)*
Lifespan Respite Care	4,100	4,110	3,360	(750)
Subtotal, Caregiver & Family Support Services	**217,244**	**218,852**	**180,992**	**(37,860)**

Protection of Vulnerable Adults	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
Long-Term Care Ombudsman Program	16,843	16,885	15,855	(1,030)
Prevention of Elder Abuse & Neglect	4,761	4,773	4,773	-
Senior Medicare Patrol Program/HCFAC /3	*18,000*	*18,000*	*18,000*	-
Elder Rights Support Activities	15,835	15,874	13,874	(2,000)
Elder Justice {non-add}	*11,970*	*12,000*	*10,000*	*(2,000)*
Subtotal, Protection of Vulnerable Adults	**55,439**	**55,532**	**52,502**	**(3,030)**

All Purpose Table - Continued

Administration for Community Living
(Dollars in Thousands)

Disability Programs, Research & Services	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
State Councils on Developmental Disabilities	75,943	76,000	56,000	(20,000)
Developmental Disabilities Protection and Advocacy	40,677	40,734	38,734	(2,000)
University Centers for Excellence in Developmental Disabilities	40,543	40,619	32,546	(8,073)
Projects of National Significance	11,770	12,000	1,050	(10,950)
Independent Living	112,902	116,183	108,646	(7,537)
Limb Loss Resource Center	3,491	3,500	--	(3,500)
Paralysis Resource Center	7,681	8,700	--	(8,700)
Traumatic Brain Injury	11,293	11,321	9,321	(2,000)
National Institute on Disability, Independent Living, and Rehab. Research	104,710	108,970	90,371	(18,599)
Subtotal, Disability Programs, Research & Services	**409,010**	**418,027**	**336,668**	**(81,359)**

Consumer Information, Access and Outreach	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
Aging and Disability Resource Centers	8,099	8,119	6,119	(2,000)
State Health Insurance Assistance Program	49,115	49,115	36,115	(13,000)
Voting Access for People with Disabilities (HAVA)	6,946	6,963	4,963	(2,000)
Assistive Technology	35,911	36,000	31,939	(4,061)
Assistive Technology - (non-add)	*34,000*	*34,000*	*31,939*	*(2,061)*
Assistive Technology - Alternative Financing Program (non-add)	*1,911*	*2,000*	--	*(2,000)*
Medicare Improvements for Patients and Providers Act [TRA/BBA]/4	37,500	37,500	37,500	-
Aging and Disability Resource Centers {non-add}	*5,000*	*5,000*	*5,000*	-
Area Agencies on Aging {non-add}	*7,500*	*7,500*	*7,500*	-
National Center for Benefits Outreach and Enrollment {non-add}	*12,000*	*12,000*	*12,000*	-
State Health Insurance Assistance Program {non-add}/4	*13,000*	*13,000*	*13,000*	-
Subtotal, Consumer Information, Access & Outreach	**137,570**	**137,697**	**116,636**	**(21,061)**

Program Administration	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
Program Administration	40,961	41,063	38,987	(2,076)

All Purpose Table - Continued

Administration for Community Living
(Dollars in Thousands)

Subtotal, Program Level	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
Subtotal, Program Level	2,222,216	2,252,515	2,088,171	(164,344)

Less: Funds from Mandatory Sources	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
HCFAC Funds for Senior Medicare Patrol Program /3	(18,000)	(18,000)	(18,000)	-
Prevention & Public Health Fund	(27,700)	(27,700)	-	27,700
Medicare Improvements for Patients and Providers Act	(37,500)	(37,500)	(37,500)	-
Aging and Disability Resource Centers	*(5,000)*	*(5,000)*	*(5,000)*	-
Area Agencies on Aging {non-add}	*(7,500)*	*(7,500)*	*(7,500)*	-
National Center for Benefits Outreach and Enrollment {non-add}	*(12,000)*	*(12,000)*	*(12,000)*	-
State Health Insurance Assistance Program {non-add}/4	*(13,000)*	*(13,000)*	*(13,000)*	-

Category	FY 2018 Final/1	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/-FY 2019 Enacted
Total, Discretionary Budget Authority	**2,139,016**	**2,169,315**	**2,032,671**	**(136,644)**
Non-recurring Expense Fund (NEF)/5	**-**	**5,000**	**-**	**(5,000)**
Total FTE	**188**	**198**	**189**	**(9)**

1/ Reflects FY 2018 required and permissive transfers and rescissions, except the NSIP transfer to USDA of $2.7 million which is shown for consistency with State funding tables.
2/ In FY 2018 and FY 2019 these programs were paid for out of the Prevention and Public Health Fund.
3/The FY 2018 and FY 2019 appropriations state that SMP/HCFAC is paid for out of discretionary CMS appropriations for HCFAC, to the Centers for Medicare & Medicaid Services based, on the Secretary of HHS's determination of the amount needed to provide full funding and not less than the floor provided in appropriations language. The FY 2020 amount serves as a placeholder for FY 2020 pending final decisions on the amount by the Secretary of HHS.
4/ Funding is currently appropriated to the Centers for Medicare & Medicaid Services directly and transferred to ACL via an Intra-Departmental Delegation of Authority (IDDA).
5/ Amounts notified are approximations of intended use. Amounts displayed here are current best estimates.

Appropriations Language

Administration for Community Living

AGING AND DISABILITY SERVICES PROGRAMS
(Including transfer of funds)

For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 ("OAA"), the RAISE Family Caregivers Act, the Supporting Grandparents Raising Grandchildren Act, titles III and XXIX of the PHS Act, sections 1252 and 1253 of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, title XX-B of the Social Security Act, the Developmental Disabilities Assistance and Bill of Rights Act, parts 2 and 5 of subtitle D of title II of the Help America Vote Act of 2002, the Assistive Technology Act of 1998, titles II and VII (and section 14 with respect to such titles) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities, [$2,120,200,000]*$1,996,556,000,* together with [$49,115,000]*$]$36,115,000* to be transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to carry out section 4360 of the Omnibus Budget Reconciliation Act of 1990: *Provided,* That amounts appropriated under this heading may be used for grants to States under section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective: *Provided further,* That 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: *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 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, 2019).*

Appropriations Language Analysis

Administration for Community Living

Language Provision	Explanation
For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 ("OAA"), the RAISE Family Caregivers Act, the Supporting Grandparents Raising Grandchildren Act, titles III and XXIX of the PHS Act, sections 1252 and 1253 of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, title XX-B of the Social Security Act, the Developmental Disabilities Assistance and Bill of Rights Act, parts 2 and 5 of subtitle D of title II of the Help America Vote Act of 2002, the Assistive Technology Act of 1998, titles II and VII (and section 14 with respect to such titles) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities, **[**$2,120,200,000**]***$1,996,556,000*, together with [$49,115,000]*$]$36,115,000* to be transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to carry out section 4360 of the Omnibus Budget Reconciliation Act of 1990:	Sets out the budget authority for the Aging and Disability Services Programs appropriation
Provided, That amounts appropriated under this heading may be used for grants to States under section 361 of the OAA only for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective:	Limits use of funding provided for the Preventive Health Services program to programs and activities which have been proven to be evidence-based and effective.
Provided further, That 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:	Allows ACL to use up to 1% of its appropriations for nutrition innovation demonstrations designed to develop and implement evidence-based practices that enhance senior nutrition.

Language Provision	**Explanation**
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 $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; 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:	Removes language that provides appropriations for the Assistive Technology Alternative Financing Program since the Budget does not include funding for this program.

Language Provision	Explanation
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:	Identifies the purpose, and limits on the use of funds provided for Protection and Advocacy.
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.

Amounts Available for Obligation

Administration for Community Living

General Fund Discretionary Appropriation:	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Appropriation (L/HHS, Ag, or, Interior)	2,095,100,000	2,120,200,000	1,996,556,000
Secretary's Transfer	5,199,000	--	--
Subtotal, adjusted appropriation	2,089,901,000	2,120,200,000	1,996,556,000
Transfer of Funds to Department of Agriculture 1/	-2,752,453	-1,902,259	--
Trust Fund Discretionary Appropriation:	--	--	--
Appropriation Lines	--	--	--
Transfer Lines	--	--	--
Subtotal, adjusted trust fund discr. appropriation	--	--	--
Total, Discretionary Appropriation	2,087,148,547	2,118,297,741	1,996,556,000

Mandatory Appropriation:	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
BA Transfer (PPACA) from Prevention Funds 2/...	24,180,907	31,752,598	--
Appropriation (TRA/MACRA) MIPPA 3/	24,323,372	27,002,555	--
Subtotal, mandatory. appropriation	48,504,279	58,755,153	0

Offsetting collections from:	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Trust Funds: HCFAC HI 4/	18,078,440	18,063,863	18,000,000
Trust Funds: SHIPs HI/SMI	49,115,000	49,115,000	36,115,000
Subtotal, offsetting collections	67,193,440	67,178,863	54,115,000
Unobligated balance, lapsing	1,154,534	--	--
Total obligations	2,201,691,732	2,244,231,757	2,050,671,000

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 2018 and FY 2019.
3/ MIPPA Funding excludes $13,000,000 in each year directly appropriated to CMS for MIPPA-SHIP and then made available to ACL through an Intra-Departmental Delegation of Authority. Includes carryover in FY 2018 and FY 2019.
4/ Amount for FY 2020 is a placeholder pending a Secretarial decision on the amount. FY 2018 and FY 2019 amounts include carryover.

Summary of Changes

Administration for Community Living
(Dollars in Thousands)

2019 Enacted
Total estimated budget authority ……. 2,169,315
(Obligations) …….2,169,315
2020 President's Budget
Total estimated budget authority ……..2,032,671
(Obligations) …….2,032,671
Net Change …….136,644

Category	FY 2019 Final	FY 2020 PB FTE	FY 2020 PB BA	FY 2020 +/- FY 2019 FTE	FY 2020 +/- FY 2019 BA
Increases:	-	-	-	-	-
A. Built-in:	-	-	-	-	-
Subtotal, Built-in Increases	0	-	0	-	0
A. Program:	-	-		-	-
Subtotal, Program Increases	-	-	-	-	10,690
Total Increases	-	-	-	-	10,690
Decreases:	-	-	-	-	-
A. Built-in:	-	-	-	-	-
1. Program Administration	41,063	162.0	38,987	(9.0)	(2,076)
Subtotal, Built-in Decreases	-	-		(9.0)	(2,076)
A. Program:	-	-	-	-	-
1. Aging Network Support Activities	17,461	0.4	11,503	-	(5,958)
2. Family Caregiver Support Services	181,186	-	150,586	-	(30,600)
3. Native American Caregiver Support Services	10,056	-	7,556	-	(2,500)
5. Lifespan Respite Care	4,110	-	3,360	-	(750)
6. Long-Term Care Ombudsman Program	16,885	-	15,855	-	(1,030)
7. Elder Rights Support Activities	15,874	2.6	13,874	-	(2,000)
8. State Councils on Developmental Disabilities	76,000	-	56,000	-	(20,000)
9. Developmental Disabilities Protection & Advocacy	40,734	-	38,734	-	(2,000)
10. University Centers for Excellence in DD	40,619	-	32,546	-	(8,073)
11. Projects of National Significance	12,000	-	1,050	-	(10,950)
12. Independent Living	116,183	1.0	108,646	-	(7,537)
13. Limb Loss Resource Center	3,500	-	-	-	(3,500)
14. Paralysis Resource Center	8,700	-	-	-	(8,700)
15. Traumatic Brain Injury	11,321	1.6	9,321	-	(2,000)
16. Natl Inst on Disability, Ind. Living & Rehab Res.	108,970	-	90,371	-	(18,599)
17. Aging and Disability Resource Centers	8,119	-	6,119	-	(2,000)
18. State Health Insurance Assistance Program	49,115	4.4	36,115	-	(13,000)
19. Voting Access for People with Disabilities	6,963	-	4,963	-	(2,000)
20. Assistive Technology	36,000	-	31,939	-	(4,061)
Subtotal, Program Decreases	-	-	-	-	(145,258)
Total Decreases	-	-	-	(9.0)	(147,334)
Net Change	-	-	-	(9.0)	(136,644)

Budget by Activity

(Dollars in thousands)
Administration for Community Living

Health & Independence for Older Adults	FY 2018 Final 1/	FY 2019 Enacted	FY 2020 President's Budget
Home & Community-Based Supportive Services	384,118	385,074	385,074
Nutrition Services	894,528	906,753	906,753
Preventive Health Services	24,786	24,848	24,848
Native American Nutrition & Supportive Services	33,129	34,208	34,208
Aging Network Support Activities	12,430	17,461	11,503
Subtotal, Health & Independence for Older Adults	1,348,992	1,368,344	1,362,386

Caregiver & Family Support Services	FY 2018 Final 1/	FY 2019 Enacted	FY 2020 President's Budget
Family Caregiver Support Services	180,138	181,186	150,586
Native American Caregiver Support Services	9,529	10,056	7,556
Alzheimer's Disease Program	8,778	8,800	19,490
PPHF Funding [non-add]	*14,700*	*14,700*	--
Lifespan Respite Care	4,100	4,110	3,360
Subtotal, Caregiver & Family Support Services	202,544	204,152	180,992

Protection of Vulnerable Adults	FY 2018 Final 1/	FY 2019 Enacted	FY 2020 President's Budget
Long-Term Care Ombudsman Program	16,843	16,885	15,855
Prevention of Elder Abuse & Neglect	4,761	4,773	4,773
Elder Rights Support Activities	15,835	15,874	13,874
Subtotal, Protection of Vulnerable Adults	37,439	37,532	34,502

Disability Programs, Research & Services	FY 2018 Final 1/	FY 2019 Enacted	FY 2020 President's Budget
State Councils on Developmental Disabilities	75,943	76,000	56,000
Developmental Disabilities Protection and Advocacy	40,677	40,734	38,734
University Centers for Excellence in Developmental Disabilities	40,543	40,619	32,546
Projects of National Significance	11,770	12,000	1,050
Independent Living	112,902	116,183	108,646
Limb Loss Resource Center	3,491	3,500	--
Paralysis Resource Center	7,681	8,700	--
Traumatic Brain Injury	11,293	11,321	9,321
National Institute on Disability, Independent Living, and Rehab. Research	104,710	108,970	90,371
Subtotal, Disability Programs, Research & Services	409,010	418,027	336,668

Consumer Information, Access & Outreach	FY 2018 Final 1/	FY 2019 Enacted	FY 2020 President's Budget
Aging and Disability Resource Centers [Discretionary]	8,099	8,119	6,119
State Health Insurance Assistance Program	49,115	49,115	36,115
Voting Access for People with Disabilities (HAVA)	6,946	6,963	4,963
Assistive Technology	35,911	36,000	31,939
Subtotal, Consumer Information, Access & Outreach	100,070	100,197	79,136

Program Administration	FY 2018 Final 1/	FY 2019 Enacted	FY 2020 President's Budget
Program Administration	40,961	41,063	38,987

Total, Discretionary Budget Authority	FY 2018 Final 1/	FY 2019 Enacted	FY 2020 President's Budget
Total, Discretionary Budget Authority	**2,139,016**	**2,169,315**	**2,032,671**
Total FTE	*188*	*198*	*189*

1/ Reflects FY 2018 required and permissive transfers and rescissions, except the NSIP transfer to USDA of $2.7 million which is shown for consistency with State funding tables.

Authorizing Legislation

Administration for Community Living

Category	FY 2019 Amount Authorized	FY 2019 Amount Appropriated	FY 2020 Amount Authorized	FY 2020 President's Budget
1) Home and Community-Based Supportive Services: OAA Section 303 (a)(1)	372,196,069	385,074,000	Expired	385,074,000
2) Nutrition Services: OAA Section 303 (b)(1)(2), 311(e)	893,084,162	906,753,000	Expired	906,753,000
3) Preventive Health Services: OAA Section 361	21,244,860	24,848,000	Expired	24,848,000
4) Chronic Disease Self Management Education: OAA Section 411	NA	8,000,000	Expired	-
5) Falls Prevention: OAA Section 411	NA	5,000,000	Expired	-
6) National Family Caregiver Support Program: OAA Section 303 (e)	160,791,658	181,186,000	Expired	150,586,000
7) Native American Nutrition and Supportive Services: OAA Sections 643	33,269,670	34,208,000	Expired	34,208,000
8) Native American Caregiver Support Program: OAA Section 631	8,041,398	10,056,000	Expired	7,556,000
9) Alzheimer's Disease Program:	-	-	-	-
OAA Section 411	NA	8,800,000	Expired	19,490,000
Patient Protection & Affordable Care Act, Sect 4002	NA	14,700,000	-	-
10) Long-Term Care Ombudsman Program: OAA Section 702(a)	16,961,573	16,885,000	Expired	15,855,000
11) Prevention of Elder Abuse and Neglect: OAA Section 702(b)	5,096,480	4,773,000	Expired	4,773,000
12) Elder Rights Support Activities: OAA Sections 201, 202, and 411, 751, and 752, as amended. Social Security Act, Title XX-B, Section 2042	12,678,736	15,874,000	Expired	13,874,000
13) Aging Network Support Activities: OAA Sections 202, 215 and 411	10,636,086	17,461,000	Expired	11,503,000
14) Lifespan Respite Care: Lifespan Respite Care Act of 2006 and Public Health Service Act Title XXIX	Expired	4,110,000	Expired	3,360,000
15) Program Administration: OAA Section 216 (a)	40,063,000	41,063,000	Expired	38,987,000
16) Aging and Disability Resource Centers: OAA Sections 216 (b)(4)	6,533,703	8,119,000	Expired	6,119,000
17) State Health Insurance Assistance Program: Omnibus Budget Reconciliation Act of 1990 Section 4360	Expired	49,115,000	Expired	36,115,000
18) State Councils on Developmental Disabilities: DD Act Section 129(a)	Expired	76,000,000	Expired	56,000,000
19) Protection and Advocacy: DD Act Section 145	Expired	40,734,000	Expired	38,734,000
20) University Centers for Excellence in Developmental Disabilities: DD Act Section 156	Expired	40,619,000	Expired	32,546,000

Category	FY 2019 Amount Authorized	FY 2019 Amount Appropriated	FY 2020 Amount Authorized	FY 2020 President's Budget
21) Projects of National Significance: DD Act Section 163	Expired	12,000,000	Expired	1,050,000
22) Voting Assistance for People with Disabilities: Help America Vote Act Section 291	Expired	6,963,000	Expired	4,963,000
24) Paralysis Resource Center: Public Health Services Act Sections 311 and 317(k)(2)	N/A	8,700,000	N/A	-
25) National Institute on Disability, Independent Living, and Rehabilitation Research 4/: Rehabilitation Act of 1973 Sect. 201	119,608,000	108,970,000	122,143,000	90,371,000
26) Independent Living:	-	-	-	-
Rehabilitation Act of 1973, Title VII, Parts B, C, and Chapter 2, Independent Living State Grants Section 714	26,319,000	25,378,000	26,877,000	23,731,684
Centers for Independent Living Section 727	90,083,000	90,805,000	91,992,000	84,914,316
27) Assistive Technology (AT): AT Act (including but not limited to Section 4-6)	Expired	36,000,000	Expired	31,939,000
28) Limb Loss Resource Center: Public Health Services Act, Title III	N/A	3,500,000	N/A	-
29) Sections 1252 and 1253 of the Public Health Service Act as amended by the Traumatic Brain Injury Reauthorization Act of 2014, P.L. 113-196	-	-	-	-
Traumatic Brain Injury State Grants	5,500,000	7,321,000	Expired	6,221,411
Traumatic Brain Injury Protection and Advocacy	3,100,000	4,000,000	Expired	3,099,589
30) Medicare Improvements for Patients and Providers Act/1	-	-	-	-
Aging and Disability Resource Centers	5,000,000	5,000,000	5,000,000	5,000,000
Area Agencies on Aging	7,500,000	7,500,000	7,500,000	7,500,000
National Center for Benefits Outreach and Enrollment	12,000,000	12,000,000	12,000,000	12,000,000
State Health Insurance Assistance Program	13,000,000	13,000,000	13,000,000	13,000,000
Total Request Level	**-**	**2,234,515,000**	**-**	**2,070,171,000**

Unfunded Authorizations:	FY 2019 Amount Authorized	FY 2019 Amount Appropriated	FY 2020 Amount Authorized	FY 2020 President's Budget
1) Legal Assistance: OAA Section 702(b)	5,096,480	-	Expired	-

Appropriations History

Administration for Community Living

Category	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2011	1,624,733,000	1,651,178,000	1,659,383,000	1,500,323,000
FY 2011 Rescission	--	--	--	-3,000,646
Subtotal	--	--	--	1,497,322,354
FY 2012 /1	2,237,944,000	1,471,324,000	1,534,701,000	1,473,703,000
FY 2012 Rescission	--	--	--	-2,785,299
Subtotal	--	--	--	1,470,917,701
FY 2013 /2	1,978,336,000	N/A	1,708,105,000	1,645,291,724
FY 2013 Rescission	--	--	--	-3,290,583
FY 2013 Sequestration	--	--	--	-82,768,046
FY 2013 Transfers	--	--	--	-6,133,066
Subtotal	--	--	--	1,553,100,029
FY 2014 /3	2,094,755,000	N/A	1,716,664,000	1,662,258,000
FY 2014 Transfers	--	--	--	-6,433,605
Subtotal	--	--	--	1,655,824,395
FY 2015 /4	2,062,279,000	N/A	1,676,152,000	1,673,256,000
FY 2015 Transfers	--	--	--	-2,549,334
Subtotal	--	--	--	1,670,706,666
FY 2016 /5	2,104,976,000	1,944,358,000	1,861,089,000	1,964,850,000
FY 2016 Transfers	--	--	--	-2,214,429
Subtotal	--	--	--	1,962,635,571
FY 2017 /6	1,993,294,000	1,981,275,000	1,935,435,000	1,966,115,000
FY 2017 Transfers	--	--	--	-6,943,916
Subtotal	--	--	--	1,959,171,084
FY 2018 /7,8	1,851,449,000	2,237,224,000	1,966,115,000	2,144,215,000
FY 2018 Transfers	--	--	--	-7,951,453
Subtotal	--	--	--	2,136,263,547
FY 2019 /9	1,818,681,000	2,186,732,000	2,149,515,000	2,169,315,000
FY 2019 Transfers	--	--	--	-1,902,259
Subtotal	--	--	--	2,167,412,741
FY 2020	2,032,671,000	--	--	--

1/ Includes $2,025,445 in FY 2012 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 112-74.
2/ Includes $2,542,042 in FY 2013 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 113-6
3/ Includes $2,391,605 in FY 2014 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 113-76.
4/ Includes $2,549,334 in FY 2015 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 113-235.
5/ Includes $2,214,429 in FY 2016 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 114-113.
6/ Includes $2,553,916 in FY 2017 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-31.
7/ Includes $2,752,453 in FY 2018 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-31.
8/ House Allowance includes $300 million for the Senior Community Service Employment Program currently administered by the Department of Labor.
9/ Includes $1,902,259 in FY 2019 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-31.

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 2019
Older Americans Act of 1965	FY 2019	$1,585,693,875	$1,682,800,000	$1,682,800,000
Traumatic Brain Injury: Sections 1252 and 1253 of the Public Health Service Act	FY 2019	$8,600,000	$11,321,000	$11,321,000
Elder Justice / Adult Protective Services: Social Security Act, Title XX-B	FY 2014	$129,000,000	$12,000,000	$12,000,000
Lifespan Respite Care: Lifespan Respite Care Act of 2006	FY 2011	$94,810,000	$2,495,000	$4,110,000
Assistive Technology: The Assistive Technology Act of 2004	FY 2010	Such Sums	$25,000,000	$36,000,000
Developmental Disabilities Programs: Developmental Disabilities Assistance and Bill of Rights Act	FY 2007	Such Sums	$155,115,000	$169,353,000
Voting Access for People with Disabilities: Help America Vote Act - Section 291	FY 2005	$17,410,000	$13,879,000	$6,963,000
State Health Insurance Assistance Programs: Omnibus Budget Reconciliation Act of 1990	FY 1996	$10,000,000	N/A	$49,115,000

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Health and Independence for Older Adults

Summary of Request

ACL's Health and Independence for Older Adults programs provide a foundation of supports that assist older individuals to remain healthy and independent in their homes and communities, avoiding more expensive institutional care. These programs include home and community-based supportive services, nutrition services (meals in both congregate settings and those delivered to seniors in their homes), and preventive health services.

The U.S. population over age 60 is projected to increase by 9 percent between 2017 and 2020, from 70.8 million to 77.1 million.[5] In addition, the number of seniors age 65 and older with severe disabilities (defined as 3 or more limitations in activities of daily living), who are at greatest risk of nursing home admission, is projected to increase by 10 percent over the same period.[6] Health and Independence for Older Adults programs are vital to helping seniors remain in their homes and communities at a lower cost than institutional services, for as long as possible. For example, 65 percent of congregate and 94 percent of home-delivered meal recipients reported that the meals allowed them to continue living in their own homes.[7] Additionally, 60 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]

Currently states can transfer up to 30 percent of their funding for Nutrition and Home and Community-Based Supportive Services (HCBSS) between these programs, and up to 40 percent of Nutrition funding between the Congregate and Home-Delivered Nutrition programs. In FY 2020, ACL is continuing to propose a general provision to maximize funding flexibility by giving States the ability to transfer funding between HCBSS, Nutrition, Preventive Health and Family Caregivers Support Services programs to achieve the funding that best addresses the community's unique needs of people in each state.

ACL's FY 2020 funding request for Health and Independence for Older Adults programs is $1.4 billion, a reduction of -$18.9 million below the FY 2019 Enacted Level. For FY 2020 specific program requests include:

- $385.1 million for Home and Community-Based Supportive Services (HCBSS), the same as the FY 2019 Enacted level. HCBSS provides grants to states to fund an array of low cost

[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. Accessed 23 October 2018. U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017. Released June 2018.

[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. Accessed 23 October 2018. U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017. Released June 2018.

[7] 2018 National Survey of Older Americans Act Participants.

[8] Ibid.

services that enable seniors to remain in their homes for as long as possible, including adult day care, transportation, case management, personal care services, chore services, and physical fitness programs. These services also aid caregivers, who might otherwise have to be even more intensively relied upon to provide care for their loved ones, taking more time away from their work and other family responsibilities.

- $906.8 million for Nutrition programs, including Congregate Nutrition, Home-Delivered Nutrition and the Nutrition Services Incentives Program. The FY 2020 request is the same as the FY 2019 Enacted Level for these programs. In FY 2020, the Nutrition Services programs will help over 2.3 million older adults receive the meals they need to stay healthy and decrease their risk of disability and institutionalization. The requested funding level would support over 221 million meals.

- $24.8 million for Preventive Health Services. This funding level, which is more than $5 million above historic levels, allows States the flexibility to also fund Chronic Disease Self-Management and Falls Prevention programs as part of their Preventive Health Services to meet the greatest areas of need in their communities. ACL is not requesting separate funding for the Chronic Disease Self-Management Education (CDSME) program and the Falls Prevention programs.

- $34.2 million for Native American Nutrition and Supportive Services, the same as the FY 2019 Enacted Level. These funds will provide approximately 5.7 million meals and 840,000 rides for Native American seniors to critical daily activities such as meal sites, medical appointments, and grocery stores.

- $11.5 million for Aging Network Support Activities, which is a reduction of -$5.9 million below the FY 2019 Enacted level. The level does not include funding for the Care Corps Demonstration Program and a reduction in efforts to assist state and Area Aging Agencies through the Program Performance and Technical Assistance grants. Aging Network Support Activities funds competitive grants and contracts for ongoing activities which help seniors and their families obtain information about their care options and benefits; and which provide technical assistance to assist states, Tribes, and community providers of aging services to carry out their mission to help older people remain independent and live in their own homes and communities.

Outcome and Outputs Table:

Health and Independence for Older Adults

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 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 2017: 8,227 clients Target: 9,000 clients (Target Not Met)	8,900 clients	8,300 clients	-600 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 2017: 63.7 weighted average Target: 63.25 weighted average (Target Exceeded)	63.6 weighted average	64 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 2017: 34.7% Target: 26.2% (Target Exceeded)	26.2%	26.2%	Maintain
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 2017: 32.8% Target: 25.78% (Target Exceeded)	24.6%	25.23%	+0.63

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Home and Community-Based Supportive Services

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Home & Community-Based Supportive Services*	384,118	385,074	385,074	-

*BA is in thousands of dollars.

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

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

Current FY Authorization: .....Expired

Authorization Expiration Date.....2019

Allocation Method .....Formula Grant

Program Description and Accomplishments:

The Home and Community-Based Supportive Services (HCBSS) program, established in 1973, provides formula grants to states and territories based on their share of the population age 60 and over to fund a broad array of low cost services that enable seniors to remain in their homes for as long as possible. Programs like HCBSS serve seniors holistically. While each service is valuable it is the combination of supports tailored to the needs of the individual that ensures clients remain in their homes and communities instead of entering institutional care.

In addition, the services funded by this program – particularly adult day care, personal care, and chore services – also aid caregivers, who otherwise might have to be even more intensively involved with the care of their loved ones, taking time away from work and their other family responsibilities and further straining family budgets. Many of these caregivers are doubly challenged, as members of the so-called "sandwich generation," with nearly half (47%) of adults in their 40s and 50s having a parent age 65 or older and either raising a young child or financially supporting a grown child (age 18 or older)[9].

[9] The Sandwich Generation: Rising Financial Burdens for Middle-Aged Americans. Accessed 12-3-2018.

Services provided to seniors through the HCBSS program include access services such as transportation, case management, and information and referral; in-home services such as personal care, chore, and homemaker assistance; and community services such as adult day care and physical fitness programs. In addition to these services, the HCBSS program also funds multi-purpose senior centers, which coordinate and integrate services for the elderly.

While age alone does not determine the need for these long-term services and supports, statistics show that both disability rates and the use of long-term supports increase with advancing age. Among those aged 85 and older, 53.6 percent are unable to perform one or more critical activities of daily living and require long-term support[10]. Data also show that over 95 percent of seniors age 85 and older have at least one chronic condition and 80 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 OAA formula grant programs like HCBSS currently reach more than one in six seniors[12], serving nearly a half million seniors in their own communities who meet the disability criteria for nursing home admission[13] and helping to keep them from joining the 1.7 million seniors who live in institutional settings.[14] Nationally, 24 percent of individuals 60 and older live alone[15], and in FY 2017, 44 percent of OAA consumers were individuals who live alone.[16] Living alone is a key predictor of nursing home admission, and HCBSS services are critical to their ability to remain at home, especially for those who do not have an informal caregiver to assist with their care. Research has also shown that childless seniors who live in a state with higher home and community-based service expenditures had significantly lower risk of nursing home admissions.[17]

Services provided by the HCBSS program in FY 2017 include:

- *Transportation Services* provided more than 21.7 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 42.3 million hours of assistance to seniors unable to perform activities of daily living (such as eating, dressing, or

[10] Centers for Medicare & Medicaid Services, ACL analysis of 2015 Medicare Current Beneficiary Survey. Accessed 30 October 2018.
[11] Ibid.
[12] ACL'S OAA State Performance Report, FY 2017.
[13] Ibid
[14] Centers for Medicare & Medicaid Services, ACL analysis of 2015 Medicare Current Beneficiary Survey. Accessed 26 July 2018
[15] Administration for Community Living. Data-at-a-Glance: American Community Survey (ACS) Public Use Microdata Sample (PUMS) 1-Year Files (2015), accessed 02 January 2018.
[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.
[18] ACL'S OAA State Performance Report, FY 2017

bathing) or instrumental activities of daily living (such as shopping or light housework) (Output D).[19]

- *Adult Day Care/Day Health* provided over 10.3 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 3.6 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 49 percent of riders on OAA-funded transportation are mobility impaired, meaning they do not own a car, or if they do own a car, they do not drive, and are not near public transportation.[22] Many of these individuals cannot safely drive a car, as 72 percent of transportation riders have at least one of the following chronic conditions that could impair their ability to navigate safely:[23]

Of the transportation participants, 96 percent take daily medications, with over 15 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, 60 percent of seniors using transportation services rely on ACL services for the majority of their transportation needs and would otherwise be homebound. Over 77 percent of clients receiving case management also reported that as a result of the services arranged by the case manager they were better able to care for themselves.[25] In addition, a study published in the Journal of Aging and Health shows that the services provided by the HCBSS program, specifically in this study personal care services, play an important role in helping frail older adults remain in their homes and out of nursing home care.[26]

[19] Id
[20] Id
[21] Id
[22] 2018 National Survey of Older Americans Act Participants.
[23] Id
[24] Id
[25] Id
[26] Chen, Ya Mei and Elaine Adams Thompson. Understanding Factors That Influence Success of Home- and Community-Based Services in Keeping Older Adults in Community Settings. 2010. Journal of Aging and Health. V. 22: 267.

Funding History:

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

FY 2011 .....$367,611,000
FY 2012 .....$366,916,000
FY 2013 .....$347,724,297
FY 2014 .....$347,724,000
FY 2015 .....$347,724,000
FY 2016 .....$347,724,000
FY 2017 .....$349,426,000
FY 2018 .....$384,118,000
FY 2019 Enacted.....$385,074,000
FY 2020 President's Budget $385,074,000

Budget Request:

The FY 2020 request for Home and Community-Based Supportive Services is $385,074,000, the same level as the FY 2019 Enacted level. At the proposed FY 2020 funding level, ACL estimates that the program will continue to support 10.2 million hours of adult day care for older adults; 20.5 million rides for activities such as visiting the doctor, the pharmacy, or grocery stores; and 50.9 million hours of assistance to seniors who are unable to perform daily activities. These estimates take into account State, local, and private funding streams that also support these activities.

The strength of the Older Americans Act is that it gives states the ability to define needs from the bottom up and the flexibility to direct funding accordingly to best meet the needs of their communities. These programs have strong partnerships with state and local governments, philanthropic organizations, and private donors that contribute funding. States typically have leveraged resources of 2 or 3 dollars for every OAA dollar, significantly exceeding the programs' match requirements.[27]

Currently states can transfer up to 30 percent of their funding for Nutrition and HCBSS between these programs, and up to 40 percent of Nutrition funding between the Nutrition programs. In FY 2020, ACL is continuing to propose a new general provision that would provide additional funding flexibility, and give states the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to best address the community unique needs of the people in each state.

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

Outputs and Outcomes Table:

Home and Community-Based Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 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 2017: 8,227 clients Target: 9,000 clients (Target Not Met)	8,900 clients	8,300 clients	-600 clients
2.9b Maintain at 90% or higher the percentage of transportation clients who rate services good to excellent. (Outcome)	FY 2017: 94% Target: 90% (Target Exceeded)	90%	90%	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 2017: 63.7 weighted average Target: 63.25 weighted average (Target Exceeded)	63.6 weighted average	64 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 2017: 34.7% Target: 26.2% (Target Exceeded)	26.2%	26.2%	Maintain
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 2017: 32.8% Target: 25.78% (Target Exceeded)	24.6%	25.23%	+0.63

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output C: Transportation Service Units *(Output)*	FY 2017: 21.8 M	21.3 M	20.5 M	-0.8
Output D: Personal Care, Homemaker and Chore Services units *(Output)*	FY 2017: 42.4 M	48.0 M	50.9 M	+2.9 M
Output E: Adult Day Care/Day Health units *(Output)*	FY 2017: 10.4 M	10.2 M	10.2 M	Maintain
Output F: Case Management Services units *(Output)*	FY 2017: 3.6 M	3.4 M	3.4 M	Maintain

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

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$6,816,935	$6,807,558	$6,807,558
Range of Awards	$457,482-$39,627,417	$452,907-$39,601,966	$452,907-$39,601,966

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	5,748,745	5,715,996	5,715,996	-
Alaska	1,908,742	1,906,116	1,906,116	-
Arizona	8,329,543	8,305,958	8,305,958	-
Arkansas	3,515,790	3,496,335	3,496,335	-
California	39,627,417	39,601,966	39,601,966	-
Colorado	5,657,569	5,678,718	5,678,718	-
Connecticut	4,266,003	4,301,675	4,301,675	-
Delaware	1,908,742	1,906,116	1,906,116	-
District of Columbia	1,908,742	1,906,116	1,906,116	-
Florida	28,459,804	28,470,250	28,470,250	-
Georgia	10,147,824	10,221,543	10,221,543	-
Hawaii	1,908,742	1,906,116	1,906,116	-
Idaho	1,908,742	1,906,116	1,906,116	-
Illinois	14,068,685	13,979,218	13,979,218	-
Indiana	7,367,312	7,370,136	7,370,136	-
Iowa	4,127,051	4,085,780	4,085,780	-
Kansas	3,325,085	3,291,834	3,291,834	-
Kentucky	5,113,621	5,096,505	5,096,505	-
Louisiana	5,053,926	5,054,571	5,054,571	-
Maine	1,908,742	1,906,116	1,906,116	-
Maryland	6,531,229	6,546,179	6,546,179	-
Massachusetts	7,951,259	7,913,807	7,913,807	-
Michigan	11,974,311	11,985,529	11,985,529	-
Minnesota	6,193,264	6,202,158	6,202,158	-
Mississippi	3,325,997	3,305,813	3,305,813	-
Missouri	7,167,454	7,158,076	7,158,076	-
Montana	1,908,742	1,906,116	1,906,116	-
Nebraska	2,222,857	2,200,628	2,200,628	-
Nevada	3,238,178	3,263,245	3,263,245	-
New Hampshire	1,908,742	1,906,116	1,906,116	-
New Jersey	10,107,547	10,142,664	10,142,664	-
New Mexico	2,454,960	2,444,858	2,444,858	-
New York	23,520,724	23,285,517	23,285,517	-
North Carolina	11,522,447	11,578,297	11,578,297	-
North Dakota	1,908,742	1,906,116	1,906,116	-
Ohio	13,936,009	13,912,753	13,912,753	-
Oklahoma	4,324,666	4,287,874	4,287,874	-
Oregon	5,070,689	5,036,012	5,036,012	-
Pennsylvania	17,318,394	17,145,210	17,145,210	-
Rhode Island	1,908,742	1,906,116	1,906,116	-
South Carolina	6,056,589	6,094,926	6,094,926	-
South Dakota	1,908,742	1,906,116	1,906,116	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Tennessee	7,689,859	7,670,105	7,670,105	-
Texas	25,222,348	25,363,842	25,363,842	-
Utah	2,405,572	2,432,544	2,432,544	-
Vermont	1,908,742	1,906,116	1,906,116	-
Virginia	9,114,734	9,135,816	9,135,816	-
Washington	8,090,592	8,081,768	8,081,768	-
West Virginia	2,686,425	2,659,561	2,659,561	-
Wisconsin	6,886,100	6,864,580	6,864,580	-
Wyoming	1,908,742	1,906,116	1,906,116	-
Subtotal	**374,634,225**	**374,161,755**	**374,161,755**	-
American Samoa	457,482	452,907	452,907	-
Guam	954,371	953,058	953,058	-
Northern Mariana Islands	238,593	238,265	238,265	-
Puerto Rico	4,509,310	4,464,217	4,464,217	-
Virgin Islands	954,371	953,058	953,058	-
Subtotal	**381,748,352**	**381,223,260**	**381,223,260**	-
Program Support[28]	2,369,648	3,850,740	3,850740	-
Total States/Territories	**384,118,000**	**385,074,000**	**385,074,000**	-

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

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Nutrition Services

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Congregate Nutrition Services	489,125	495,342	495,342	--
Home-Delivered Nutrition Services	245,731	251,342	251,342	--
Nutrition Services Incentive Program	159,672	160,069	160,069	--
Total*	894,528	906,753	906,753	--

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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

Program Description and Accomplishments:

Nutrition Services help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of community settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to 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.[29] 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

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

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 76.2 meals to more than 1.5 million seniors in a variety of community settings in 2017.[30]

- Home-Delivered Nutrition Services (Title III-C2): Provides funding for the delivery of meals and related services to frail seniors who are home-bound. Established in 1978, home-delivered meals are often the first in-home service that an older adult receives and are often the primary access point for other home and community-based services. In addition to providing a meal, this service helps frail home-bound seniors' combat isolation and maintain contact with the outside world. Home-delivered meals provided to caregivers also represent an essential service, helping them maintain their own health and well-being while caring for their loved ones. *Home-Delivered Nutrition Services* provided 144.0 million meals to over 862,000 individuals in FY 2017.[31]

- 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. Six states and five tribes elected to spend almost $2.8 million on commodities (including $135,278 assessed by USDA as administrative expenses) in FY 2017.

Consistent with the Administrator's focus on identifying new ways to efficiently improve direct service programs, ACL, under its 1% Nutrition authority, is using $3.5 million to fund nutrition innovations and test ways to modernize how meals are provided to a changing senior population. One promising demonstration currently being carried out by the Georgia State University Research Foundation[32] 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 elderly individuals, many of whom may be isolated, live in rural areas at a distance from neighbors or be depressed[33]. 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

[30] Id
[31] Id
[32] 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
[33] Older Adult Behavioral Health Technical Assistance Center. (2012). Issue B: Preventing Suicide in Older Adults. Accessed December 21, 2018.

Services Incentive Program (NSIP) grants are provided to states, territories, and eligible tribal organizations based on the number of meals served in the prior fiscal year. The meals provided through these programs fulfill the standards set by the current Dietary Guidelines for Americans.

Nutrition services assist over 2.4 million (2017)[34] diverse participants with characteristics that place them at higher risk for health care interventions as well as institutionalization. For example:

- The percentage of home-delivered meal recipients with severe disabilities (3+ ADL) was 38 percent in 2017.[35] 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.[36] Nearly 66 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.[37]

- 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 51 percent of congregate and 64 percent of home-delivered participants have six or more chronic health conditions. About 31 percent of congregate and 49 percent of home-delivered participants take over six medications per day and some take as many as 20 medications.[38]

- 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[39]. 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 52 percent of home-delivered participants need help in getting outside the house, thus limiting their ability to shop for food themselves.[40]

- About 51 percent of congregate participants and 58 percent of home-delivered participants live alone.[41] Living alone is a risk factor for social isolation, poorer health, and nursing home placement.

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[34] Id
[35] Id
[36] 2018 National Survey of Older Americans Act Participants.
[37] Id
[38] Id
[39] Kimokoti and Millen, 2016; Bernstein and Munoz, 2012.
[40] Id
[41] Id

Data has shown that Nutrition Services are effective in helping older adults improve their nutritional intake and remain at home. For example, 76 percent of congregate meal participants and 81 percent of home-delivered meal participants say they eat healthier meals due to the programs, and 65 percent of congregate meal participants and 94 percent of home-delivered meal recipients say that the meals enable them to continue living in their homes.[42] Ninety percent of congregate meal clients and 88 percent of home-delivered meal clients rate service as good to excellent.[43]

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.[44] 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.[45]

[42] Id

[43] Id

[44] 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.

[45] Id.

Funding History:

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

FY 2011 .....$817,835,000
FY 2012 .....$816,289,000
FY 2013 .....$768,310,870
FY 2014 .....$811,191,000
FY 2015 .....$814,657,000
FY 2016 .....$834,753,000
FY 2017 .....$833,284,084
FY 2018 .....$894,528,000
FY 2019 Enacted.....$906,753,000
FY 2020 President's Budget $906.753,000

Budget Request:

The FY 2020 request for Nutrition Services is $906,753,000, the same as the FY 2019 Enacted level. This represents only a portion of the total funding for meals programs.[46] Combined with these state and local contributions, the request is projected to provide over 221 million meals to more than 2.3 million older Americans in a variety of community settings. In FY 2020, the Nutrition programs are expected to continue to provide home-delivered meals that clients rate as good to excellent, ensuring that clients continue to receive high quality services. The FY 2020 request also would continue to allow up to 1% of the funds appropriated for congregate and home-delivered nutrition be used for nutrition innovations.

Currently, states can transfer up to 30 percent of their funding for Nutrition and HCBSS between these programs, and up to 40 percent of Nutrition funding between the congregate and home-delivered programs. ACL is continuing to propose a general provision to build on existing flexibility and give states the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to best address their individual State's needs; and to allow Tribes to transfer funding between NSIP, Native American Nutrition and Supportive Services, and Native American Caregiver Support Services.

An evaluation of the OAA Title III-C Nutrition Services program (NSP) is ongoing. The Process Evaluation of Older Americans Act Title III-C Nutrition Services Program Report and the cost study report are available. The first client outcome report and the second client outcome report are also available.

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

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

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 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 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 2017: 8,227 clients Target: 9,000 clients (Target Not Met)	8,900 clients	8,300 clients	-600 clients
2.9a Maintain at 90% or higher the percentage of clients receiving home delivered meal who rate services good to excellent. (Outcome)	FY 2017: 88% Target: 90% (Target Not Met)	90%	90%	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 2017: 63.7 weighted average Target: 63.25 weighted average (Target Exceeded)	63.6 weighted average	64 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 2017: 34.7% Target: 26.2% (Target Exceeded)	26.2%	26.2%	Maintain
3.5 Increase the percentage of older persons with severe disabilities who receive home-delivered meals. (Outcome)	FY 2017: 41.8% Target: 45.1% (Target Not Met but Improved)	42.4%	42.2%	-0.2

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 Target
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 2017: 32.8% Target: 25.78% (Target Exceeded)	24.6%	25.23%	+0.63

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output G: Number of Home-Delivered meals served (Output)	FY 2017: 144.0 M	151.4 M	152.0 M	+0.6
Output H: Number of Congregate meals served (Output)	FY 2017: 76.2 M	71.0 M	69.5 M	-1.5
Outputs G & H: Total Number of Meals (Output)	FY 2017: 220.3 M	222.4 M	221.5 M	-0.9

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

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$8,654,806	$8,715,689	$8,715,689
Range of Awards	$302,918-$50,755,067-	$305,049-$51,058,342	$305,049-$51,058,342

Home-Delivered Nutrition Programs Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$4,347,834	$4,422,118	$4,422,118
Range of Awards	$152,174-$25,529,249	$154,774-$25,930,271	$154,774-$25,930,271

Nutrition Services Incentive Program Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	270	270	270
Average Award	$587,454	$586,920	$586,920
Range of Awards	$63,371-$13,516,401	$63,312-$13,503,806	$63,312-$13,503,806

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	$7,363,032	$7,369,566	$7,369,566	-
Alaska	2,423,346	2,440,393	2,440,393	-
Arizona	10,668,537	10,708,773	10,708,773	-
Arkansas	4,503,048	4,507,783	4,507,783	-
California	50,755,067	51,058,342	51,058,342	-
Colorado	7,246,253	7,321,505	7,321,505	-
Connecticut	5,459,141	5,546,099	5,546,099	-
Delaware	2,423,346	2,440,393	2,440,393	-
District of Columbia	2,423,346	2,440,393	2,440,393	-
Florida	36,451,512	36,706,357	36,706,357	-
Georgia	12,997,402	13,178,514	13,178,514	-
Hawaii	2,423,346	2,440,393	2,440,393	-
Idaho	2,423,346	2,440,393	2,440,393	-
Illinois	17,826,260	18,023,241	18,023,241	-
Indiana	9,436,104	9,502,229	9,502,229	-
Iowa	4,980,379	4,930,575	4,930,575	-
Kansas	4,139,537	4,152,472	4,152,472	-
Kentucky	6,549,562	6,570,864	6,570,864	-
Louisiana	6,473,104	6,516,799	6,516,799	-
Maine	2,423,422	2,440,393	2,440,393	-
Maryland	8,365,244	8,439,912	8,439,912	-
Massachusetts	10,118,736	10,203,178	10,203,178	-
Michigan	15,336,781	15,452,801	15,452,801	-
Minnesota	7,932,375	7,996,369	7,996,369	-
Mississippi	4,259,960	4,262,146	4,262,146	-
Missouri	9,180,125	9,228,823	9,228,823	-
Montana	2,423,346	2,440,393	2,440,393	-
Nebraska	2,705,657	2,713,918	2,713,918	-
Nevada	4,147,481	4,207,263	4,207,263	-
New Hampshire	2,423,346	2,440,393	2,440,393	-
New Jersey	12,945,816	13,076,817	13,076,817	-
New Mexico	3,144,329	3,152,127	3,152,127	-
New York	28,508,865	28,937,212	28,937,212	-
North Carolina	14,758,029	14,927,762	14,927,762	-
North Dakota	2,423,346	2,440,393	2,440,393	-
Ohio	17,849,336	17,937,549	17,937,549	-
Oklahoma	5,539,061	5,528,306	5,528,306	-
Oregon	6,494,574	6,492,871	6,492,871	-
Pennsylvania	20,856,250	20,805,837	20,805,837	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Rhode Island	2,423,346	2,440,393	2,440,393	-
South Carolina	7,757,321	7,858,116	7,858,116	-
South Dakota	2,423,346	2,440,393	2,440,393	-
Tennessee	9,849,224	9,888,976	9,888,976	-
Texas	32,304,956	32,701,302	32,701,302	-
Utah	3,081,073	3,136,250	3,136,250	-
Vermont	2,423,346	2,440,393	2,440,393	-
Virginia	11,674,214	11,778,699	11,778,699	-
Washington	10,362,486	10,419,728	10,419,728	-
West Virginia	3,240,159	3,207,757	3,207,757	-
Wisconsin	8,819,765	8,850,422	8,850,422	-
Wyoming	2,423,346	2,440,393	2,440,393	-
Subtotal	**475,584,329**	**479,022,369**	**479,022,369**	-
American Samoa	583,006	577,176	577,176	-
Guam	1,211,673	1,220,196	1,220,196	-
Northern Mariana Islands	302,918	305,049	305,049	-
Puerto Rico	5,775,555	5,733,594	5,733,594	-
Virgin Islands	1,211,673	1,220,196	1,220,196	-
Subtotal	**484,669,154**	**488,078,580**	**488,078,580**	**-**
Program Support[47]	4,455,846	7,263,420	7,263,420	-
Total States/Territories	**489,125,000**	**495,342,000**	**495,342,000**	**-**

[47]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.

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	3,703,525	3,742,676	3,742,676	-
Alaska	1,217,394	1,238,193	1,238,193	-
Arizona	5,366,158	5,438,513	5,438,513	-
Arkansas	2,264,985	2,289,303	2,289,303	-
California	25,529,249	25,930,271	25,930,271	-
Colorado	3,644,787	3,718,268	3,718,268	-
Connecticut	2,745,889	2,816,618	2,816,618	-
Delaware	1,217,394	1,238,193	1,238,193	-
District of Columbia	1,217,394	1,238,193	1,238,193	-
Florida	18,334,716	18,641,534	18,641,534	-
Georgia	6,537,552	6,692,784	6,692,784	-
Hawaii	1,217,394	1,238,193	1,238,193	-
Idaho	1,217,394	1,238,193	1,238,193	-
Illinois	8,966,416	9,153,206	9,153,206	-
Indiana	4,746,258	4,825,761	4,825,761	-
Iowa	2,419,826	2,436,925	2,436,925	-
Kansas	2,082,142	2,108,857	2,108,857	-
Kentucky	3,294,358	3,337,051	3,337,051	-
Louisiana	3,255,901	3,309,594	3,309,594	-
Maine	1,218,955	1,238,193	1,238,193	-
Maryland	4,207,627	4,286,258	4,286,258	-
Massachusetts	5,089,615	5,181,743	5,181,743	-
Michigan	7,714,234	7,847,794	7,847,794	-
Minnesota	3,989,898	4,061,002	4,061,002	-
Mississippi	2,142,714	2,164,555	2,164,555	-
Missouri	4,617,503	4,686,911	4,686,911	-
Montana	1,217,394	1,238,193	1,238,193	-
Nebraska	1,360,916	1,378,279	1,378,279	-
Nevada	2,086,138	2,136,683	2,136,683	-
New Hampshire	1,217,394	1,238,193	1,238,193	-
New Jersey	6,511,605	6,641,137	6,641,137	-
New Mexico	1,581,564	1,600,826	1,600,826	-
New York	14,339,650	14,695,930	14,695,930	-
North Carolina	7,423,129	7,581,150	7,581,150	-
North Dakota	1,217,394	1,238,193	1,238,193	-
Ohio	8,978,023	9,109,687	9,109,687	-
Oklahoma	2,786,088	2,807,582	2,807,582	-
Oregon	3,266,700	3,297,442	3,297,442	-
Pennsylvania	10,452,210	10,566,364	10,566,364	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Rhode Island	1,217,394	1,238,193	1,238,193	-
South Carolina	3,901,848	3,990,789	3,990,789	-
South Dakota	1,217,394	1,238,193	1,238,193	-
Tennessee	4,954,053	5,022,173	5,022,173	-
Texas	16,249,043	16,607,544	16,607,544	-
Utah	1,549,746	1,592,762	1,592,762	-
Vermont	1,217,394	1,238,193	1,238,193	-
Virginia	5,872,003	5,981,880	5,981,880	-
Washington	5,212,218	5,291,719	5,291,719	-
West Virginia	1,609,708	1,616,183	1,616,183	-
Wisconsin	4,436,246	4,494,738	4,494,738	-
Wyoming	1,217,394	1,238,193	1,238,193	-
Subtotal	**239,051,924**	**243,179,001**	**243,179,001**	-
American Samoa	152,174	154,774	154,774	-
Guam	608,697	619,096	619,096	-
Northern Mariana Islands	152,174	154,774	154,774	-
Puerto Rico	2,905,042	2,911,839	2,911,839	-
Virgin Islands	608,697	619,096	619,096	-
Subtotal	**243,478,708**	**247,638,580**	**247,638,580**	-
Undistributed[48]	2,251,993	3,703,420	3,703,420	-
Total States/Territories	**245,730,701**	**251,342,000**	**251,342,000**	-

[48] 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.

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
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CFDA NUMBER/PROGRAM NAME: Nutrition Services Incentive Program (CFDA 93.053)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	3,319,559	3,316,465	3,316,465	-
Alaska	487,540	487,086	487,086	-
Arizona	1,800,014	1,798,337	1,798,337	-
Arkansas	2,498,525	2,496,196	2,496,196	-
California	13,516,401	13,503,806	13,503,806	-
Colorado	1,440,867	1,439,524	1,439,524	-
Connecticut	1,392,557	1,391,259	1,391,259	-
Delaware	741,452	740,761	740,761	-
District of Columbia	770,098	769,380	769,380	-
Florida	5,731,389	5,726,048	5,726,048	-
Georgia	2,775,301	2,772,715	2,772,715	-
Hawaii	504,188	503,719	503,719	-
Idaho	768,591	767,875	767,875	-
Illinois	6,227,388	6,221,585	6,221,585	-
Indiana	1,358,677	1,357,411	1,357,411	-
Iowa	1,618,397	1,616,889	1,616,889	-
Kansas	2,307,769	2,305,619	2,305,619	-
Kentucky	1,604,054	1,602,559	1,602,559	-
Louisiana	3,375,063	3,371,918	3,371,918	-
Maine	613,602	613,030	613,030	-
Maryland	1,699,590	1,698,007	1,698,007	-
Massachusetts	6,879,314	6,872,903	6,872,903	-
Michigan	7,645,465	7,638,340	7,638,340	-
Minnesota	1,799,028	1,797,352	1,797,352	-
Mississippi	1,481,338	1,479,958	1,479,958	-
Missouri	3,960,093	3,956,403	3,956,403	-
Montana	1,209,037	1,207,911	1,207,911	-
Nebraska	1,108,560	1,107,527	1,107,527	-
Nevada	1,599,402	1,597,912	1,597,912	-
New Hampshire	1,044,445	1,043,471	1,043,471	-
New Jersey	3,459,732	3,456,508	3,456,508	-
New Mexico	2,333,383	2,331,209	2,331,209	-
New York	16,454,530	16,439,197	16,439,197	-
North Carolina	3,332,615	3,329,509	3,329,509	-
North Dakota	804,287	803,537	803,537	-
Ohio	5,650,620	5,645,355	5,645,355	-
Oklahoma	1,953,617	1,951,796	1,951,796	-
Oregon	1,811,390	1,809,702	1,809,702	-
Pennsylvania	6,661,340	6,655,133	6,655,133	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Rhode Island	446,318	445,902	445,902	-
South Carolina	1,750,463	1,748,831	1,748,831	-
South Dakota	933,266	932,397	932,397	-
Tennessee	1,634,416	1,632,893	1,632,893	-
Texas	11,528,360	11,517,618	11,517,618	-
Utah	1,190,694	1,189,584	1,189,584	-
Vermont	772,473	771,754	771,754	-
Virginia	1,965,257	1,963,425	1,963,425	-
Washington	2,199,137	2,197,087	2,197,087	-
West Virginia	1,547,458	1,546,016	1,546,016	-
Wisconsin	2,819,881	2,817,253	2,817,253	-
Wyoming	875,317	874,502	874,502	-
Subtotal	**151,402,258**	**151,261,174**	**151,261,174**	-
Indian Tribal Grants	3,758,278	3,758,278	3,758,278	-
American Samoa	94,402	94,314	94,314	-
Guam	413,311	412,926	412,926	-
Northern Mariana Islands	63,371	63,312	63,312	-
Puerto Rico	2,777,299	2,774,711	2,774,711	-
Virgin Islands	103,692	103,595	103,595	-
Subtotal	**158,612,611**	**158,468,310**	**158,468,310**	-
USDA Transfer Adjustment[49]	***2,752,453***	-	-	-
Undistributed[50]	1,059,177	1,600,690	1,600,690	-
Total States/Territories	**159,671,788**	**160,069,000**	**160,069,000**	-

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

[50] Program Support – includes funds for Older Americans 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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Preventive Health Services

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Preventive Health Services*	24,786	24,848	24,848	-

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Formula Grant

Program Description and Accomplishments:

Preventive Health Services, established in 1987, provides formula grants to States and Territories to support evidence-based programs that educate older adults about the importance of healthy lifestyles and 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 19.4 years.[51] The population of older Americans is also growing, particularly the population age 85 and over, which is projected to grow from 6.5 million in 2017 to 9.1 million by the year 2030.[52]

[51] Kochanek KD, Murphy SL, Xu JQ, Arias E. Mortality in the United States, 2016. NCHS Data Brief, no 293. Hyattsville, MD: National Center for Health Statistics. 2017.

[52] U.S. Census Bureau, "2017 National Population Projections," Table 3. Projected 5-Year Age Groups and Sex Composition of the Population for the United States: 2017 to 2060. Released March 2018. Accessed 24 July 2018. U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017: Released June 2018, Accessed 24 July 2018.

One consequence of this increased longevity is a higher incidence of chronic diseases such as arthritis, cancer, and diabetes.[53] 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.[54]

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 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[55].

- *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.

- *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.

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[53] 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.

[54] 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.

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

- *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 2016 .....$19,848,000
FY 2017 .....$19,802,000
FY 2018 .....$24,786,000
FY 2019 Enacted.....$24,848,000
FY 2020 President's Budget $24,848,000

Budget Request:

The FY 2020 request for Preventive Health Services is $24,848,000. This funding level, which is more than $5 million above historic levels, allows States the flexibility to also fund Chronic Disease Self-Management and Falls Prevention programs as part of their Preventive Health Services to meet the greatest areas of need in their communities. Separate funding for CDSME and Falls Prevention is no longer being requested. ACL continues to propose a new general provision to maximize funding flexibility for states to use Older American Act funding, between HCBSS, Nutrition, Preventive Health and Caregivers to direct funding to activities that best addresses their individual State's unique needs.

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.[56] Grantees can use the Title III-D Highest-Tier Criteria Evidence-Based Disease Prevention and Health

[56] Administration for Community Living Health Promotion webpage.

Promotion Programs Cost Chart[57] 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.

[57] Title III-D Highest-Tier Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart

Output Table:

Preventive Health Services

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output AB: The number of people served with health and disease prevention programs. *(Output)*	FY 2017: 837,300	787,490	726,969	-60,521

Grant Awards Tables:

Preventive Health Services Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$439,654	$439,277	$439,277
Range of Awards	$15,388-$2,581,522	$15,375-$2,575,541	$15,375-$2,575,541

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	374,501	371,744	371,744	-
Alaska	123,103	122,998	122,998	-
Arizona	542,626	540,183	540,183	-
Arkansas	229,036	227,387	227,387	-
California	2,581,522	2,575,541	2,575,541	-
Colorado	368,561	369,319	369,319	-
Connecticut	277,665	279,762	279,762	-
Delaware	123,103	122,998	122,998	-
District of Columbia	123,103	122,998	122,998	-
Florida	1,854,009	1,851,582	1,851,582	-
Georgia	661,078	664,765	664,765	-
Hawaii	123,103	122,998	122,998	-
Idaho	123,103	122,998	122,998	-
Illinois	906,685	909,148	909,148	-
Indiana	479,942	479,322	479,322	-
Iowa	244,693	242,246	242,246	-
Kansas	210,546	209,464	209,464	-
Kentucky	333,126	331,455	331,455	-
Louisiana	329,237	328,728	328,728	-
Maine	123,261	122,998	122,998	-
Maryland	425,476	425,735	425,735	-
Massachusetts	514,663	514,680	514,680	-
Michigan	780,064	779,487	779,487	-
Minnesota	403,459	403,362	403,362	-
Mississippi	216,672	214,996	214,996	-
Missouri	466,923	465,530	465,530	-
Montana	123,103	122,998	122,998	-
Nebraska	137,616	136,898	136,898	-
Nevada	210,951	212,227	212,227	-
New Hampshire	123,103	122,998	122,998	-
New Jersey	658,454	659,635	659,635	-
New Mexico	159,928	159,003	159,003	-
New York	1,450,027	1,459,683	1,459,683	-
North Carolina	750,628	753,003	753,003	-
North Dakota	123,103	122,998	122,998	-
Ohio	907,859	904,826	904,826	-
Oklahoma	281,730	278,913	278,913	-
Oregon	330,329	327,521	327,521	-
Pennsylvania	1,056,929	1,049,511	1,049,511	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Rhode Island	123,103	122,998	122,998	-
South Carolina	394,555	396,388	396,388	-
South Dakota	123,103	122,998	122,998	-
Tennessee	500,955	498,831	498,831	-
Texas	1,643,105	1,649,555	1,649,555	-
Utah	156,711	158,202	158,202	-
Vermont	123,103	122,998	122,998	-
Virginia	593,778	594,154	594,154	-
Washington	527,060	525,603	525,603	-
West Virginia	162,774	161,146	161,146	-
Wisconsin	448,594	446,443	446,443	-
Wyoming	123,103	122,998	122,998	-
Subtotal	**24,172,964**	**24,154,952**	**24,154,952**	-
American Samoa	15,388	15,375	15,375	-
Guam	61,552	61,499	61,499	-
Northern Mariana Islands	15,388	15,375	15,375	-
Puerto Rico	293,758	290,820	290,820	-
Virgin Islands	61,552	61,499	61,499	-
Subtotal	**24,620,602**	**24,599,520**	**24,599,520**	-
Undistributed[58]	165,737	248,480	248,480	-
Total States/Territories	**24,786,339**	**24,848,000**	**24,848,000**	-

[58] Program Support-includes funds for Older American Act statutory requirements, including program evaluation and disaster assistance; and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to states.

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Chronic Disease Self-Management Education

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Chronic Disease Self-Management Education*	8,000	8,000	--	(8,000)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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

Program Description and Accomplishments:

Chronic Disease Self-Management Education (CDSME) programs are low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management and treatment of their condition, build self-confidence, improve their health status, and reduce their need for more costly medical care. Funds support competitive grants to states, as well as related technical assistance and evaluation activities, including a National Resource Center.

In the United States, 72 percent of Medicare beneficiaries age 65 and over have multiple (two or more) chronic conditions,[59] placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement.[60] Chronic conditions also impact health care costs, as 93 percent of Medicare expenditures are for beneficiaries with chronic conditions.[61]

[59] Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services, ACL analysis of 2015 Medicare Current Beneficiary Survey.

[60] 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. 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.

[61] Nawrocki J. CMS Provides Data on Care for Chronic Conditions to Find Better Care Models. NetNews. April 2, 2013.

Funding History:

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

FY 2016 .....$8,000,000
FY 2017 .....$8,000,000
FY 2018 .....$8,000,000
FY 2019 Enacted.....$8,000,000
FY 2020 President's Budget $0

Budget Request:

The FY 2020 Budget continues to propose to consolidate this activity into the Preventive Health Services program and therefore no funding is requested. ACL continues to propose a new general provision that would build on existing flexibility and give states the ability to transfer nearly all of the funds they receive for HCBSS, Nutrition, Preventive Health and Caregivers between any of these programs to achieve the funding distribution that best addresses their individual State's unique needs and to modify existing CDSME programs to best meet the needs within their state.

Grant Awards Table:

Chronic Disease Self-Management Education Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	11	10	-
Average Award	$449,010	$760,600	-
Range of Awards	$107,447 - $600,000	$50,000- $1,000,000	-

Resource and Program Data:

Chronic Disease Self-Management Education
(Dollars in Thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	10	6,623	9	6,606	--	--
Continuations	5	1,000	1	1,000	--	--
Contracts	1	105	1	161	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support[62]	--	272	--	233	--	--
Total Resources	--	8,000	--	8,000	--	--

[62] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

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Falls Prevention

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Falls Prevention*	5,000	5,000	--	(5,000)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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

Program Description and Accomplishments:

Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over.[63] Many people limit their activity after a fall, which may reduce strength, physical fitness, and mobility.[64] Falls can also result in significant loss of independence and often trigger the onset of a series of growing needs. Americans over age 75 who fall are more than four times more likely to be admitted to a skilled nursing facility.[65] 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 prevention programs help participants improve strength, balance, and mobility and provide education on how to avoid falls and reduce fall risk factors. These programs also may involve medication reviews and modifications; provide referrals for medical care management for selected fall risk factors; and provide home hazard assessments of ways to reduce environmental hazards. Since September 2014, more than 50,000 older adults across the U.S. have been served via ACL-

[63] 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.
[64] 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.
[65] Donald IP, Bulpitt CJ. The prognosis of falls in elderly people living at home. Age and Ageing 1999;28:121–5

supported falls prevention/management programs, including A Matter of Balance, Stepping On, and Tai Chi: Moving for Better Balance.

Evidence-based community falls prevention/management programs have demonstrated a reduction in falls through randomized controlled trials. For example, when compared with control groups, the risk of falling for participants in the Tai Chi: Moving for Better Balance intervention decreased by 55 percent;[66] and the Stepping On program reduction was 31 percent.[67] Matter of Balance is an evidence-based program designed to reduce the fear of falling and increase activity levels among older adults.

Funding History

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

FY 2016 .....$5,000,000
FY 2017 .....$5,000,000
FY 2018 .....$5,000,000
FY 2019 Enacted.....$5,000,000
FY 2020 President's Budget $0

Budget Request:

The FY 2020 Budget continues to propose to consolidate the Falls Prevention program into the Preventive Health Services program and therefore no funding is requested. ACL continues to propose a new general provision that would build on existing flexibility and give states the ability to transfer nearly all of the funds they receive between HCBSS, Nutrition, Preventive Health and Caregivers to achieve the funding distribution that best addresses their individual State's unique needs.

[66] 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.

[67] Clemson L, Cumming RG, Kendig H, Swann M, Heard R, Taylor K. The Effectiveness of a Community-Based Program for Reducing the Incidence of Falls in the Elderly: A Randomized Trial. J Am Geriatr Soc. (Sept 2004) 52 (9): 1487–1494.

Grant Awards Table:

Falls Prevention Program Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2019 President's Budget
Number of Awards	11	11	-
Average Award	$449,010	$448,026	-
Range of Awards	$107,447-$600,000	$107,447-$600,000	-

Resource and Program Data:

Falls Prevention
(Dollars in Thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	10	4,339	10	4,328	--	--
Continuations	1	600	1	600	--	--
Contracts	1	17	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support[68]	--	44	--	72	--	--
Total Resources	--	5,000	--	5,000	--	--

[68] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

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Native American Nutrition and Supportive Services

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Native American Nutrition & Supportive Services*	33,129	34,208	34,208	-

*BA is in thousands of dollars.

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

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

Current FY Authorization .....Expired

Authorization Expiration Date 2019

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

Program Description and Accomplishments:

Native American Nutrition and Supportive Services provides grants to eligible tribal organizations to promote the delivery of Nutrition and Home and Community-Based Supportive Services to Native American, Alaskan Native, and Native Hawaiian elders. An estimated 945,000 people age 60 and over identify themselves as Native American or Alaskan Native alone or in combination with another racial group.[69] Over 549,000 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 43 percent of eligible Native American seniors in participating Tribal organizations. Home-delivered meals reach 19 percent of such persons, and supportive services reach 65 percent of such persons. These programs, which help to reduce the

[69] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race Alone or in Combination, and Hispanic Origin for the United States: April 1, 2010 to July 1 2017. Released June 2018. Accessed July 31, 2018.

[70] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017. Released June 2018. Accessed July 31, 2018.

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 2017 include:

- *Transportation Services*, which provided over 700,000 rides to meal sites, medical appointments, pharmacies, grocery stores, and other critical daily activities.[71]

- *Home-Delivered Nutrition Services,* under which almost 2.5 million meals were provided to more than 24,000 home bound Native American elders. The program also provides social contacts that help to reduce the risk of depression and isolation experienced by many home-bound Native American elders.[72]

- *Congregate Nutrition Services*, which provided almost 2.4 million meals to more than 61,000 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.[73]

- *Information, Referral and Outreach Services*, which provided more than 810,000 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.[74]

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, and through the Native American Resource Centers (funded under Aging Network Support Activities).

Eligible Tribal organizations receive nutrition and supportive services formula grants based on their share of the American Indian, Alaskan Native, and Native Hawaiian population age 60 and over. Tribal organizations must represent at least 50 Native American elders age 60 and over to receive funding. There is no requirement for matching funds. In addition, Tribes may decide the age at which a member is considered an elder and thus eligible for services. In FY 2018, grants were awarded to 270 Tribal organizations (representing 400 Tribes and villages), including one organization serving Native Hawaiian elders.

[71] ACL's OAA Title VI Program Performance Report, PY 2017
[72] Id
[73] Id
[74] Id

Funding History:

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

FY 2016 .....$31,158,000
FY 2017 .....$31,136,000
FY 2018 .....$33,129,000
FY 2019 Enacted.....$34,208,000
FY 2020 President's Budget $34,208,000

Budget Request:

The FY 2020 request for Native American Nutrition and Supportive Services is $34,208,000, the same as the FY 2019 Enacted level. Native American Nutrition and Supportive Services, similar to services provided through the Home and Community-Based Supportive Services and Nutrition Services programs, fund a broad range of services and reduce the need for more expensive institutional services. These services include adult day care, personal care, chore services, and home-delivered meals that also aid Native American caregivers, who might otherwise have to be even more intensely involved with the care of their loved ones, at the risk of their own health and careers. In FY 2020, ACL continues to propose a general provision to build on existing flexibility by giving Native communities the ability to transfer nearly all of the funds they receive for NANSS and NACSS between these programs to achieve the funding distribution that best addresses their individual community's unique needs.

At the FY 2020 request level, these services will support over 840,000 rides, 2.9 million meals at home, and 2.9 million meals at congregate sites.[75]

In FY 2020, the targeted number of units of service, such as home-delivered meals and transportation trips, provided to Native Americans per thousand dollars of ACL funding is projected at 283, a 29 percent increase over the FY 2002 base of 220. Over the past several years Native American services have generally met or exceeded their efficiency and output targets for meals and trips due in part to increased contributions from tribal organizations.

The strength of the Older Americans Act is that it gives Tribes the ability to define needs from the bottom up and the flexibility to direct funding accordingly to meet best meet these needs. In FY 2020, ACL continues to propose a new general provision to build on existing flexibility, by giving Tribes the ability to transfer nearly all of the funds they receive for Native American Nutrition and Support Services and Native American Caregiver Services between these programs to achieve the funding distribution that best addresses their individual Tribe's unique needs.

[75] Id

Outcomes and Outputs Table:

Native American Nutrition & Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 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 2017: 283 Target: 305 (Target Not Met but Improved)	300	290	-10

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output L: Transportation Services units *(Output)*	FY 2017: 704,589	828,119	847,035	+18,916
Output M: Home-Delivered Nutrition meals *(Output)*	FY 2017: 2.5 M	2.9 M	2.9 M	Maintain
Output N: Congregate Nutrition meals *(Output)*	FY 2017: 2.4 M	2.9 M	2.9 M	Maintain
Output O: Information, Referral and Outreach units *(Output)*	FY 2017: 810,216	795,660	711,195	-84,465

Grant Awards Table:

Native American Nutrition & Supportive Services Formula Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	274	275	275
Average Award	$117,451	$121,007	$121,007
Range of Awards	$73,990-$1,505,000	$73,990-$1,505,000	$73,990-$1,505,000

Resource and Program Data:

Native American Nutrition and Supportive Services
(Dollars in Thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	270	31,926	270	32,765	270	32,765
New Discretionary	1	152	1	200	3	112
Continuations	3	103	4	312	2	400
Contracts	1	827	1	721	1	721
Interagency Agreements	--	--	--	--	--	--
Program Support[76]	--	121	--	210	--	210
Total Resources		33,129		34,208		34,208

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

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Aging Network Support Activities

Activities	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Holocaust Survivor Assistance {non-add}	*4,988*	*5,000*	*5,000*	-
Care Corp (non-add)	--	*5,000*	--	*(5,000)*
Aging Network Support Activities*	12,430	17,461	11,503	(5,958)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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

Program Description and Accomplishments:

The Aging Network Support Activities program provides competitive grants and contracts to support technical assistance to help States, Tribes, and community providers of aging services to develop service systems that help older people remain independent and able to live in their own homes and communities. The activities of national significance help seniors and their families to obtain information about their care options and benefits. The program also provides ongoing support for the national aging services network and helps support the activities of ACL's core service delivery programs.

Competitive grants, cooperative agreements, and contracts for Aging Network Support Activities are awarded to eligible public or private agencies, tribal organizations, States, Area Agencies on Aging (AAAs), institutions of higher learning, and other organizations representing and/or serving older people, including faith-based organizations. Grantees are generally asked to provide a match equal to 25 percent of the project's total cost. Project proposals are reviewed by external experts and awards are made for periods of one to five years.

National Eldercare Locator and Engagement

Older Americans and their caregivers face a complicated array of choices and decisions regarding health care, pensions, insurance, housing, financial management, and long-term care. The Eldercare Locator, created in 1991, helps seniors and their families navigate this complex environment by connecting those needing assistance with State and local agencies on aging that serve older adults and their caregivers. The Eldercare Locator can be accessed through a toll-free nationwide telephone line (800-677-1116) or website (http://www.eldercare.gov). The phone line and website both connect those in need to providers in every zip code in the nation. The Eldercare Locator website continues to grow as a resource for older adults and their caregivers, serving 871,362 individuals in 2016. This service is supplemented by an Information and Referral Support Center which provides technical assistance and standards for the development of effective information and assistance systems.

Research suggests that social engagement remains an important determinant of physical health into very late.[77] ACL is interested in expanding the reach of the Aging Services network to more effectively assist older adults in remaining socially engaged and active. The Engagement and Older Adults Resource Center provides technical assistance and serves as a repository for innovations designed to increase the aging network's ability to tailor social engagement activities to meet the needs of older adults.

Pension Counseling and Retirement Information

The Pension Counseling program assists older Americans in accessing information about their retirement benefits and helps them negotiate with former employers or pension plans for due compensation. Currently there are approximately 700,000 private (as well as thousands of public) pension and retirement plans in the United States. Given that an employee may have worked for several employers, and these employers may have merged, sold their plans, or gone bankrupt, it is very difficult for the average person to know where to go to get help in finding out whether he or she is receiving all of their pension benefits. ACL currently funds six regional counseling projects covering 30 states. In 2016 pension counseling projects recovered $11.4 million and helped 3,812. People data for the program show that:

- 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.

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

ACL also supports the National Education and Resource Center on Women and Retirement Planning, which provides access to a one-stop gateway that integrates financial information and resources on retirement planning with information health and long-term care. This project made user-friendly financial education and retirement planning tools available to traditionally hard-to-reach individuals, including low-income women, women of color, women with limited English speaking proficiency, rural, and other "underserved" individuals. Information is offered through financial and retirement planning programs, workshops tailored to meet women's special needs, and 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 and maintains an interactive web site.

National Resource Centers on Native American Elders

The National Resource Centers on Native American Elders enhance knowledge about older Native Americans and thereby improve the delivery of services to this important but underserved population. Each resource center addresses at least two areas of primary concern which are specified in the OAA. These include health issues, long-term care (including in-home care), elder abuse, mental health, and other problems and issues facing Native communities. The Resource Centers are administered under cooperative agreements by institutions of higher education. The resource centers partner with Native American organizations and communities, educational institutions (including tribal colleges and universities), and professionals and paraprofessionals in the field. Each Resource Center has specialized areas of interest. For example, the University of North Dakota Resource Center has assisted Title VI grantees in assessing needs of tribal elders to determine program planning and direction. This process has led to the development of a database of information about American Indian, Alaska Native and Native Hawaiian Elders. The University of Hawaii Resource Center has focused on long-term care needs of Native Hawaiian Elders. The University of Alaska Resource Center has focused on elder abuse and neglect issues within Native American or Alaskan Native communities.

National Minority Aging Organizations Technical Assistance Centers

The National Minority Aging Organizations (NMAO) Technical Assistance Centers program works to reduce or eliminate health disparities among racial, ethnic, and other minority older individuals. These centers design and disseminate front line health promotion and disease prevention information that is culturally and linguistically appropriate for older individuals of African American, Hispanic, Asian American and Pacific Islander descent, American Indian and Alaska Native elders, as well as for older lesbian, gay, bisexual, and transgender (LGBT) adults.

Each NMAO project pilots a practical, nontraditional, community-based intervention for reaching older individuals who experience barriers to accessing home and community-based services. Interventions are focused on barriers due to language and low literacy. Strategies developed under this program incorporate the latest technology and facilitate the generation and dissemination of knowledge in forms that can assist minority older individuals to practice positive health behaviors

and strengthen their capacity to maintain active, independent life styles. Examples of products resulting from these grants include a chronic disease self-management curriculum and manual tailored for racial and ethnic minority seniors, a referral database of Chronic Disease Self-Management Education (CDSME) workshops, a series of bilingual Influenza Vaccination Promotion materials, and a culturally appropriate caregiver manual/toolkit for American Indian and Alaskan Native caregivers caring for elders with dementia.

Holocaust Survivor Assistance

The United States is home to an estimated 130,000 victims of Nazi persecution, approximately 25 percent of whom are living in poverty. Because of the experiences they endured early on in their lives, Holocaust survivors are likely to have greater and more complex physical and mental health needs as they age. The nonprofit social service agencies that serve this population have projected that the need for supportive services will continue to grow and intensify over the next five to ten years.

In FY 2015, ACL developed and implemented a program to provide supportive services for aging Holocaust survivors living in the United States. A cooperative agreement was awarded to a national organization with demonstrated expertise in working with Holocaust survivors to advance the development and delivery of person-centered, trauma-informed supportive services. The program focused efforts on two fronts: 1) expanding the capacity of community-based agencies to provide direct services to Holocaust survivors in a person-centered, trauma-informed manner; and 2) developing and implementing a national technical assistance center devoted to expanding the aging services network's capacity to deliver person-centered, trauma-informed services.

Program Performance and Technical Assistance

This activity supports cooperative efforts between ACL and selected states and AAAs to develop tools, performance measures, and best practices that can be used to effectively and efficiently identify the results produced through OAA programs on an ongoing basis. These efforts include partnerships with National Aging Organizations to foster innovation and provide technical assistance to states, AAAs, and tribal organizations in strategic planning, program development, and performance improvement. Program Performance and Technical Assistance (PPTA) also supports efforts to expand the business acumen and contracting capacity of the community-based organizations (CBOs) within the Aging network. Medicaid, Medicare, Accountable Care Organizations, private insurers and other private pay models will offer increasing opportunities to CBOs to tap into new revenue streams outside of government grants, but securing contracts and interfacing with such payers requires thinking and operating differently. In FY 2019 Care Corps will develop and test local models of caregiver support for older adults and people with disabilities. ACL's Business Acumen Initiative seeks to strengthen CBOs from the inside, building their business skills and enhancing their effectiveness, efficiency and sustainability.

Funding History:

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

FY 2016 .....$9,961,000
FY 2017 .....$9,938,000
FY 2018 .....$12,430,000
FY 2019 Enacted.....$17,461,000
FY 2020 President's Budget $11,503,000

Budget Request:

The FY 2020 request for Aging Network Support Activities is $11,503,000, a reduction of -$5,958,000 below the FY 2019 Enacted level. This level does not include funding for the Care Corps Program and represents a reduction in efforts to assist Area Aging Agencies through the Program Performance and Technical Assistance efforts. Programs funded by this request provide ongoing support for the national aging services network and support the activities of ACL's core service delivery programs. They provide a variety of unique services – such as the Pension Counseling and the National Eldercare Locator – and strengthen and streamline ACL's core services.[78]

The request will continue, as permitted by statute, to support .4 FTE for administration of the Pension Counseling program.

Aging Network Support Activities outcomes are reflected in performance targets for Health and Independence for Older Adults and Caregiver and Family Support Services.

[78] Please see page 224 for a discussion of how the MIPPA program helps hard to reach low income and Rural Medicare beneficiaries who qualify for either the Medicare savings plan or Low-Income Subsidy pay their Medicare premiums.

Aging Network Support Activities includes funding for the following projects:

(dollars in thousands):

Activity	FY 2018 Operational Level	FY 2019 President's Budget	FY 2020 Request
Aging Network Support Activities: National Eldercare Locator and Engagement	2,033	2,038	2,038
Pension Counseling and Retirement Information	1,849	1,858	1,858
National Resource Centers on Native Americans	653	655	655
National Minority Aging Organizations	1,162	1,165	1,165
Holocaust Survivor Assistance	4,988	5,000	5,000
Program Performance and Technical Assistance	1,744	1,745	788
Care Corps	0	5,000	0
Total, Aging Network Support Activities	**12,430**	**17,461**	**11,503**

Grant Awards Table:

Aging Network Support Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	31	29	24
Average Award	$393,198	$587,119	$465,768
Range of Awards	$134,452-$2,467,500	$134,452-$2,467,500	$134,452-$2,467,500

Resource and Program Data:

Aging Network Support Activities
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	16	6,651	3	8,077	10	6,987
Continuations	15	5,538	26	8,949	14	4,192
Contracts	1	20	2	120	2	120
Interagency Agreements	--	--	--	--	--	--
Program Support[79]	--	221	--	315	--	205
Total Resources	--	12,430	--	17,461	--	11,503

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

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Caregiver and Family Support Services

Summary of Request

Families are the nation's primary provider of long-term care, but a number of factors including financial constraints, work and family demands, and the many challenges of providing care place great pressure on family caregivers. Caregiving responsibilities demand time and money from families who too often are already strapped for both. ACL's caregiver programs provide services that address the needs of unpaid, informal caregivers, allowing many of them to continue to work while providing critically needed care.

Better support for informal caregivers is critical because often it is their availability—whether they are family members or unrelated friends and neighbors who dedicate their time—that determines whether an older person can remain in his or her home. 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] These trends are already being felt in the marketplace, where employers are losing an estimated $33 billion per year due to employees' caregiving responsibilities.[82]

The demands of caregiving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk for institutionalization of the care recipient. Caregivers suffer from higher rates of depression than non-caregivers of the same age, and research indicates that caregivers suffer a mortality rate that is 63 percent higher than non-caregivers.[83]

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.[84]

By 2020 the U.S. Census Bureau estimates there will be 15.6 million non-institutionalized seniors age 65 and over with 1+ ADL deficits, an increase of 1.4 million older adults (or 10 percent increase between 2016 and 2020) needing caregiver assistance.[85] To help address these caregiver-related needs, Consistent with the FY 2019 Budget, ACL proposes to expand existing transfer authorities to give States and Tribes maximum flexibility to transfer funding between four Older

[80] FY15OAAReportCongress, page 25.
[81] The Opportunity Costs of Informal Elder-Care in the United States.
[82] The MetLife Caregiving Cost Study: Productivity Losses to U.S. Business, Page 17.
[83] Schulz R, Beach SR. Caregiving as a risk factor for mortality. The Caregiver Health Effects study. JAMA December 15, 1999;282:2215-9.
[84] 2018 National Survey of Older Americans Act Participants.
[85] 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. Accessed 23 October 2018. U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017: Released June 2018. Accessed 24 July 2018. Centers for Medicare & Medicaid Services, ACL analysis of 2015 Medicare Current Beneficiary Survey. Accessed 24 July 2018. Centers for Medicare & Medicaid Services, ACL analysis of 2015 Medicare Current Beneficiary Survey. Accessed 26 July 2018.

Americans Act Programs. These are Home and Community Based Supportive Services, Nutrition Programs, Family Caregiver Services, and Preventive Health Services. In addition, ACL requests a total of $181 million, the same level as the FY 2019 President's Budget. The request includes:

- $150.6 million for Family Caregiver Support Services, a reduction of -$30.1 million from the FY 2019 Enacted level. This program makes a range of support services available to family and informal caregivers - including counseling, respite care, and training - that assist family and informal caregivers to care for their loved ones at home for as long as possible. Studies have shown that these supports can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly nursing home care. The request is consistent with the FY 2019 President's Budget.

- $7.6 million for Native American Caregiver Support Services, a reduction of -$2.5 million below FY 2019 Enacted Level. This program makes a range of services available to Native American caregivers, including information and outreach, access assistance, individual counseling, support groups and training, respite care and other supplemental services. The request is consistent with the FY 2019 President's Budget.

- $19.5 million for the Alzheimer's Disease Program, a reduction of -$4.0 million below the FY 2019 Enacted Level. The Alzheimer's Disease program includes two classes of competitive grants – to States who want to improve/develop their dementia systems capability, and to existing dementia capable community-based organizations that are prepared to address identified service gaps through expansion of their on-going activities. In addition, ACL funds a training and technical assistance resource center and a national call center. The request is consistent with the FY 2019 President's Budget.

- $3.4 million for Lifespan Respite Care, a reduction of -$0.8 million from the FY 2019 Enacted Level. At this level the Lifespan Respite Care program will continue its efforts to develop more efficient, cost-effective methods that reach across the aging and the disability populations to improve the quality of and access to respite care for family caregivers of children or adults of any age with special needs. The request is consistent with the FY 2019 President's Budget.

Family Caregiver Support Services

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Family Caregiver Support Services*	180,138	181,186	150,586	(30,600)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Formula Grant

Program Description and Accomplishments:

The Family Caregiver Support Services Program provides formula grants to states and territories, based on their share of the population age 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. The program includes five basic system components: information, access assistance, counseling and training, respite care, and supplemental services. These services work in conjunction with other OAA services to provide a coordinated set of supports that caregivers can access on behalf of themselves and the seniors for whom they provide care. These services include:

- *Access Assistance Services* provided nearly 1.3 million contacts to caregivers assisting them in locating services from a variety of public and private agencies (Output I).[86]

- *Counseling and Training Services* provided over 108,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).[87]

- *Respite Care Services* provided over 58,900 caregivers with nearly 6.2 million hours of temporary relief, at home or in an adult day care or nursing home setting, from their caregiving responsibilities (Output K).[88]

[86] ACL'S OAA State Performance Report, FY 2016
[87] Id
[88] Id

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[89] and $522 billion annually, which is roughly equivalent to the cost of *all* Medicaid spending in FY 2016 (Federal and state: $553 billion).[90]

Research has also shown that caregiving exacts a heavy emotional, physical, and financial toll. Caregivers often experience conflicts between work and caregiving, with 28 percent reporting that they have had to make adjustments such as retiring or taking time away from work due to their caregiving responsibilities.[91] According to data from ACL's National Survey of OAA Participants, 22 percent of caregivers reported that they are assisting two or more individuals.[92] Seventy-three percent of Title III caregivers are 60 or older, making them more susceptible to a decline in their own health, and 31 percent describe their own health as fair to poor.[93] The demands of caregiving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk for institutionalization of the care recipient.

Studies have shown that the types of supports provided through the Family Caregiver Support Services Program can reduce caregiver depression, anxiety, and stress and enable them to provide care longer while often 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.[94]

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.[95] 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. Thirty eight percent of caregivers indicated that the care recipient would be unable to remain at home without the support services.[96] Those respondents were then asked to identify where the care recipient would be living without services. A significant majority of those caregivers, 76 percent,[97] indicated that the care recipient would most likely be living in a nursing home or assisted living (see below).

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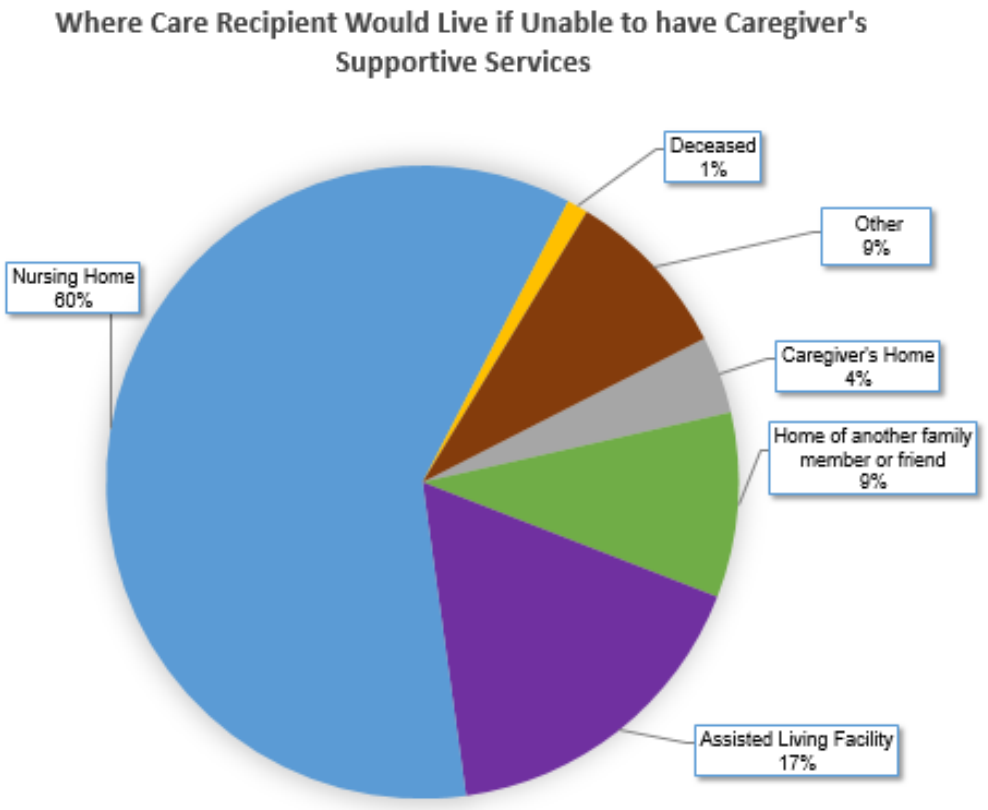
[89] Ibid.
[90] Ibid.
[91] 2018 National Survey of Older Americans Act Participants.
[92] Id
[93] Id
[94] *A Family Intervention to Delay Nursing Home Placement of Patients with Alzheimer's Disease.* Aging and Dementia Research Center, New York University. Journal of the American Medical Association. December 4, 1996.
[95] 2018 National Survey of Older Americans Act Participants.
[96] Id
[97] Id



Funding History:

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

FY 2016 .....$150,586,000
FY 2017 .....$150,240,000
FY 2018 .....$180,138,000
FY 2019 Enacted.....$181,186,000
FY 2020 President's Budget $150,586,000

Budget Request:

The FY 2020 request for Family Caregiver Support Services is $150,586,000, the same level as the FY 2019 President's Budget. Funding for Family Caregiver Support Services will allow ACL to continue services that give caregivers the assistance needed to help them sustain their caregiving and provide care longer. By helping caregivers so that they in turn can help to keep their loves ones independent and out of an institution for a longer period, investments in this program can reduce costs to the Federal government in other areas such as Medicaid.

States now can transfer up to 30 percent of their funding for Nutrition and HCBSS between these programs, and up to 40 percent of Nutrition funding between the Nutrition programs. ACL continues to propose a new general provision to maximize funding flexibility for states to use Older American Act funding, between HCBSS, Nutrition, Preventive Health and Caregivers to direct funding to activities that best addresses their individual State's unique needs.

The requested funding level for Family Caregiver Supportive Services will allow 800,000 caregivers (Outcome 3.1) to receive supportive services, including respite care or other temporary relief from their caregiving responsibilities. At the requested level, ACL will continue support for the Raise Family Caregivers Act, and the Supporting Grandparents Raising Grandchildren Act. In addition, as many as 105,000 caregivers will also have the opportunity to participate in counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).

In FY 2020, ACL anticipates the aging services network to be able to meet or exceed the target of only 30 percent of caregivers experiencing difficulty obtaining services (Outcome 2.6). This is a substantial accomplishment that occurred at the State level as a result of ongoing program development, better 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, and by 2017, that rate had been reduced to 33 percent of caregivers reporting difficulty getting services.[98]

For FY 2020, the performance target for Family Caregiver Support Services Program participants who rate services good to excellent is 90 percent (Outcome 2.9c). The substantive improvements in program performance can be attributed to the successful implementation of the program. Client-reported assessment of service quality and program outcomes is also expected to remain at high levels.

[98] Id

Outcomes and Outputs Table:

Family Caregiver Support Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 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 2017: 8,227 clients Target: 9,000 clients (Target Not Met)	8,900 clients	8,300 clients	-600 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 2017: 31% Target: 26.8% (Target Not Met but Improved)	30%	30%	Maintain
2.9c Maintain at 90% or higher the percentage of National Family Caregiver Support Program clients who rate services good to excellent. (Outcome)	FY 2017: 93% Target: 90% (Target Exceeded)	90%	90%	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 2017: 63.7 weighted average Target: 63.25 weighted average (Target Exceeded)	63.6 weighted average	64 weighted average	+0.4 weighted average
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2017: 791,934 caregivers Target: 900,000 caregivers (Target Not Met but Improved)	800,000 caregivers	800,000 caregivers	Maintain

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output I: Caregivers access assistance units of service. *(Output)*	FY 2017: 1.3 M	1.41 M	1.23 M	-0.18 M
Output J: Caregivers receiving counseling and training. *(Output)*	FY 2017: 108,665	121,492	105,438	-16,054
Output K: Caregivers receiving respite care services. *(Output)*	FY 2017: 58,956	64,412	57,177	-7,235

Note: For presentation within the budget ACL highlighted specific measures that are most directly related to Family Caregiver Support Services, however multiple performance outcomes are impacted by this program because ACL's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives.

Grant Awards Table:

Family Caregiver Supportive Services Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$3,196,770	$3,203,110	$2,662,145
Range of Awards	$111,887-$18,613,674	$112,109-$18,554,884	$93,175-$15,421,200

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	2,709,415	2,698,062	2,242,394	(455,668)
Alaska	895,096	896,870	745,400	(151,470)
Arizona	4,162,295	4,157,904	3,455,687	(702,217)
Arkansas	1,707,413	1,703,237	1,415,582	(287,655)
California	18,613,674	18,554,884	15,421,200	(3,133,684)
Colorado	2,460,926	2,481,492	2,062,400	(419,092)
Connecticut	2,053,876	2,088,348	1,735,653	(352,695)
Delaware	895,096	896,870	745,400	(151,470)
District of Columbia	895,096	896,870	745,400	(151,470)
Florida	14,897,648	14,916,927	12,397,649	(2,519,278)
Georgia	4,525,861	4,599,036	3,822,318	(776,718)
Hawaii	895,096	896,870	745,400	(151,470)
Idaho	895,096	896,870	745,400	(151,470)
Illinois	6,519,625	6,576,311	5,465,656	(1,110,655)
Indiana	3,431,275	3,433,008	2,853,217	(579,791)
Iowa	1,832,214	1,801,135	1,496,946	(304,189)
Kansas	1,535,955	1,525,070	1,267,505	(257,565)
Kentucky	2,356,607	2,361,242	1,962,458	(398,784)
Louisiana	2,297,730	2,309,910	1,919,796	(390,114)
Maine	895,096	896,870	745,400	(151,470)
Maryland	3,014,406	3,026,134	2,515,058	(511,076)
Massachusetts	3,756,823	3,762,824	3,127,331	(635,493)
Michigan	5,566,469	5,570,968	4,630,103	(940,865)
Minnesota	2,909,295	2,893,620	2,404,925	(488,695)
Mississippi	1,553,735	1,541,589	1,281,234	(260,355)
Missouri	3,435,124	3,424,466	2,846,117	(578,349)
Montana	895,096	896,870	745,400	(151,470)
Nebraska	1,009,963	999,867	831,002	(168,865)
Nevada	1,481,560	1,512,187	1,256,798	(255,389)
New Hampshire	895,096	896,870	745,400	(151,470)
New Jersey	4,857,126	4,880,163	4,055,966	(824,197)
New Mexico	1,154,080	1,151,244	956,814	(194,430)
New York	10,679,449	10,821,947	8,994,259	(1,827,688)
North Carolina	5,377,865	5,436,175	4,518,075	(918,100)
North Dakota	895,096	896,870	745,400	(151,470)
Ohio	6,544,816	6,536,738	5,432,767	(1,103,971)
Oklahoma	2,069,518	2,047,989	1,702,110	(345,879)
Oregon	2,331,458	2,327,115	1,934,095	(393,020)
Pennsylvania	7,889,290	7,828,266	6,506,172	(1,322,094)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Rhode Island	895,096	896,870	745,400	(151,470)
South Carolina	2,798,605	2,853,896	2,371,910	(481,986)
South Dakota	895,096	896,870	745,400	(151,470)
Tennessee	3,582,430	3,592,256	2,985,570	(606,686)
Texas	11,430,354	11,477,879	9,539,412	(1,938,467)
Utah	1,094,914	1,105,025	918,401	(186,624)
Vermont	895,096	896,870	745,400	(151,470)
Virginia	4,210,006	4,249,020	3,531,415	(717,605)
Washington	3,645,963	3,648,609	3,032,406	(616,203)
West Virginia	1,173,471	1,169,094	971,649	(197,445)
Wisconsin	3,234,521	3,194,544	2,655,026	(539,518)
Wyoming	895,096	896,870	745,400	(151,470)
Subtotal	**175,542,003**	**175,917,491**	**146,207,276**	**(29,710,215)**
American Samoa	111,887	112,109	93,175	(18,934)
Guam	447,548	448,435	372,700	(75,735)
Northern Mariana Islands	111,887	112,109	93,175	(18,934)
Puerto Rico	2,358,249	2,335,561	1,941,114	(394,447)
Virgin Islands	447,548	448,435	372,700	(75,735)
Subtotal	**179,019,122**	**179,374,140**	**149,080,140**	**(30,294,000)**
Program Support[99]	1,118,753	1,811,860	1,505,860	(306,000)
Total States/Territories	**180,137,875**	**181,186,000**	**150,586,000**	**(30,600,000)**

[99] Program Support- includes funds for Older Americans 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Native American Caregiver Support Services*	9,529	10,056	7,556	(2,500)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Formula Grant

Program Description and Accomplishments:

Native American Caregiver Support Services provide grants to eligible tribal organizations to support family and informal caregivers of Native American, Alaskan Native, and Native Hawaiian elders. This program helps to reduce the need for costly nursing home care and medical interventions, is responsive to the needs of Native American communities and represents an important part of each community's comprehensive services.

Native American Caregiver Support Services funding is allocated to eligible tribal organizations based on their share of the American Indian, Alaskan Native, and Native Hawaiian populations aged 60 and over. Native organizations must represent at least 50 Native American elders age 60 and over and must also receive a grant under the Native American Nutrition and Supportive Services program to receive funding. There is no requirement for matching funds. Tribes may also decide the age at which a member is considered an elder and thus eligible for services. In addition, there is no limit on the percentage of funds that can be used for services to grandparents caring for grandchildren.

Grants assist American Indian, Alaskan Native and Native Hawaiian families caring for older relatives with chronic illness or disability and grandparents caring for grandchildren. The 2017 National Resource Center on Native American Aging's *Identifying Our Needs: A Survey of Elders* show that 33.7% of Native Elders have a family member as a caregiver; and 28.3% are themselves

caring for grandchildren and 10.2% of these Elders are the primary caregiver of a grandchild. The trending top five chronic diseases among Elders were high blood pressure (56.5%), arthritis (45.3%), diabetes (39.3%), cataracts (19.4%), and depression (13.3%).

The Title VI program provides a variety of direct services that meet a range of caregiver needs, including information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services. Native organizations coordinate with other programs to help support and create sustainable caregiver programs in Native American communities (many of which are geographically isolated). A core value of the Native American Caregiver Support Services program is that the program should not replace the tradition of families caring for their elders. Rather, as expressed by multiple tribal and other Native leaders, the program provides support that strengthens the family caregiver role.

Funding History:

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

FY 2016 .....$7,531,000
FY 2017 .....$7,539,000
FY 2018 .....$9,529,000
FY 2019 Enacted $10,056,000
FY 2020 President's Budget $7,556,000

Budget Request:

The FY 2020 request for Native American Caregiver Support Services is $7,556,000, a reduction of -$2.5 million below the FY 2019 Enacted Level. The request supports the same level as the FY 2019 President's Budget. Often it is the availability of caregivers – whether they are family members or unrelated friends and neighbors who volunteer their time – that determines whether an older person can remain in his or her home.

The strength of the Older Americans Act is that it gives Native communities the ability to define needs from the bottom up and the flexibility to direct funding accordingly to meet best meet these needs. In FY 2020, ACL continues to propose a new general provision to build on existing flexibility by giving Native communities the ability to transfer nearly all of the funds they receive for NANSS and NACSS between these programs to achieve the funding distribution that best addresses their individual community's unique needs.

An estimated 945,000 persons age 60 and over identify themselves as Native American or Alaskan Native alone or in combination with another racial group.[100] Over 549,000 of those elders identify as Native American or Alaskan Native with no other racial group[101]. Caregiver Support Services help Native American elders, many of whom have limitations in activities of daily living that make it difficult to care for themselves, to remain at home, in the community, or on the reservation for as long as possible. Studies have shown that providing assistance to caregivers can help them cope with the emotional, physical and financial toll associated with caregiving, thereby enabling them to provide care for their loved ones longer and avoid or delay the need for costly nursing home care.

Performance data indicates that these programs are an efficient means to help Native American Elders remain independent and in the community. In FY 2020, funding for the Native American Caregiver Support Program will continue to support family and informal caregivers, whose assistance is critical to enabling Native American elders to remain at home, in the community, and/or on the reservation. In FY 2020, an estimated 711,000 units of caregiver-related services, including respite care, information and referral, caregiver training and support groups, will have been provided by Native American Tribal organizations.

Outcome Table:

Native American Caregivers Supportive Services

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2019 Target**	**FY 2020 Target**	**FY 2020 Target +/- FY 2019 Target**
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2017: 791,934 caregivers Target: 900,000 caregivers (Target Not Met but Improved)	800,000 caregivers	800,000 caregivers	Maintain

[100] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race Alone or in Combination, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017 Released June 2018. Accessed July 31, 2018.

[101] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Single Year of Age, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2017. Release Date: June 2018. Accessed July 31, 2018.

Grant Awards Table:

Native American Caregivers Supportive Services Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	238	238	238
Average Award	$39,552	$41,676	$31,172
Range of Awards	$13,820-$56,560	$13,820-$56,560	$13,820-$56,560

Resource and Program Data:

Native American Caregiver Support Services
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	238	9,413	238	9,919	238	7,419
New Discretionary	--	--	--	--	--	--
Continuations	--	--	--	--	--	--
Contracts	1	50	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support[102]	--	65	--	137	--	137
Total Resources		9,529		10,056		7,556

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

Alzheimer's Disease Program

Alzheimer's Disease Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alzheimer's Disease from (Direct Appropriations)	8,778	8,800	19,490	10,690
Alzheimer's Disease (from PPHF)	14,700	14,700	--	(14,700)
Alzheimer's Disease Program*	23,478	23,500	19,490	(4,010)

*BA is in thousands of dollars.

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

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

Current FY Authorization .....Expired

Expiration Date 2019

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

Program Description and Accomplishments:

The effects of Alzheimer's Disease and Related Dementias (ADRD) are devastating for individuals living with the disease and their family caregivers. Serving people with ADRD typically requires significant levels of medical care as well as the provision of person-centered, dementia-capable home and community-based services (HCBS). Approximately one-third of individuals with ADRD living in the community live alone, exposing them to numerous risks, including unmet needs, malnutrition and injury, and various forms of neglect and exploitation.[103] As the number of people with ADRD is projected to grow by almost 300 percent by 2050[104], 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.

[103] Gould, E., Maslow, K., Yuen, P., Wiener, J. Providing Services for People with Dementia Who Live Alone: Issue Brief. Accessed April 14, 2014.
[104] Alzheimer's Association. 2017 Alzheimer's Disease Facts and Figures. Accessed 09 May, 2017.

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.[105] 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.[106]

Establishing dementia-capable home and community-based service systems designed to meet the needs of formal and informal caregivers of individuals with ADRD is critical to helping these caregivers continue to provide care. The Alzheimer's Disease Program provides funding for the development and implementation of these person-centered services and supports partnerships with public and private entities to identify and address the unique needs of persons with ADRD and their caregivers.

In FY 2018, three existing ACL Alzheimer's programs were consolidated into a single, more flexible program. These programs were: the Alzheimer's Disease Supportive Services program (ADSSP), the Alzheimer's Disease Initiative - Specialized Services Program (ADI-SSS) and the ADI – Communications Campaign, along with the Alzheimer's Call Center previously funded from the ANSA. This consolidated program improves the services that support caregivers and people with ADRD by dedicating resources for States and community-based organizations providing both services and training to people with ADRD. Through the Alzheimer's Disease program, ACL has issued two classes of competitive grants – to States who want to improve/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. 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.

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.

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[105] 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*.

[106] 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.

Funding History:

FY 2016 .....$0
FY 2017 .....$0
FY 2018/1 .....$23,478,000
FY 2019 Enacted/1 .....$23,500,000
FY 2020 President's Budget $19,490,000

1/FY 2018 and FY 2019 totals each include $14.7 million in funding from the Prevention and Public Health Fund.

Budget Request:

In FY 2020, ACL is requesting $19,490,000, a reduction of -$4,010,000 below the FY 2019 Enacted Level and the same level as was requested in the FY 2019 President's Budget to support Alzheimer's Disease activities through a single, consolidated grant program.

The need for cutting edge approaches for services and systems that help to support those with Alzheimer's disease and related dementias (ADRD) and their caregivers is critical for helping them to remain in the community. At this funding level ACL will continue to assist individuals with ADRD and their caregivers.

Outcome and Outputs Table:

Alzheimer's Disease Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 Target
ALZ.3 Improve dementia capability of long-term support systems to create dementia-friendly, livable communities. (Outcome)	FY 2018: 22% Target: 22% (Baseline)	28%	33%	+5

Grant Awards Tables:

Alzheimer's Disease Program[107]

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	20	22	22
Average Award	$913,825	$984,276	$885,909
Range of Awards	$350,000-$1,233,571	$350,000-$123,571	$350,000-$123,571

Resource and Program Data:

Alzheimer's Disease Program

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	20	18,277	21	20,420	--	--
Continuations	--		1	1,234	22	17,644
Contracts	1	1,700	1	1,700	1	1,700
Interagency Agreements	--	--	--	--	--	--
Program Support[108]	--	166	--	146	--	146
Total Resources[109]	--	20,142	--	23,500	--	19,490

[107] The number of awards is an estimate and may change.
[108] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.
[109] $3.4 million in FY 2018 funding remains available for future years.

Lifespan Respite Care

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Lifespan Respite Care*	4,100	4,110	3,360	(750)

*BA is in thousands of dollars.

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

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

Current FY Authorization .....Expired

Expiration Date 2011

Allocation Method .....Competitive Grants

Program Description and Accomplishments:

Family caregiving is not just an aging issue. Family caregiving for persons with disabilities occurs across the age spectrum from birth to death. Family caregivers are often called upon to provide care to individuals of varying ages and disabilities and do so willingly. In 2015, AARP and the National Alliance for Caregiving estimated that 43.5 million people served as unpaid family caregivers to an adult or child with special needs. For many of these caregivers, providing care can take a toll: nineteen percent report high levels of physical strain; eighteen percent experience high levels of financial strain; and thirty-eight percent of all family caregivers indicated they experienced high levels of emotional stress.[110] Many caregivers report difficulty managing both physical and emotional stress and balancing work and family responsibilities.

Numerous studies have shown respite 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,

[110] National Alliance for Caregiving and AARP. Caregiving in the U.S. 2015 – Focused Look at Caregivers of Adults Age 50+.

[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] National Alliance for Caregiving and AARP, 2009

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 special needs. The program provides ACL with a key vehicle to address the needs of caregivers while considering the important contributions they make in the lives of persons of all ages with disabilities. The goals of the Lifespan Respite Care Program differ from the Family Caregiver Support Services Program, which focuses on providing a variety of services to caregivers. Instead, the Lifespan Respite Care program focuses on providing a test-bed for needed infrastructure changes, and on filling gaps by putting in place coordinated systems of accessible, community-based respite care services for family caregivers of children and adults with special needs. These systems bring together and seek to coordinate respite care services for family caregivers; training and recruitment of respite care workers and volunteers; and the provision of information, outreach, and access assistance.

The Lifespan Respite Care Program also supports technical assistance activities designed to maintain a national database on respite care; provide training to state, community, and nonprofit respite care programs; and advance state systems and capacities to deliver respite care and address the systemic infrastructure necessary to mitigate gaps in respite care services, conduct public information, referral, and education programs on respite care. Since its creation in 2009, the Lifespan Respite Care Program has made 101 grants to 38 States to develop, expand, integrate and sustain their respite care systems, and funded a National Technical Assistance Resource Center. Examples of grantee accomplishments include:

- Creation and adoption of statewide respite plans and/or policies to guide further development of respite and caregiver support programs;
- Development or enhancement of training programs for respite care providers to expand the cadre of trained respite professionals;
- Replication and expansion of respite delivery modalities with a particular focus on person- centered planning and consumer direction;
- 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;

[113] National Alliance for Caregiving and AARP, 2009.
[114] National Alliance for Caregiving. (2012). *Multiple Sclerosis Caregivers.* Washington, DC: Author; The Arc, 2011.

- 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 2016 .....$3,360,000
FY 2017 .....$3,352,000
FY 2018 .....$4,100,000
FY 2019 Enacted.....$4,110,000
FY 2020 President's Budget $3,360,000

Budget Request:

The FY 2020 request for Lifespan Respite is $3,360,000 a reduction of -$750,000, from the FY 2019 Enacted Level and in this is the same level as the FY 2019 President's Budget. At this level, ACL will continue to make competitive grants available to support a range of possible activities to build or enhance Lifespan Respite Care Programs; further integrate, sustain and advance Lifespan Respite activities into broader long-term services and supports in the State; and/or provide additional respite services to family caregivers across the age and disability spectrum. ACL recognizes the unique opportunity the Lifespan Respite Care Program presents to consider the critical role that support for family caregivers plays in ensuring the health and independence of individuals across the age and disability spectrum. By investing in this program, ACL seeks to provide more 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, training and coordination regardless of age or disability. The Lifespan Respite Care program demonstrates ACL's commitment to supporting caregivers of children or adults of any age with special needs. According to the National Respite Coalition, nearly 90 percent of family caregivers of care recipients age 18 and older, and 81 percent of family caregivers of children with special needs currently are unable to access or use respite services. Caregivers report numerous barriers ranging from cost considerations and restrictive eligibility criteria to waiting lists, limited respite options, inadequate supply of trained providers or appropriate programs, and gaps in service availability.[115] The resources requested for FY 2020 will be used to address these issues by:

- Expanding, enhancing, and advancing respite care services to family members,
- Improving the statewide dissemination and coordination of respite care, and
- Providing, supplementing, or improving access and quality of respite care services to family caregivers, thereby reducing family caregiver strain.

Output Table:

Lifespan Respite Care

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output AJ: The number of states that have participated in the Lifespan Respite Care program. *(Output)*	FY 2017: 36	38	39	+1

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

Grant Awards Table:

Lifespan Respite Care Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	21	17	14
Average Award	$190,103	$218,665	$211,952
Range of Awards	$88,333 - $290,792	$88,333 - $265,000	$88,333 - $265,000

Lifespan Respite Care Program
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	4	1,063	--	--	10	2,174
Continuations	17	2,929	17	3,717	4	793
Contracts	--	--	2	200	2	200
Interagency Agreements	--	--	--	--	--	--
Program Support[116]	--	108	--	193	--	193
Total Resources	--	4,100	--	4,110	--	3,360

[116] Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs, overhead and information technology support costs.

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Protection of Vulnerable Adults

Summary of Request

Protection of Vulnerable Adults consists of several distinct but complementary programs designed to prevent, detect, and respond to elder abuse, neglect, and exploitation. As the population of older Americans increases, the problem of elder abuse, neglect, and exploitation continues to grow. A 2004 national survey of State Adult Protective Services (APS) programs conducted by the National Center on Elder Abuse showed a 16 percent increase in the number of elder abuse cases from an identical study conducted in 2000.[117] 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 is 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. 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 2020 program level request for Protection of Vulnerable Adults is $52.5 million, a decrease of -$3.0 million below the FY 2019 Enacted Level. For FY 2020, specific program requests include:

- $15.9 million for the Long-Term Care Ombudsman Program, a reduction of -$1.0 million below the FY 2019 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 2020 the program is projected to provide half a million consultations and address 201,000

[117] Teaster, Pamela, et al. 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older.
[118] Tatara, Toshio, et al. The National Elder Abuse Incidence Study Final Report. 1998.
[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
[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

complaints with a historic resolution rate of nearly 75 percent. The request is consistent with the FY 2019 President's Budget request.

- $4.8 million for Prevention of Elder Abuse and Neglect, the same as the FY 2019 Enacted Level. This program provides formula grants to states to train, educate, and increase public awareness of how to prevent elder abuse.

- $18.0 million for the Health Care Fraud and Abuse Control/Senior Medicare Patrol Program (HCFAC/SMP), the same as the FY 2019 Enacted Level. HCFAC/SMP funds competitive grants and related infrastructure to support a volunteer-based network that helps to prevent and combat healthcare fraud and abuse and helps to preserve the financial integrity of Medicare and Medicaid.

- $13.9 million for Elder Rights Support Activities (ERSA), a reduction of -$2.0 million below the FY 2019 Enacted Level. ERSA includes dedicated funding for Elder Justice/Adult Protective Services as well as funding for resource centers and activities that provide information, training, and technical assistance on elder rights issues to the national Aging Services Network. Within the requested level ACL will build on existing Elder Justice/Adult Protective Services grants by providing $2 million of the available funds to technical assistance grants/and or contracts to address the opioid misuse amongst older adults and support the Secretary's efforts to combat the opioid crisis.

Together, these elder rights and elder justice programs provide a foundation and establish best practices for States to expand and improve the protection of individuals living in their communities and in long-term care settings. These programs increase the information and technical assistance available to the public, States, and localities in preventing and addressing abuse; protect the rights of older adults; reduce health-care fraud and abuse; and provide assistance to Tribes in developing elder justice systems. This multifaceted approach to resolving elder abuse, neglect, and exploitation is essential to successfully fulfilling the shared mission of the Older Americans Act and the Elder Justice Act.

Long-Term Care Ombudsman Program

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Long-Term Care Ombudsman Program*	16,843	16,885	15,855	(1,030)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Formula Grant

Program Description and Accomplishments:

The Long-Term Care (LTC) Ombudsman Program is a consumer advocacy program that improves the quality of life and care for the estimated 3 million individuals who reside in over 75,000 long-term care facilities (over 16,000 licensed nursing facilities and nearly 60,000) 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 8,651 ombudsmen (both staff and designated volunteers). Ombudsmen resolve complaints with, and on behalf of these residents, while advocating for systemic improvement of long-term services and supports, including routinely monitoring the condition of long-term care facilities.

A primary ombudsman duty is to identify, investigate, and resolve complaints that are made by or on behalf of residents. These complaints relate to: action, inaction, or decisions of providers, public agencies, and others that may adversely affect residents' health, safety, welfare or rights. 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.

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

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 708,322 hours in FY 2015. In FY 2017, output data for the Long-Term Care Ombudsman Program highlights the accomplishments achieved by this program and the important role that ombudsmen play in ensuring that the rights of long-term care facility residents are respected:

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

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

- Ombudsmen provided over 525,000 consultations to individuals and facility managers and staff on such topics as residents' rights, staffing levels, malnutrition, dementia care, depression, discharge procedures, financial exploitation and strategies to reduce the use of restraints and prevent the abuse and neglect of residents (Output R).

The environment in which individuals seek LTSS continues to evolve as more people are increasingly choosing to live in community settings. These changes create new challenges for the Long-Term Care Ombudsman program (LTCOP). Encouraging community living has been supported by a number of Federal and State policies that promote alternatives to nursing homes and other institutional settings, and that recognize the value of consumer preference and the potential fiscal savings that can result. These initiatives include Olmstead implementation and enforcement, Money Follows the Person, Home and Community-Based Service waivers, and Medicaid managed care, to name a few. These evolving services and supports continue to change the long-term care landscape across the country. There is also a growing Federal awareness and response to the uncharted area of abuse, neglect, and exploitation of older adults and individuals with disabilities.

[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.

Five Year Funding Table:

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

FY 2016 .....$15,885,000
FY 2017 .....$15,848,000
FY 2018 .....$16,843,000
FY 2019 Enacted.....$16,885,000
FY 2020 President's Budget $15,855,000

Budget Request:

The FY 2020 Budget request for the LTC Ombudsman Program is $15,855,000, a reduction of -$1,030,000 below the FY 2019 Enacted Level the same as the level in the FY 2019 President's Budget. Funds will continue to support the existing infrastructure and activities of the Ombudsman program. As the senior population continues to grow, the need for safe, high-quality long-term care services (including non-nursing home alternatives) increases even as we seek to help more people remain in the community for longer periods.

Outcome data (displayed in the summary tables at the end of this section) have demonstrated the success of this program in protecting older Americans in an efficient and effective manner. The percentage of the complaints processed by ombudsmen that were fully or partially resolved to the satisfaction of the resident was 73 percent in FY 2016.[124] Reducing the number of complaints unresolved to the satisfaction of the resident is one indicator of program effectiveness. In FY 2016 the target was to have no more than 9,700 complaints unresolved. The program performed better than expected reducing the number of unresolved complaints to 8,986 (Outcome Measure 2.14). Program success with advocacy for systemic improvement is measured as a reduction in the average number of complaints per facility. In FY 2016, the goal was set at an average of 2.8 complaints per facility. The program surpassed this goal by reducing the average number of complaints to 2.6 (Outcome Measure 2.12). These measures taken together demonstrate the efficacy of the program and its ability to produce positive outcomes for residents.

Ombudsman activities represent an important element of ACL's focus on elder rights and complements ACL's successful elder rights programs to create a full array of services that prevent, detect, and resolve elder abuse, neglect, and exploitation. LTC Ombudsmen also support individuals who choose to transition out of nursing home facilities into more integrated settings. They also advocate for quality care and individual rights and well-being in other congregate long-term care settings, such as board and care and assisted living. In addition, LTC Ombudsmen serve individuals in these settings regardless of the individuals' eligibility for Medicaid or other public benefits. Ombudsmen are the only federally-funded entity providing services to all of these residents. Going forward, outreach, access, complaint investigation and advocacy in board and

[124] National Ombudsman Reporting System (NORS) 2016 – Complaint resolution: 13% needing no further action; 4.5% withdrawn; 4.5% not resolved to the satisfaction of the resident; 5% referred to other agency for resolution.

care and assisted living will require ombudsmen to employ new strategies compared to the work now done primarily in nursing home settings.

Outcomes and Outputs Table:

Long-Term Care Ombudsman Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020Target +/- FY 2019 Target
2.12 Decrease the average number of complaints per LTC facility. (Outcome)	FY 2017: 2.7 Target: 2.8 (Target Exceeded)	2.6	2.6	Maintain
2.14 Decrease the number of complaints not resolved to the satisfaction of the resident. (Outcome)	FY 2017: 9,976 Target: 9,000 (Target Not Met)	9,000	9,700	+700

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output Q: The Number of Complaints *(Output)*	FY 2017: 201,460	200,000	201,000	+1,000
Output R: Number of Ombudsman Consultations *(Output)*	FY 2017: 525,739	500,000	500,000	Maintain
Output S: Facilities regularly visited not in response to a complaint *(Output)*	FY 2017: 29,137	27,500	28,500	+1,000

Grant Awards Table:

Long-Term Care Ombudsman Program Formula Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$300,185	$298,503	$280,294
Range of Awards	$10,506-$1,762,601	$10,448-$1,750,349	$9,810-$1,643,576

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	255,700	252,639	237,228	(15,411)
Alaska	84,052	83,581	78,482	(5,099)
Arizona	370,494	367,111	344,717	(22,394)
Arkansas	156,380	154,533	145,106	(9,427)
California	1,762,601	1,750,349	1,643,576	(106,773)
Colorado	251,645	250,991	235,681	(15,310)
Connecticut	189,583	190,128	178,530	(11,598)
Delaware	84,052	83,581	78,482	(5,099)
District of Columbia	84,052	83,581	78,482	(5,099)
Florida	1,265,873	1,258,344	1,181,585	(76,759)
Georgia	451,368	451,778	424,219	(27,559)
Hawaii	84,052	83,581	78,482	(5,099)
Idaho	84,052	83,581	78,482	(5,099)
Illinois	619,063	617,861	580,172	(37,689)
Indiana	327,693	325,749	305,879	(19,870)
Iowa	167,071	164,498	154,463	(10,035)
Kansas	143,756	142,352	133,669	(8,683)
Kentucky	227,450	225,258	211,517	(13,741)
Louisiana	224,795	223,405	209,777	(13,628)
Maine	84,160	83,581	78,482	(5,099)
Maryland	290,505	289,332	271,682	(17,650)
Massachusetts	351,399	349,779	328,442	(21,337)
Michigan	532,609	529,743	497,429	(32,314)
Minnesota	275,472	274,127	257,405	(16,722)
Mississippi	147,938	146,112	137,199	(8,913)
Missouri	318,804	316,377	297,078	(19,299)
Montana	84,052	83,581	78,482	(5,099)
Nebraska	93,961	93,037	87,362	(5,675)
Nevada	144,032	144,231	135,433	(8,798)
New Hampshire	84,052	83,581	78,482	(5,099)
New Jersey	449,577	448,291	420,945	(27,346)
New Mexico	109,194	108,060	101,468	(6,592)
New York	990,044	992,007	931,495	(60,512)
North Carolina	512,511	511,744	480,528	(31,216)
North Dakota	84,052	83,581	78,482	(5,099)
Ohio	619,864	614,924	577,413	(37,511)
Oklahoma	192,358	189,518	177,957	(11,561)
Oregon	225,541	222,585	209,007	(13,578)
Pennsylvania	721,646	713,253	669,744	(43,509)
Rhode Island	84,052	83,581	78,482	(5,099)
South Carolina	269,393	269,387	252,954	(16,433)
South Dakota	84,052	83,581	78,482	(5,099)
Tennessee	342,040	339,008	318,328	(20,680)
Texas	1,121,873	1,121,046	1,052,661	(68,385)
Utah	106,998	107,515	100,957	(6,558)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Vermont	84,052	83,581	78,482	(5,099)
Virginia	405,417	403,790	379,159	(24,631)
Washington	359,864	357,203	335,413	(21,790)
West Virginia	111,138	109,096	102,441	(6,655)
Wisconsin	306,289	303,405	284,897	(18,508)
Wyoming	84,052	83,581	78,482	(5,099)
Subtotal	**16,504,723**	**16,415,119**	**15,413,782**	(1,001,337)
American Samoa	10,506	10,448	9,810	(638)
Guam	42,026	41,790	39,241	(2,549)
Northern Mariana Islands	10,506	10,448	9,810	(638)
Puerto Rico	200,571	196,555	184,566	(11,989)
Virgin Islands	42,026	41,790	39,241	(2,549)
Subtotal	**16,810,358**	**16,716,150**	**15,696,450**	**(1,019,700)**
Undistributed[125]	32,742	168,850	158,550	(10,300)
Total States/Territories	**16,843,100**	**16,885,000**	**15,855,000**	**(1,030,000)**

[125] 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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Prevention of Elder Abuse and Neglect

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Prevention of Elder Abuse & Neglect*	4,761	4,773	4,773	-

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Formula Grant

Program Description and Accomplishments:

The Prevention of Elder Abuse and Neglect program provides formula grants to states and territories based on their share of the population 60 and over, to train State and local officials and promote public awareness of elder abuse. The program also supports state and local elder abuse prevention coalitions and multi-disciplinary teams. These activities are important elements of ACL's activities related to elder rights and elder justice. The program coordinates activities with state and local Adult Protective Services programs (over half of which are directly administered by State Units on Aging) and other professionals who work to address issues of elder abuse and elder justice. The importance of these services at the state and local level is demonstrated by the fact that states significantly leverage Older Americans Act (OAA) funds to obtain other funding for these activities. In FY 2017, over $34 million of the Elder Abuse Prevention services expenditures was leveraged from non-OAA funds, a ratio of more than $8.00 of non-OAA funds for every $1 investment of ACL funds.

Examples of state elder abuse prevention activities include:

- In Kentucky, the local area agencies on aging participate in the Local Coordinating Councils on Elder Abuse, which have developed emergency elder shelters, distributed informational cards for law enforcement officers to have in the patrol cars which contain crucial resource information for victims of elder abuse, conducted training on a regular basis to first responders, provided a friendly visitor program for home-based seniors, and produced a prevention tool called the Kentucky Fraud Fighter Form.

- In Illinois, the State Department on Aging uses its elder abuse funds to support volunteer community-based multi-disciplinary teams (M-Teams) that serve in a technical advisory role to more than 40 elder abuse provider agencies throughout the state. The objectives of the M-Team are to provide case consultation and assistance to caseworkers and to encourage cooperation among various service agencies. Each M-Team is composed of the M-Team Coordinator and representatives of the mental health, medical, legal, law enforcement, faith community, and financial professions.

The Prevention of Elder Abuse and Neglect program demonstrates ACL's ongoing commitment to protecting the rights of seniors and promoting their dignity and autonomy. Through education efforts, exposing problems that would otherwise be hidden from view, and providing a voice for those who cannot act for themselves, the program helps ensure that all older Americans are able to age with dignity in a safe environment.

Funding History:

Funding for Prevention of Elder Abuse and Neglect over the past five years is as follows:

FY 2016 .....$4,773,000
FY 2017 .....$4,762,000
FY 2018 .....$4,761,000
FY 2019 Enacted.....$4,773,000
FY 2020 President's Budget $4,773,000

Budget Request:

The FY 2020 request for the Prevention of Elder Abuse and Neglect program is $4,773,000, the same as the FY 2019 Enacted Level. The FY 2020 request maintains the ability of States and territories to train law enforcement officials, develop and distribute educational materials, conduct public awareness campaigns, and create community coalitions and multidisciplinary teams to investigate and respond to elder abuse and neglect. States and AAAs will also use this funding to coordinate their activities with fraud and crime prevention partnerships organized by sheriffs, police chiefs, and community organizations.

Elder Abuse Prevention activities are important elements of ACL's elder rights and elder justice activities, and complement Adult Protective Services by funding the infrastructure on which best practices may be developed and evaluated.

Output Table:

Prevention of Elder Abuse and Neglect

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output U: Elder Abuse prevention non-OAA service expenditures (*Output, dollars in thousands)*	FY 2017: $34,809	$35,134	$35,402	+$268

Grant Awards Table:

Prevention of Elder Abuse, Neglect, and Exploitation Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$84,680	$84,380	$84,380
Range of Awards	$2,964-$471,073	$2,954-$470,407	$2,954-$470,407

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	76,215	76,107	76,107	-
Alaska	23,710	23,626	23,626	-
Arizona	84,438	81,384	81,384	-
Arkansas	48,157	48,089	48,089	-
California	471,073	470,407	470,407	-
Colorado	57,332	56,002	56,002	-
Connecticut	59,907	59,822	59,822	-
Delaware	23,710	23,626	23,626	-
District of Columbia	23,710	23,626	23,626	-
Florida	344,252	343,762	343,762	-
Georgia	103,321	103,174	103,174	-
Hawaii	23,710	23,626	23,626	-
Idaho	23,710	23,626	23,626	-
Illinois	197,384	197,103	197,103	-
Indiana	98,224	98,084	98,084	-
Iowa	55,927	55,847	55,847	-
Kansas	45,843	45,778	45,778	-
Kentucky	66,595	66,500	66,500	-
Louisiana	68,518	68,421	68,421	-
Maine	23,710	23,626	23,626	-
Maryland	78,087	77,976	77,976	-
Massachusetts	109,606	109,450	109,450	-
Michigan	160,862	160,633	160,633	-
Minnesota	76,347	76,238	76,238	-
Mississippi	45,198	45,134	45,134	-
Missouri	97,643	97,504	97,504	-
Montana	23,710	23,626	23,626	-
Nebraska	29,770	29,728	29,728	-
Nevada	32,814	27,590	27,590	-
New Hampshire	23,710	23,626	23,626	-
New Jersey	143,950	143,745	143,745	-
New Mexico	26,393	26,356	26,356	-
New York	318,066	317,614	317,614	-
North Carolina	126,782	126,602	126,602	-
North Dakota	23,710	23,626	23,626	-
Ohio	197,185	196,905	196,905	-
Oklahoma	60,208	60,122	60,122	-
Oregon	56,795	56,714	56,714	-
Pennsylvania	242,944	242,598	242,598	-
Rhode Island	23,710	23,626	23,626	-
South Carolina	63,080	62,990	62,990	-
South Dakota	23,710	23,626	23,626	-
Tennessee	91,810	91,679	91,679	-
Texas	274,281	273,891	273,891	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Utah	24,837	24,802	24,802	-
Vermont	23,710	23,626	23,626	-
Virginia	102,820	102,674	102,674	-
Washington	86,291	86,168	86,168	-
West Virginia	36,736	36,684	36,684	-
Wisconsin	90,309	90,181	90,181	-
Wyoming	23,710	23,626	23,626	-
Subtotal	**4,658,230**	**4,641,596**	**4,641,596**	-
American Samoa	2,964	2,954	2,954	-
Guam	11,855	11,813	11,813	-
Northern Mariana Islands	2,964	2,954	2,954	-
Puerto Rico	54,217	54,140	54,140	-
Virgin Islands	11,855	11,813	11,813	-
Subtotal	**4,742,085**	**4,725,270**	**4,725,270**	-
Program Support[126]	19,071	47,730	47,730	-
Total States/Territories	**4,761,156**	**4,773,000**	**4,773,000**	-

[126] 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
SMP/HCFAC*	18,000	18,000	18,000	-
FTE*	5	7	7	-

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

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

Allocation Method.....Competitive Grant/Contracts

Program Description and Accomplishments:

The Health Care Fraud and Abuse Control/Senior Medicare Patrol (SMP) program provides competitive grants to 54 states and territories to support a national network of volunteers whose purpose is to educate Medicare beneficiaries on preventing and identifying healthcare fraud and abuse. Projects use the skills of volunteers to conduct community outreach and education and 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 2017 shows that Senior Medicare Patrol projects:

- Maintained 6,130 active SMP team members who worked over 433,728 hours to educate beneficiaries about how to prevent Medicare fraud, errors and abuse;
- Educated 2,121,855 individuals during 26,429 group outreach and education events; and,
- Generated over $57 million in estimated Medicare/Medicaid savings due to the work of SMP projects.

- Responded to 226,261 individual inquiries for information or assistance from Medicare beneficiaries, family members, and caregivers related to Medicare fraud, errors and abuse.

Since the Senior Medicare Patrol program's inception in 1997, program data show that SMP projects have educated nearly 38.4 million beneficiaries through 387,315 group outreach and education events and assisted approximately 2.7 million beneficiaries with individual inquires related to Medicare fraud, errors, and abuse. HHS-OIG reports that total savings directly attributable to the SMP projects are more than $126.84 million since 1997; however, this does not fully capture the total impact of the program on reducing Medicare fraud, including any sentinel effect that may result from these activities.

The SMP program historically has used approximately $3.1 million of its resources for infrastructure (including Federal staff support), technical assistance, and other program support and capacity-building activities designed to enhance program effectiveness. Activities funded with these dollars include support for project training and technical assistance provided by ACL's National SMP Resource Center.

Funding History:

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

		FTE
FY 2016	$18,000,000	6
FY 2017	$18,000,000	5
FY 2018	$18,000,000	4.3
FY 2019 Enacted	$18,000,000	4.5
FY 2020 President's Budget	$18,000,000	4.5

Budget Request:

The FY 2020 Budget includes an estimate of $18 million, the current funding level, for HCFAC/SMP. In FY 2018 and FY 2019, funding for this program was provided to the Center for Medicare & Medicaid Services (CMS), at no less than $17.621 million The FY 2020 request continues to support 4.5 FTE, the same level as the FY 2019 President's Budget.

Since the Senior Medicare Patrol program's inception, SMP projects have received more than 2.7 million inquiries from Medicare beneficiaries about preventing, detecting and reporting billing errors, potential fraud, or other discrepancies. SMPs also have educated more than 38.4 million people through group presentations and community outreach events. The primary focus of these sessions is on education, prevention, and teaching beneficiaries how to protect themselves and avoid fraud in the first place and this is the true value of the SMP program.

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

> *"We note that the projects may not be receiving full credit for recoveries, savings, and cost avoidance attributable to their work. It is not always possible to track referrals to Medicare contractors or law enforcement from beneficiaries who have learned to detect fraud, waste, and abuse from the projects. In addition, the projects are unable to track the potentially substantial savings derived from a sentinel effect whereby Medicare beneficiaries' scrutiny of their bills reduce fraud and errors."*

While SMPs make numerous referrals of potential fraud to CMS and the OIG, there are challenges to evaluating the (investigation, prosecution, collection that is required to calculate the full savings to the government as a result of SMP referrals. ACL recognizes the importance of measuring the value of the SMP program impact to the fullest degree possible and is working to overcome these limitations by undertaking a variety of steps, including:

- Realigning the program's performance metrics based on findings from a recent SMP program evaluation;
- Ongoing collaboration with HHS-OIG to track fraud referrals and their outcomes; and,
- Continuing research efforts on SMP prevention education to determine how to best measure and quantify the effects of SMP program efforts. Preliminary results appear to show it is possible to quantify and demonstrate the value of SMP prevention activities, but further follow-up is required, the results of which should be available in FY 2019.

HHS-OIG has documented over $126.8 million in savings attributable to the program as a result of beneficiary complaints since the program's inception in 1997.

Output Table:

Senior Medicare Patrol Program

Indicator	**Year and Most Recent Result /**	**FY 2019 Projection**	**FY 2020 Projection**	**FY 2020 Projection +/-FY 2019 Projection**
Output W: Beneficiaries Educated and Served *(Output)*	CY 2017: 1,895,594	2,100,000	2,000,000	-100,000

Grant Awards Table:

Senior Medicare Patrol Grant Awards
(Dollars in thousands)

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	55	55	55
Average Award	$294,634	$293,700	$293,700
Range of Awards	$95,000 - $640,000	$95,000 - $640,000	$95,000 - $640,000

Resource and Program Data:

Senior Medicare Patrols
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	54	15,565	--	--	1	640
Continuations	1	640	55	16,153	54	15,513
Contracts	2	763	2	870	--	870
Interagency Agreements	--	--	--	--	--	--
Program Support[127]	--	1,032	--	977	--	977
Total Resources	--	18,000	--	18,000	--	18,000

[127] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Elder Rights Support Activities

Services	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Elder Rights Support Activities*	15,835	15,874	13,874	(2,000)
FTEs*	2.1	2.6	2.6	0

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

Authorizing Legislation: Sections 201, 202, 411, 751 and 752 of the Older Americans Act of 1965, Public Law 89-73, Title XX of the Social Security Act, Subtitle B, as amended by the Affordable Care Act.

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

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

Authorization Expiration Date.....2019

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

Program Description and Accomplishments:

Elder Rights Support Activities provide information, training, and technical assistance to States and communities to prevent detect, and respond to elder, abuse neglect exploitation and support the development of coordinated systems of Adult Protective Services. The Elder Justice and Adult Protective Services program, along with the National Center on Elder Abuse, the National Long-Term Care Ombudsman Resource Center, and legal systems development programs create an interconnected framework for carrying out ACL's Protection of Vulnerable Adults programs.

The Elder Justice Act of 2009 established the Elder Justice Coordinating Council (EJCC) to coordinate activities related to elder abuse, neglect, and exploitation across the Federal government. As Chair of the EJCC, the Secretary of HHS has lead responsibility for identifying and proposing solutions to the problems surrounding elder abuse. The Secretary has assigned responsibility for implementing the EJCC to the Administration for Community Living.

To combat the rising scourge of elder abuse, neglect, and exploitation in America, ACL's goal is to put in place, in coordination with the Elder Justice Coordinating Council, a comprehensive system to provide coordinated and seamless response system. The Elder Rights Support Activities described below are key components of ACL's ongoing elder rights programs.

Adult Protective Services

Unlike Child Protective Services, which has been in existence for decades, a federal infrastructure to support basic programmatic standards for Adult Protective Services (APS) is in its infancy. Historically, an absence of stewardship in APS has led to inconsistent data systems and non-uniform reporting requirements at the national level. APS programs and administrators have lacked reliable information and guidance on best practice and standards for conducting case investigations and for staffing and managing APS programs. Additionally, GAO has identified challenges faced by APS programs across the country in collecting, maintaining, and reporting statewide, case-level data. These challenges include funding levels, budget reductions, and increasing caseloads, as well as the growing complexity of cases due to factors such as growing opioid misuse. The challenges have impaired States' ability to assess client outcomes and the effectiveness of the services they are providing.[128] They have also given rise to systems that are less equipped to respond in an effective and timely way to reports of elder abuse, neglect and exploitation.

In FY 2015, ACL received its first dedicated appropriation to support states in enhancing their APS systems statewide. Through ACL's continued investment in the APS program in subsequent years, states have received additional funding to test innovations and improvements in APS practice, services, data collection, and reporting, and to support the development and implementation of ACL's National Adult Maltreatment Reporting System (NAMRS) effort. States are voluntarily reporting because they have recognized the value of having consistent data to build a national profile of perpetrators and victims that leads to effective interventions. The APS program supports states by providing significant, on-going technical assistance to identify promising best practices; participate in national APS data collection efforts; and conduct 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. This includes 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.

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:

[128] 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.

- Responding to individual public inquiries and requests for information regarding elder abuse.

- Providing cost-effective trainings to professionals though live Webcast forums on issues relevant to elder justice, training professionals through presentations at national conferences, and creating and disseminating research-themed training podcasts to promote continual learning.

- Continuing to support systems change by identifying local elder justice community coalitions and reaching out to them to learn how they leverage local resources and expertise to prevent and combat elder abuse, neglect, and exploitation, as well as offering technical assistance on operating, invigorating, and sustaining coalitions.

National Long-Term Care Ombudsman Resource Center

The National Long-Term Care Ombudsman Resource Center (NORC) provides training and technical assistance to support the activities of State and local long-term care ombudsmen. The Center works to enhance the skills, knowledge and management capacity of the statewide ombudsman programs to enable them to handle resident complaints and represent resident interests. The Center also provides information to consumers and links them to ombudsmen who can help consumers navigate the long-term care system and resolve problems in nursing, board and care, and assisted living homes.

The NORC engages in numerous projects and activities in support of long-term care ombudsman programs. Highlights include supporting the Money Follows the Person (MFP) demonstration project by working with CMS, ACL, and National Association of State Long-Term Care Ombudsman Programs (NASOP) to promote ombudsman coordination with MFP grantees, Aging and Disability Resource Centers (ADRCs), Centers for Independent Living, and other single point of entry programs. The NORC also provides ombudsmen with training from national experts on such issues as the Changing Long-Term Care System, Money Follows the Person and Nursing Home Transition, and Advocacy in Assisted Living. The Center's website continues to experience high use (over 40,000 monthly visits) by ombudsmen, consumers, and agencies.

Legal Assistance and Support

Legal Assistance and Support provides funding for two different activities. Model Approaches grants help States develop and implement cost-effective, replicable approaches for integrating low-cost legal assistance mechanisms related to APS into the broader tapestry of State legal service delivery networks, such as senior legal helplines, law school clinics, and volunteer attorneys. Model Approaches projects ensure strong leadership at the State level, thereby enhancing the state's overall capacity for legal service delivery and creating linkages between legal assistance providers and professionals in the broader community-based aging and disability and elder rights networks. These linkages include Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), State Long-Term Care Ombudsmen, and Adult Protective Services, and leverage the strengths and resources of both elder rights and aging and disability service networks for the provision of quality legal service on priority issues to older adults most in need.

Model Approaches – Phase II grants promote legal service delivery systems that are optimally responsive to complex legal issues emerging from cases of elder abuse, neglect, and financial exploitation. In addition, these projects support outreach efforts and implement legal data collection and reporting systems that demonstrate the beneficial impact of legal services on the independence, health, and financial security of older adults.

In addition to Model Approaches, Legal Assistance and Support grants fund a comprehensive national legal assistance support system serving professionals and advocates working in legal and aging and disability services networks. Through this funding the National Center on Law and Elder Rights (NCLER)) supports the leadership, knowledge, and systems capacity development of legal and aging provider organizations. The NCLER works to enhance the quality, cost effectiveness, and accessibility of legal assistance and elder rights protections available to older persons with social or economic needs. The audience targeted to receive support services through the NCLER includes a broad range of legal, elder rights, and aging and disability services professionals and advocates. These include Home and Community-Based Services legal providers, legal assistance developers, long-term care ombudsmen, Area Agency on Aging and Aging and Disability Resource Center staff, senior legal helplines, Adult Protective Services workers, and others involved in protecting the rights of older persons.

Funding History:

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

		FTE
FY 2016	$11,874,000	.8
FY 2017	$13,847,000	2.5
FY 2018	$15,835,000	2.1
FY 2019 Enacted	$15,874,000	2.6
FY 2020 President's Budget	$13,874,000	2.6

Budget Request:

The FY 2020 Budget request for the four Elder Rights Support Activities is $13,874,000, a decrease of -$2,000,000 below the FY 2019 Enacted level. ACL is dedicating $2.0 million (in Elder Justice funding) to two demonstration projects to pilot technical assistance efforts that address opioid abuse within older adults that receive Adult Protective Services.

Opioid Focus

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

ACL will make funding available for two competitive demonstration grants that will pilot technical assistance efforts ACL is proposing to invest $2.0 million to maximize the impact on direct services through:

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

Other Elder Rights Support Activities

The FY 2020 request for the remaining three Elder Rights Support Activities (Statewide Model Approaches and Legal Assistance programs, the National Center on Elder Abuse, and the National Long-Term Care Ombudsman Resource Center) maintain funding at the same level as the FY 2019 Enacted level.

These programs provide the technical assistance, information, resources, referrals, and systems development and assistance activities that support the efforts of the entire spectrum of Protection of Vulnerable Adults programs. These activities, along with the Elder Justice and APS program, are important components of ACL's elder rights programs and help to create a full array of services to prevent, detect, and resolve elder abuse, neglect, and exploitation. These programs and resource centers will help provide high-quality and efficient services and supports to further ACL's efforts to promote elder rights and elder justice.

Elder Rights Support Activities includes funding for the following projects (dollars in thousands):

Elder Rights Support Activities	FY 2018 Final Level	FY 2019 Enacted Level	FY 2020 President's Budget
Elder Justice & APS	$11,970	$12,000	$10,000
Legal Assistance and Support	$2,592	$2,584	$2,584
National Center on Elder Abuse	$765	$770	$770
LTC Ombudsman Resource Center	$518	$520	$520
Total, Elder Rights Support Activities	$15,835	$15,874	$13,874

Grant Awards Table:

Elder Rights Support Activities Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	36	34	34
Average Award	$308,734	$323,257	$265,200
Range of Awards	$70,312-$749,987	$70,312-$749,987	$70,312-$749,987

Resource and Program Data:

Elder Rights Support Activities
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	18	6,136	16	4,208	3	3,260
Continuations	18	4,978	18	6,783	31	5,756
Contracts	5	3,888	4	4,034	4	4,035
Interagency Agreements	--	--	--	--	--	--
Program Support[129]	--	832	--	849	--	822
Total Resources	--	15,835	--	15,874	--	13,874

[129] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

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Disability Programs and Services

Summary of Request

Disability Programs and Services fund capacity-building, knowledge generation, and systems change efforts to ensure that people with disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance. These programs seek to promote the independence and inclusion of such individuals in all facets of community life.

The total FY 2020 request for Disability Programs and Services is $336.7 million, a reduction of -$81.4 million below the FY 2019 Enacted Level. In FY 2020, specific program requests include:

- $56.0 million for State Councils on Developmental Disabilities (SCDD), a reduction of -$20.0 million below the FY 2019 Enacted Level. State Councils are charged with engaging in advocacy, capacity building, and systemic change activities that contribute to a coordinated and comprehensive system of community services that promote self-determination and integration for people with developmental disabilities. This request is consistent with the FY 2019 President's Budget.

- $38.7 million for Developmental Disability Protection and Advocacy systems, a decrease of -$2.0, million below the FY 2019 Enacted Level. Protection and Advocacy systems in each state and territory protect the legal and human rights of all people with developmental disabilities. They have the authority to pursue legal, administrative and other appropriate remedies or approaches, including the authority to investigate incidents of abuse and neglect. This request is consistent with the FY 2019 President's Budget.

- $32.6 million for University Centers for Excellence in Developmental Disabilities (UCEDDs), a reduction of -$8.1 million below the FY 2019 Enacted Level. Based on statutory requirements for allocating funding, national training efforts would not be funded. 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. This request is consistent with the FY 2019 President's Budget.

- $1.0 million for Projects of National Significance, a reduction of -$11 million below the FY 2019 Enacted Level. In FY 2020, Projects of National Significance will focus solely on three longitudinal studies; The State of the States in Developmental Disabilities, Residential Information Systems Project, and the National Data Collection on Day and Employment Services for Individuals with Developmental Disabilities. The request is consistent with the FY 2019 President's Budget.

- $108.6 million for Independent Living, a decrease of -$7.5 million below the FY 2019 Enacted Level. The requested level continues funding for Centers for Independent Living grants at the 2019 Enacted level of $90.8 million and reduces the State Grants to -$17.8

million. Centers for Independent Living provide grants for consumer controlled, community-based, cross-disability, private nonprofit agencies that are designed and operated within a local community by individuals with significant disabilities and provide an array of independent living services.

- Consistent with the FY 2019 Budget, no funding is requested for the Limb Loss Resource Center. Other HHS programs, such as Centers for Independent Living and Assistive Technology, provide services and resources to people with all types of significant disabilities.
- Consistent with the FY 2019 Budget, no funding is requested for the Paralysis Resource Center. Other HHS programs, such as Centers for Independent Living and Assistive Technology, provide services and resources to people with all types of significant disabilities.

- $9.3 million is requested for the Traumatic Brain Injury (TBI) program, a decrease of -$2.0 million below the FY 2019 Enacted Level. TBI develops comprehensive, coordinated family and person-centered service systems at the State and community level for individuals who sustain a TBI. TBI Protection and Advocacy activities will continue to be maintained at the FY 2019 Enacted Level. This request level is consistent with the FY 2019 President's Budget.

- $90.4 million is requested for the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), a reduction of -$18.6 million below the FY 2019 Enacted Level. NIDILRR generates knowledge and promotes its use to improve the abilities of people with disabilities to live as independently as possible in the community. NIDILRR's research supports and expands society's capacity to provide full opportunities and accommodations for its citizens with disabilities.

State Councils on Developmental Disabilities

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
State Councils on Developmental Disabilities*	75,943	76,000	56,000	(20,000)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2007

Allocation Method.....Formula Grant

Program Description and Accomplishments:

State Councils on Developmental Disabilities (SCDD) are charged with identifying and addressing the most pressing needs of people with developmental disabilities in their state and territory. SCDDs set priorities and pursue systems change efforts designed to turn fragmented approaches into a comprehensive and effective statewide, person-centered and family-centered system. These systems provide a coordinated array of culturally-competent services and other forms of assistance for people with developmental disabilities, including individuals with autism and their family caregivers.

While SCDDs do not provide services directly, a portion of their funding goes into local communities to support investments in innovation specific to the needs in the state or territory. SCDDs examine and conduct in-depth analysis of the quantity and quality of services and supports that are provided at the state and local level. Based on their analysis, each SCDD develops a strategic State Plan, with goals and objectives designed to move the state towards an effective, coordinated system of supports and services that advance community living for all people with developmental disabilities. In addition, Councils are the only entity in the state required to strengthen self-advocacy and to build leadership skills of individuals with developmental disabilities.

The authorizing statute requires that Councils use 70 percent of their federal funding to implement the State Plan, which includes support for innovation. While the State Plan can be implemented by Council staff, Councils have the authority to award grants and/or contracts, award funds to organizations in the state that serve individuals with DD. These could include the University

Center of Excellence in Developmental Disabilities (UCEDD) or the Protection and Advocacy (P&A) agency but can also include other community-based organizations. Recent data indicates that 26 of 42 reporting Councils awarded grants or contracts with the rest doing work "in-house."

As an example of how funding is used to support innovation, the Georgia Council on Developmental Disabilities worked with a network of colleges and universities to offer students with developmental disabilities an opportunity to receive a post-secondary experience. What began with one university and a $25,000 grant from the Council has grown to 6 universities/colleges and a budget of over $1.5 million including state and federal funds. Currently, there are 80 students enrolled in two and four-year programs across the state. A major focus of the programs is preparing students for employment. Data collected between 2011 and 2015 on students who attended these programs indicated that 57 percent gained employment, 22 percent were continuing their education, and 7 percent were seeking employment. Examples of other State Council on Developmental Disabilities' activities include:

- *Access to Health Care*: The Maine Developmental Disabilities Council collaborated to expand a "medical home" model for individuals with developmental disabilities to ensure access to a primary care physician or regular health care provider to better coordinate their overall care. The Texas Council for Developmental Disabilities supported projects in ten targeted regions to increase capacity to provide culturally appropriate health care services, community services, behavior supports, and respite to support people with developmental disabilities and their families.

- *Access to Dental Care*: The California Developmental Disabilities Council partnered with coalitions to assist individuals with developmental disabilities and families in understanding managed care and assisted health plans in order to improve access to dental care, particularly anesthesia-based dental care. The Hawaii State Council on Developmental Disabilities worked with the state legislature to establish a donated dental services program that has assisted hundreds of individuals with developmental disabilities. The Montana Council on Developmental Disabilities worked with community health centers, dental associations, and donated dental program to increase dental care options and training for dental professionals, including procedures that might involve sedation.

- *Community Living*: The Alaska Governor's Council on Disabilities & Special Education collaborated on a HomeMap project to explore the use of enabling technologies to more cost-effectively support individuals and families with fewer paid staff hours in their HCBS waiver program. The North Carolina Council on Developmental Disabilities partnered with the P&A on a model demonstration to transition individuals out of Adult Care Homes (ACHs) and into HCBS settings. The Washington State Developmental Disabilities Council conducts independent quality of life surveys with individuals with disabilities transitioning from institutional to HCBS as part of the State's Roads to Community (Money Follows the Person) programs.

- *Transportation*: The Colorado Developmental Disabilities Council supported grassroots projects in rural areas which led to community action at the local level that increased transportation, livable communities, and meaningful participation of people with DD in

their communities. The Florida Developmental Disabilities Council partnered with the Florida Department of Transportation to implement a transportation voucher pilot project in two Florida sites. The project contributed to voucher users gaining access to increased employment opportunities, training and higher wages. For example, prior to implementation of the program one participant had turned down a job at Walmart the year before due to not having available transportation. Through the program, she resubmitted her application, was hired and is getting to work at Walmart on time every day.

To receive funds, each state and territory must have an established SCDD as prescribed under the Developmental Disabilities Assistance and Bill of Rights Act ("DD Act"). There are 56 Councils whose members are appointed by the Governor and serve in a volunteer capacity. Under current law, not less than 60 percent of the SCDD membership must be composed of persons with developmental disabilities and their family members.

Funding History:

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

FY 2016 .....$73,000,000
FY 2017 .....$72,833,000
FY 2018 .....$75,943,000
FY 2019 Enacted.....$76,000,000
FY 2020 President's Budget $56,000,000

Budget Request:

The FY 2020 request for State Councils on Developmental Disabilities (SCDD) is $56,000,000, a reduction of -$20.0 million below the FY 2019 Enacted Level.

ACL recognizes the value this program provides by focusing solely on developmental disabilities that are lifelong, significant and require ongoing support and by supporting investment and innovation tailored to needs in states or territories that improve the quality of life of those with developmental disabilities. ACL proposes to work with grantees to identify efficiencies in the operations of the councils to maximize funding for service provision.

Outputs and Outcomes Table:

State Councils on Developmental Disabilities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 Target
8G Increase the percentage of people with developmental disabilities and their family members increasing their advocacy knowledge. (Outcome)	FY 2017: Result Expected June 30, 2019 Target: Set Baseline (Pending)	--	--	--

Grant Awards Tables:

State Councils on Developmental Disabilities Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$1,344,109	$1,344,109	$988,909
Range of Awards	$264,316-$7,499,029	$264,316-$7,499,022	$194,466-$5,517,304

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	Final	Enacted	President's Budget	FY 2020 +/- FY 2019
Alabama	1,291,034	1,291,034	949,860	-341,174
Alaska	507,546	507,546	373,420	(134,126)
Arizona	1,446,620	1,446,620	1,064,330	(382,290)
Arkansas	770,894	770,894	567,174	(203,720)
California	7,499,029	7,499,022	5,517,304	(1,981,718)
Colorado	972,924	972,924	715,814	(257,110)
Connecticut	713,800	713,800	525,168	(188,632)
Delaware	507,546	507,546	373,420	(134,126)
District of Columbia	507,546	507,546	373,420	(134,126)
Florida	3,787,345	3,787,350	2,786,488	(1,000,862)
Georgia	2,096,590	2,096,590	1,542,536	(554,054)
Hawaii	507,546	507,546	373,420	(134,126)
Idaho	507,546	507,546	373,420	(134,126)
Illinois	2,624,830	2,624,830	1,931,180	(693,650)
Indiana	1,488,546	1,488,546	1,095,176	(393,370)
Iowa	774,176	774,176	569,590	(204,586)
Kansas	614,590	614,590	452,176	(162,414)
Kentucky	1,198,210	1,198,210	881,566	(316,644)
Louisiana	1,375,724	1,375,724	1,012,170	(363,554)
Maine	507,546	507,546	373,420	(134,126)
Maryland	1,095,178	1,095,178	805,762	(289,416)
Massachusetts	1,363,306	1,363,306	1,003,032	(360,274)
Michigan	2,537,470	2,537,470	1,866,906	(670,564)
Minnesota	1,028,414	1,028,414	756,640	(271,774)
Mississippi	914,238	914,238	672,638	(241,600)
Missouri	1,364,596	1,364,596	1,003,982	(360,614)
Montana	507,546	507,546	373,420	(134,126)
Nebraska	507,546	507,546	373,420	(134,126)
Nevada	555,197	555,196	408,476	(146,720)
New Hampshire	507,546	507,546	373,420	(134,126)
New Jersey	1,635,456	1,635,456	1,203,262	(432,194)
New Mexico	508,351	508,350	374,010	(134,340)
New York	4,090,946	4,090,946	3,009,856	(1,081,090)
North Carolina	2,015,964	2,015,964	1,483,216	(532,748)
North Dakota	507,546	507,546	373,420	(134,126)
Ohio	2,846,720	2,846,720	2,094,434	(752,286)
Oklahoma	897,250	897,250	660,140	(237,110)
Oregon	779,362	779,362	573,406	(205,956)
Pennsylvania	3,026,520	3,026,520	2,226,720	(799,800)
Rhode Island	507,546	507,546	373,420	(134,126)
South Carolina	1,097,000	1,097,000	807,102	(289,898)
South Dakota	507,546	507,546	373,420	(134,126)

STATE/TERRITORY	Final	Enacted	President's Budget	FY 2020 +/- FY 2019
Tennessee	1,461,396	1,461,396	1,075,200	(386,196)
Texas	5,169,382	5,169,382	3,803,298	(1,366,084)
Utah	633,704	633,704	466,238	(167,466)
Vermont	507,546	507,546	373,420	(134,126)
Virginia	1,542,988	1,542,988	1,135,232	(407,756)
Washington	1,334,454	1,334,458	981,805	(352,653)
West Virginia	739,342	739,342	543,960	(195,382)
Wisconsin	1,308,704	1,308,704	962,860	(345,844)
Wyoming	507,546	507,546	373,420	(134,126)
Subtotal	**71,705,894**	**71,705,894**	**52,756,587**	**(18,949,307)**
American Samoa	264,316	264,316	194,466	(69,850)
Guam	264,316	264,316	194,466	(69,850)
Northern Mariana Islands	264,316	264,316	194,466	(69,850)
Puerto Rico	2,506,930	2,506,930	1,844,438	(662,492)
Virgin Islands	264,316	264,316	194,466	(69,850)
Subtotal	**75,270,088**	**75,270,088**	**55,378,889**	**(19,891,199)**
Undistributed[130]	672,770	729,912	621,111	(108,801)
Total States/Territories	**75,942,858**	**76,000,000**	**56,000,000**	**(20,000,000)**

[130] Program Support – includes funds for grant systems and review, and program reporting systems costs.

Developmental Disabilities – Protection and Advocacy

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Developmental Disabilities Protection and Advocacy*	40,677	40,734	38,734	(2,000)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2007

Allocation Method.....Formula Grant

Program Description and Accomplishments:

Developmental Disabilities Protection and Advocacy (P&As) programs provide a range of legal services to unserved or underserved individuals with developmental disabilities, ensuring they are protected from abuse and neglect and are able to exercise their rights to make choices, contribute to society, and live independently. P&A systems have the authority to pursue a range of appropriate remedies or approaches, including the authority to investigate incidents of abuse and neglect, and to promote system change. There is a P&A system in each State, the Territories, and the District of Columbia. There is also a Native American Consortium for a total of 57 P&As.

P&As play a key role in promoting community living, and have been supported by a number of Federal and state initiatives promoting alternatives to nursing homes and other institutional settings that recognize the value of consumer preference and the attendant potential fiscal savings that can result. Community living was supported in the US Supreme Court's 1999 decision in *Olmstead v L.C.* that requires States to eliminate unnecessary segregation and isolation of people with disabilities, and to ensure that they receive services in the most integrated setting appropriate to their needs. Olmstead implementation and enforcement, Money Follows the Person, Home and Community Service (HCBS) waivers, and Medicaid managed care programs, to name a few, are continuing to change the long-term care landscape across the country by expanding opportunities for community living. The number of people with intellectual and developmental disabilities

receiving Home and Community-Based waiver services has steadily increased.[131] Approximately 86 percent of the P&A clients now live in the community. This creates a heightened role for P&As to monitor and develop new strategies to address these new services.

These changes create new challenges for Protection and Advocacy programs as well as for the Long-Term Care Ombudsman program (LTCOP). P&As and LTCOP's will increasingly need to have the capacity to address the new challenges and at the same time they will have to cope with the continuing accelerated growth of community-based services.

P&As also engage in a full range of other efforts to promote the rights of individuals with developmental disabilities. P&As often provide information and referrals, as well as training and technical assistance to service providers, state legislators and other policymakers. They also conduct self-advocacy trainings and raise public awareness of legal and social issues affecting individuals with developmental disabilities and their families.

Funding History:

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

FY 2016 .....$38,734,000
FY 2017 .....$38,645,000
FY 2018 .....$40,677,000
FY 2019 Enacted.....$40,734,000
FY 2020 President's Budget $38,734,000

Budget Request:

The FY 2020 request for the Developmental Disabilities Protection and Advocacy program is $38,734,000, a decrease of -$2.0 million below the FY 2019 Enacted Level. This request will allow the P&A system to continue to provide training, legal and advocacy services both to groups and to individuals with developmental disabilities, as well as to continue to provide information and referral services.

The P&As form a national system that play a key role in ensuring that people with developmental disabilities are free of abuse and neglect. People with developmental disabilities, including children, are at increased risk of experiencing abuse and neglect.[132] 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 adverse conditions. In FY 2016, 32,205 people with disabilities received rights training by P&As and 35,695 people with disabilities received information and referral services.

[131] U.S. Profile, FY 1977 – 2013, State of the State in Developmental Disabilities.
[132] Hibbard, R.A., Desch, L.W., Committee on Child Abuse and Neglect & Council on Children With Disabilities. (2007). Maltreatment of Children With Disabilities. Pediatrics, Vol. 119, No., pp. 1018 -1025

Of the inquiries and issues received by the P&As in FY 2016:

- 78 percent of closed individual cases in which the client's objective was fully or partially met;
- 48 percent of individual clients who had their right enforced and/or restored by P&A efforts;
- 25 percent were resolved using short-term assistance/limited advocacy strategies;
- 44 percent were addressed through technical assistance in self-advocacy;
- 9 percent involved investigation and monitoring;
- 13 percent were addressed through negotiation; and
- 12 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 2019 Target**	**FY 2020 Target**	**FY 2020 Target** **+/-FY 2019 Target**
8F Increase the percentage of individuals with developmental disabilities whose rights were enforced, retained, restored or expanded. (Outcome)	FY 2017: 78.1% Target: Not Defined (Historical Actual)	--	--	--

Indicator	**Year and Most Recent Result /**	**FY 2019 Projection**	**FY 2020** **Projection**	**FY 2020 Projection** **+/-FY 2019 Projection**
8iii: Number of clients receiving professional individual legal advocacy for the Protection and Advocacy program. *(Output)*	FY 2017: 14,618	N/A	N/A	N/A

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
8iv: Number of people receiving information and referral from the Protection and Advocacy program. *(Output)*	FY 2017: 22,327	N/A	N/A	N/A

Grant Awards Tables:

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

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	57	57	57
Average Award	$699,587	$699,465	$665,079
Range of Awards	$216,435-$3,730,779	$216,435-$4,004,860	$216,435-$3,725,398

[133] Excludes grants to tribal organizations.

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	$578,212	$504,895	$469,662	(35,233)
Alaska	404,556	404,556	404,556	-
Arizona	746,747	733,117	681,963	(51,154)
Arkansas	410,767	404,556	404,556	-
California	3,730,779	4,004,860	3,725,398	(279,462)
Colorado	492,364	507,316	477,558	(29,758)
Connecticut	409,502	407,939	404,556	(3,383)
Delaware	404,556	404,556	404,556	-
District of Columbia	404,556	404,556	404,556	-
Florida	2,066,218	2,123,872	1,975,659	(148,213)
Georgia	1,110,944	1,058,547	984,682	(73,865)
Hawaii	404,556	404,556	404,556	-
Idaho	404,556	404,556	404,556	-
Illinois	1,292,508	1,275,567	1,186,561	(89,006)
Indiana	699,654	642,055	597,249	(44,806)
Iowa	404,556	404,556	404,556	-
Kansas	404,556	404,556	404,556	-
Kentucky	536,407	463,684	431,327	(32,357)
Louisiana	558,966	547,735	511,862	(35,873)
Maine	404,556	404,556	404,556	-
Maryland	534,545	587,783	552,419	(35,364)
Massachusetts	647,433	670,803	623,994	(46,809)
Michigan	1,093,387	1,022,907	951,529	(71,378)
Minnesota	529,282	516,357	482,952	(33,405)
Mississippi	429,754	410,881	404,792	(6,089)
Missouri	656,217	584,015	543,259	(40,756)
Montana	404,556	404,556	404,556	-
Nebraska	404,556	404,556	404,556	-
Nevada	404,556	404,556	404,556	-
New Hampshire	404,556	404,556	404,556	-
New Jersey	808,962	863,686	803,421	(60,265)
New Mexico	404,556	404,556	404,556	-
New York	1,923,114	2,056,920	1,913,390	(143,530)
North Carolina	1,091,960	1,071,105	996,362	(74,743)
North Dakota	404,556	404,556	404,556	-
Ohio	1,290,170	1,212,058	1,127,487	(84,571)
Oklahoma	417,604	404,556	404,556	-
Oregon	425,209	415,552	404,556	(10,996)
Pennsylvania	1,337,666	1,275,662	1,186,651	(89,011)
Rhode Island	404,556	404,556	404,556	-
South Carolina	554,239	513,240	480,322	(32,918)
South Dakota	404,556	404,556	404,556	-
Tennessee	719,167	648,563	603,303	(45,260)
Texas	2,703,555	2,881,679	2,680,588	(201,091)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Utah	404,556	404,556	404,556	-
Vermont	404,556	404,556	404,556	-
Virginia	788,673	785,713	730,878	(54,835)
Washington	694,618	744,280	692,350	(51,930)
West Virginia	404,556	404,556	404,556	-
Wisconsin	598,542	534,705	497,389	(37,316)
Wyoming	404,556	404,556	404,556	-
Subtotal	**37,968,285**	**37,965,728**	**36,022,351**	**-1,943,377**
Indian Tribes	216,435	216,435	216,435	-
American Samoa	216,435	216,435	216,435	-
Guam	216,435	216,435	216,435	-
Northern Mariana Islands	216,435	216,435	216,435	-
Puerto Rico	825,982	821,609	804,986	(16,623)
Virgin Islands	216,435	216,435	216,435	-
Subtotal	**39,876,442**	**39,869,512**	**37,909,512**	**(1,960,000)**
Undistributed[134]	800,416	864,488	824,488	(40,000)
Total States/Territories	**40,676,858**	**40,734,000**	**38,734,000**	**(2,000,000)**

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

University Centers for Excellence in Developmental Disabilities

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
University Centers for Excellence in Developmental Disabilities*	40,543	40,619	32,546	(8,073)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2007

Allocation Method.....Competitive Grant

Program Description and Accomplishments:

University Centers for Excellence in Developmental Disabilities (UCEDDs) are interdisciplinary education, research and public service units of a university or not-for-profit entity associated with universities. UCEDDs advise Federal, State, and community policymakers about, and promote opportunities for individuals with developmental disabilities to exercise self-determination and to be independent, productive, integrated and included in all facets of community life.

In FY 2018, the Administration on Intellectual and Developmental Disabilities (AIDD) funded 67 University Centers. Funding from AIDD establishes the UCEDD and provides the infrastructure support for the Centers to engage in interdisciplinary pre-service training, continuing education, community services, research, and information dissemination activities. UCEDDs leverage additional funds for carrying out these core activities from a variety of sources, including federal, state, and local agencies; private foundations; donations; and fee-for-service earnings. In FY 2015, UCEDDs leveraged $15 per AIDD dollar invested.

UCEDDs have played a key role in a number of advances in the disability field over the past five decades. Many issues, such as early intervention, health care, community-based services, inclusive and meaningful education, transition from school to work, employment, housing, assistive technology, and transportation have been directly improved by the services, research, and training provided by UCEDDs.

As liaisons to the community, including service delivery systems, UCEDDs positively affect the lives of individuals with developmental disabilities and their families in a variety of ways. UCEDD accomplishments include:

- Directing exemplary interdisciplinary pre-service preparation with faculty and trainees that represent a variety of disciplines. UCEDD interdisciplinary training programs are designed to: integrate knowledge and methods from two or more distinct disciplines; integrate direct contributions to the field made by people with disabilities and family members; and examine and advance professional practice, scholarship and policy that impacts the lives of people with developmental and other disabilities and their families.

- Providing community services that cut across Federal, State, and local systems to improve capacity and quality of services by incorporating evidence-based practices. Community services offer innovative designs and methods that address a local or universal need, can be replicated and promote the increased inclusion, integration, productivity, and human rights of individuals with developmental disabilities and their families including people with developmental disabilities from racial and ethnic minority backgrounds.

- Contributing to the development of new knowledge through various research activities including basic or applied research, evaluation, and public policy analysis. UCEDD research engages people with developmental disabilities and their families in the development, design and implementation of research activities, as well as the dissemination of research information. New knowledge is generated by research and tied to practice using a variety of dissemination strategies. UCEDDs also bridge the gap between research and practice by developing a variety of products and resources that promotes improvement in knowledge and practice.

- Leading national efforts, including youth transition, autism services, supports and research, mental health services and supports, and supporting self-advocates and families. For example, the Carolina Institute for Developmental Disabilities at the University of North Carolina released findings from a study that examined the use of brain scans to identify early signs of autism in high-risk babies. The researchers were able to make reasonably accurate forecasts about which high-risk infants will later develop autism by scanning the brains of babies whose siblings have autism. The findings are important because early diagnosis of autism spectrum disorder (ASD) has been a significant challenge.

When funding is sufficient, UCEDDs also conduct national training initiatives to address unmet needs of people with developmental disabilities. 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 2016 ... .$38,619,000
FY 2017 .....$38,530,000
FY 2018 .....$40,543,000
FY 2019 Enacted.....$40,619,000
FY 2020 President's Budget $32,546,000

Budget Request:

The FY 2020 request for UCEDDs is $32,546,000, a reduction of -$8.1 million below the FY 2019 Enacted Level. Funding of the UCEDDs will support the network of independent but interlinked centers, representing an expansive national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

At the local level, UCEDDs train future professionals with the specialized expertise in developmental disabilities. Of the UCEDD trainees who graduated 5 to 10 years ago, 30 percent are in leadership positions including:

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

Based on statutory requirements for allocating funding, national training efforts would not be funded at the request level.

Funding for UCEDDs supports specialized services at the local level and provides local organizations as well as state agencies with technical assistance to improve services and supports for people with developmental disabilities across the life span. UCEDDs currently operate very efficiently and are able to leverage significant additional Federal and non-Federal resources. ACL will work to provide technical and other assistance, including sharing best practices, to allow the UCEDDs to prioritize remaining funding and to leverage additional resources for these services.

Outcomes and Outputs Table:

University Centers for Excellence in Developmental Disabilities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 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 2017: 44.56% Target: 43.74% (Target Exceeded)	Prior Result + 1%	Prior Result + 1%	N/A

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
8viii: Number of professionals trained by UCEDDs. (Output)	FY 2017: 5,038	N/A	N/A	N/A
8ix: Number of people reached through UCEDD community training and technical assistance activities. (Output)	FY 2017: 1,020,774	N/A	N/A	N/A
8x: Number of people receiving direct or model demonstration services from UCEDDs. (Output)	FY 2017: 126,862	N/A	N/A	N/A

Grant Awards Tables:

University Centers of Excellence in Developmental Disabilities Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	81	73	66
Average Award	$488,117	$544,185	$571,604
Range of Awards	$48,909 - $700,000	$48,909 - $700,000	$48,909 - $700,000

Resource and Program Data:

University Centers of Excellence in Developmental Disabilities

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	31	12,188	5	2,297	1	297
Continuations	50	27,350	68	37,429	65	37,429
Contracts	1	929	1	817	1	817
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	211	--	192	--	192
Total Resources	--	40,677	--	40,734	--	38,734

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Developmental Disabilities – Projects of National Significance

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Projects of National Significance*	11,770	12,000	1,050	(10,950)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2007

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

Program Description and Accomplishments:

Projects of National Significance (PNS) is a discretionary program which provides grants, cooperative agreements, and contracts to public or private non-profit entities to develop and test innovative and promising practice demonstrations that expand opportunities for individuals with developmental disabilities to contribute to, and participate in, all facets of community life. Examples of PNS activities include:

- Grants to improve access to competitive, integrated supported employment for people with intellectual and developmental disabilities. These grants include particular focus on youth and young adults, as well as the evaluation of such efforts and technical assistance to the states that are funded.

- Community practice projects to build states' capacities to support competitive, integrated employment and family support activities for persons with intellectual and developmental disabilities, as well as technical assistance to self-advocacy organizations.

- Longitudinal data collection projects as well as longitudinal research studies of trends in residential services and supports, employment, community supports, family supports, and quality indicators related to publicly funded DD services.

- A project to gather and disseminate information and provide technical assistance to people and entities interested in supported decision making as an alternative to guardianship.

- A grant to equip disability organizations providing long term services and support with the tools they need to partner and contract with health care payers and providers in delivery system reform.

Funding History:

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

FY 2016... .....$10,000,000
FY 2017 .....$9,977,000
FY 2018 .....$11,770,000
FY 2019 Enacted.....$12,000,000
FY 2020 President's Budget $1,050,000

Budget Request:

The FY 2020 request for the Projects of National Significance program is $1.0 million, a reduction of -$11.0 million below the FY 2019 Enacted Level. At the requested funding level, the PNS program provides continued support for three studies: The State of the States in Developmental Disabilities, Residential Information Systems Project, and the National Data Collection on Day and Employment Services for Individuals with Developmental Disabilities.

Grant Awards Tables:

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

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	28	21	3
Average Award	$328,590	$451,288	$350,000
Range of Awards	$225,000 - $1,056,187	$225,000 - $1,056,187	$350,000

Resource and Program Data:

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

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	6	3,065	2	1,107	--	--
Continuations	22	6,136	19	8,370	3	1,050
Contracts	7	2,304	--	2,304	--	--
Interagency Agreements	1	100	--	--	--	--
Program Support[135]	--	166	--	219	--	--
Total Resources	--	11,770	21	12,000	3	1,050

[135] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs

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Independent Living

Category	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 Request +/- FY 2019
Independent Living - State Grants	24,878	25,378	17,841	-7,537
Centers for Independent Living	88,305	90,805	90,805	0
Independent Living Program*	113,183	116,183	108,646	-7,537
FTE	1	1	1	0

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

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

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

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

Expiration Date: 2019

Allocation Method .....Formula and Discretionary Grants

Program Description and Accomplishments:

Independent Living (IL) programs the maximize independence, and productivity of individuals with disabilities and work to integrate these individuals into the mainstream of American society. Independent living programs provide financial assistance to sustain, expand, and improve independent living services and to develop and support statewide networks of centers for independent living (CILs). They also foster working relationships among centers for independent living, Statewide Independent Living Councils, other Rehabilitation Act programs, and relevant Federal and non-Federal programs.

Independent Living Services State Grants

The Independent Living Services State Grants program supports formula grants to States, which must establish a Statewide Independent Living Council (SILC). Each State must also submit a State Plan for Independent Living. In addition to developing the State plan, the SILC may, consistent with the State plan and State law, work to coordinate services provided to individuals with disabilities, conduct resource development activities, and perform other functions to support the purposes of the law. Funds not used to operate the SILC must be used for one of the following purposes, consistent with the State plan:

- 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, SILCs "pass through" approximately two thirds of their federal funding to Centers for Independent Living to carry out direct services. State grant funds are allotted based on total population, and participating States must match 10 percent of their grant with non-Federal cash or in-kind resources in the year for which the Federal funds are appropriated.

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 within a local community by individuals with disabilities. At a minimum, centers 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 transition to postsecondary life.

A population-based formula determines the total amount that is available for grants to centers in each State. WIOA requires that grants be awarded to any eligible agency that had been awarded a grant for the preceding fiscal year. In most cases, funds are awarded directly to centers for independent living. If State funding for CIL operation exceeds the level of Federal CIL funding in any fiscal year, the State may apply for the authority to award grants under this program through its designated state unit. There are currently only two States, Massachusetts and Minnesota, that are both eligible and have elected to manage their own CIL programs. In fiscal year 2015, 354 centers and two States received funding from the CIL program.

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

Funding History:

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

Centers for Independent Living

FY 2016 .....$78,305,000
FY 2017 .....$78,305,000
FY 2018 .....$88,305,000
FY 2019 Enacted.....$90,805,000
FY 2020 President's Budget $90,805,000

Independent Living State Grants		*FTE*
FY 2016	$22,878,000	.3
FY 2017	$22,878,000	.7
FY 2018	$24,878,000	.8
FY 2019 Enacted	$25,378,000	1.0
FY 2020 President's Budget	$17,841,000	1.0

Budget Request:

Independent Living Services State Grants

The FY 2020 request for Independent Living Services State Grants is $17,841,000, a reduction of -$7.5 million below the FY 2019 Enacted Level. This level will allow for continued support to ILS State Grants which support the State Independent Living Councils (SILCs) in their efforts to coordinate services provided to individuals with disabilities and which support direct services through funding provided to the Centers for Independent Living (CILs).

ACL recognizes the value this program provides by focusing on the independence and productivity of individuals with disabilities and integrating them into the mainstream of society.

ACL will also continue to reserve, as provided in statute at least 1.8 percent of available funding for the provision of technical assistance to the SILCs, including support for .8 FTE to provide direct Federal technical assistance.

Centers for Independent Living

The FY 2020 request for Centers for Independent Living (CILs) is $90,805,000 equal to the FY 2019 Enacted Level. This funding will continue to provide the core requirements for information and referral services, independent living skills training, peer counseling, and individual and systems advocacy; and will continue implementation of the new, fifth core service required by WIOA. As part of this requirement, CILs will develop protocols, provide outreach and education, and provide and track activities. In 2015, CILs served about 219,967 of the estimated 38 million individuals with a significant disability living in the United States.[136]

The request for the CIL program will continue support for existing centers, including any new center grants awarded in FY 2019. Approximately 75 new centers have been funded since FY 2000.

Included in the FY 2020 request level is funding of up to $1 million to conduct an evaluation of the Centers for Independent Living program, as part of ACL's focus on generating outcome data and supporting robust program evaluation.

[136] ACL, 704 Report, 2014. And U.S. Census Bureau, "Americans with Disabilities 2010" issued July 2012. Accessed 04 January 2014.

Outcome and Output Table:

ACL is revising 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. Comments received during the Information Collection Request (ICR) approval process are under review. Once complete and revised PPR is approved and grantees have collected baseline data, performance measures will be developed and reported.

Grant Awards Tables:

Independent Living Services State Grant Awards[137]

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$430,133	$437,573	$308,123
Range of Awards	$30,109-$2,137,194	$30,630-$2,165,083	$21,569-$1,526,937

[137] 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.

Resource and Program Data:

Independent Living
(Dollars in Thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula[138]	56	24,087	56	24,571	56	17,255
New Discretionary	2	421	357	88,292	358	87,998
Continuations	361	87,893	5	2,816	2	1,888
Contracts	--	--	--	--	1	1,000
Interagency Agreements	--	--	--	--	--	--
Program Support[139]	--	501	--	505	--	505
Total Resources	--	112,902	--	116,183	--	108,646

[138] 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.
[139] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	332,044	338,717	238,122	(100,595)
Alaska	332,044	338,717	238,122	(100,595)
Arizona	377,402	384,221	270,974	(113,247)
Arkansas	332,044	338,717	238,122	(100,595)
California	2,137,194	2,165,083	1,526,937	(638,146)
Colorado	332,044	338,717	238,122	(100,595)
Connecticut	332,044	338,717	238,122	(100,595)
Delaware	332,044	338,717	238,122	(100,595)
District of Columbia	332,044	338,717	238,122	(100,595)
Florida	1,122,363	1,149,136	810,433	(338,703)
Georgia	561,408	571,128	402,790	(168,338)
Hawaii	332,044	338,717	238,122	(100,595)
Idaho	332,044	338,717	238,122	(100,595)
Illinois	697,053	701,057	494,424	(206,633)
Indiana	361,175	365,085	257,477	(107,608)
Iowa	332,044	338,717	238,122	(100,595)
Kansas	332,044	338,717	238,122	(100,595)
Kentucky	332,044	338,717	238,122	(100,595)
Louisiana	332,044	338,717	238,122	(100,595)
Maine	332,044	338,717	238,122	(100,595)
Maryland	332,044	338,717	238,122	(100,595)
Massachusetts	370,907	375,654	264,931	(110,723)
Michigan	540,603	545,551	384,752	(160,799)
Minnesota	332,044	338,717	238,122	(100,595)
Mississippi	332,044	338,717	238,122	(100,595)
Missouri	332,044	338,717	238,122	(100,595)
Montana	332,044	338,717	238,122	(100,595)
Nebraska	332,044	338,717	238,122	(100,595)
Nevada	332,044	338,717	238,122	(100,595)
New Hampshire	332,044	338,717	238,122	(100,595)
New Jersey	487,033	493,162	347,805	(145,357)
New Mexico	332,044	338,717	238,122	(100,595)
New York	1,075,146	1,086,982	766,598	(320,384)
North Carolina	552,500	562,587	396,767	(165,820)
North Dakota	332,044	338,717	238,122	(100,595)
Ohio	632,411	638,442	450,264	(188,178)
Oklahoma	332,044	338,717	238,122	(100,595)
Oregon	332,044	338,717	238,122	(100,595)
Pennsylvania	696,111	701,250	494,559	(206,691)
Rhode Island	332,044	338,717	238,122	(100,595)
South Carolina	332,044	338,717	238,122	(100,595)
South Dakota	332,044	338,717	238,122	(100,595)
Tennessee	362,163	367,777	259,376	(108,401)
Texas	1,517,139	1,550,001	1,093,144	(456,857)
Utah	332,044	338,717	238,122	(100,595)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Vermont	332,044	338,717	238,122	(100,595)
Virginia	458,029	463,831	327,118	(136,713)
Washington	396,837	405,549	286,015	(119,534)
West Virginia	332,044	338,717	238,122	(100,595)
Wisconsin	332,044	338,717	238,122	(100,595)
Wyoming	332,044	338,717	238,122	(100,595)
Subtotal	23,634,970	24,042,874	16,930,512	(7,112,362)
American Samoa	30,109	30,630	21,569	(9,061)
Guam	30,109	30,630	21,569	(9,061)
Northern Mariana Islands	30,109	30,630	21,569	(9,061)
Puerto Rico	332,044	338,717	238,122	(100,595)
Virgin Islands	30,109	30,630	21,569	(9,061)
Subtotal	24,087,450	24,504,111	17,254,910	(7,249,201)
Undistributed	790,550	873,889	586,090	287,799
Total States/Territories	24,878,000	25,378,000	17,841,000	(7,537,000)
Ohio	632,411	638,442	450,264	(188,178)
Oklahoma	332,044	338,717	238,122	(100,595)
Oregon	332,044	338,717	238,122	(100,595)
Pennsylvania	696,111	701,250	494,559	(206,691)
Rhode Island	332,044	338,717	238,122	(100,595)
South Carolina	332,044	338,717	238,122	(100,595)
South Dakota	332,044	338,717	238,122	(100,595)
Tennessee	362,163	367,777	259,376	(108,401)
Texas	1,517,139	1,550,001	1,093,144	(456,857)
Utah	332,044	338,717	238,122	(100,595)
Vermont	332,044	338,717	238,122	(100,595)
Virginia	458,029	463,831	327,118	(136,713)
Washington	396,837	405,549	286,015	(119,534)
West Virginia	332,044	338,717	238,122	(100,595)
Wisconsin	332,044	338,717	238,122	(100,595)
Wyoming	332,044	338,717	238,122	(100,595)
Subtotal	**23,634,970**	**24,042,874**	**16,930,512**	**(7,112,362)**
American Samoa	30,109	30,630	21,569	(9,061)
Guam	30,109	30,630	21,569	(9,061)
Northern Mariana Islands	30,109	30,630	21,569	(9,061)
Puerto Rico	332,044	338,717	238,122	(100,595)
Virgin Islands	30,109	30,630	21,569	(9,061)
Subtotal	**24,087,450**	**24,504,111**	**17,254,910**	**(7,249,201)**
Undistributed[140] [141]	790,550	873,889	586,090	287,799
Total States/Territories	**24,878,000**	**25,378,000**	**17,841,000**	**(7,537,000)**

[140] Program Support – includes funds for statutory technical assistance and/or minority set-asides; grant systems and review, ad program reporting systems costs.
[141] In FY 2020 the President's Budget proposes to use funds for an evaluation of the program.

Limb Loss Resource Center

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Limb Loss Resource Center*	3,491	3,500	--	(3,500)

*BA is in thousands of dollars.

Original Authorizing Legislation: Public Health Service Act Section 301 (a) and Section 317, as amended, 42U.S.C. 241 (a); 42 U.S.C. 247 (b)

Most Recent Authorizing Legislation: N/A

Current FY Authorization ..... NA

Expiration Date: .....Expired

Allocation Method ..... Competitive Grant

Program Description and Accomplishments:

Limb loss is the loss of all or part of an arm or leg due to trauma, infection, diabetes, heart diseases, cancers, or other diseases. An estimated two million people live with limb loss/limb difference in the United States.[142] Each year, an additional 185,000 amputations occur.[143] People with limb loss experience many barriers to successful community integration and full participation in life. They perceive a reduction in their participation in recreational activities, satisfaction at work and difficulty navigating their community following the amputation of their limb.[144] Individuals with limb loss report receiving little information about their rehabilitation from their healthcare provider either before or after their amputation.[145]

The National Limb Loss Resource Center (NLLRC) seeks to improve the health of people with limb loss, promote their well-being, improve their quality of life, reduce unnecessary medical expenditures, and provide support to families and caregivers. ACL's Limb Loss Program supports

[142] 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.

[143] Owings M, Kozak LJ, National Center for Health S. Ambulatory and Inpatient Procedures in the United States, 1996. Hyattsville, Md.: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics; 1998

[144] 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.

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

programs and services including a national peer support program, educational events, trainings for consumers and healthcare professionals, consumer education materials, and information and referral services to disseminate information specific to living well with limb loss and to connect consumers to resources in their local communities.

Funding History:

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

FY 2016 .....$2,810,000
FY 2017 .....$2,494,000
FY 2018 .....$3,491,000
FY 2019 Enacted.....$3,500,000
FY 2020 President's Budget $0

Budget Request:

No funding is requested in FY 2020 for the Limb Loss Resource Center, consistent with the proposal in the FY 2019 President's Budget. Other ACL and HHS programs, such as Aging and Disability Resource Centers, Centers for Independent Living and Assistive Technology provide services and resources for individuals with all types of disabilities.

Grants Awards Tables

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	1	1	N/A
Average Award	$3,397,142	$3,292,907	N/A
Range of Awards	$3,397,142	$3,292,907	N/A

Resource and Program Data

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	--	--	1	3,293	--	--
Continuations	1	3,397	--	--	--	--
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support[146]	--	94	--	207	--	--
Total Resources	--	3,491	--	3,500	--	--

[146] Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

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Paralysis Resource Center

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Paralysis Resource Center*	7,681	8,700	--	(8,700)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Expiration Date.....2011

Allocation Method.....Competitive Grant

Program Description and Accomplishments:

The Paralysis Resource Center (PRC) promotes the health and well-being of people living with paralysis and supports their families and caregivers by providing comprehensive information and referral services. The PRC seeks to bridge the information gap experienced not only by newly-paralyzed individuals, but also by those who have lived for some time with paralysis. This information promotes better health, encourages community involvement, and improves quality of life.

Nearly 5.4 million Americans, or one in 50 reported having some form of paralysis, defined as a central nervous system disorder resulting in difficulty or inability to move the upper or lower extremities.[147] These individuals face health and other disparities, which often translate into exclusion from full participation in their communities. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments, and supports integration into the physical and cultural communities in which they live.

[147] 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.

Funding History:

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

FY 2016 .....$7,700,000
FY 2017 .....$6,682,000
FY 2018 .....$7,681,000
FY 2019 Enacted.....$8,700,000
FY 2020 President's Budget $0

Budget Request:

No funding is requested in FY 2020 for the Paralysis Resource Center, consistent with the proposal in the FY 2019 President's Budget. Other ACL and HHS programs, such as Aging and Disability Resource Centers, Centers for Independent Living and Assistive Technology provide services and resources for individuals with all types of disabilities.

Paralysis Resource Center

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	3	5	N/A
Average Award	$2,489,561	$1,662,332	N/A
Range of Awards	$273,447 - $7,001,532	$200,000 - $7,511,661	N/A

Resource and Program Data:

Paralysis Resource Center
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	3	7,469	2	1,400	--	--
Continuations	--	--	3	6,912	--	--
Contracts	--	--	1	125	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support[148]	--	212	--	263	--	--
Total Resources	--	7,681	--	8,700	--	--

[148] Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

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Traumatic Brain Injury

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Traumatic Brain Injury*	11,293	11,321	9,321	(2,000)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Expiration Date.....2019

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

Program Description and Accomplishments:

The Traumatic Brain Injury (TBI) Program develops comprehensive, coordinated family and person-centered service systems at the state and community level for individuals who sustain a TBI. In the United States, it is estimated at least 3.2 million Americans require long-term or life-long assistance to perform activities of daily living as a result of TBI.[149] In addition, these national estimates do not include individuals with TBI who are treated in military hospitals.

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

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

[149] Traumatic Brain Injury in the United States: A Report to Congress. December 1999.

referral services, and legal representation – to individuals who have experienced a TBI. P&A grants are formula based, with an average award of $50,000 for state grantees and $20,000 for territory grantees.

A vital part of P&A activities is providing training and education to consumers and providers. TBI training is tailored to meet the needs of specific audiences, and is intended to increase awareness about legal concerns and individual rights around TBI, provide information on identification and funding of services, and provide support to facilitate full participation in all aspects of life. In FY 2014, P&A grantees provided training to nearly 60,000 individuals. TBI training is provided to support groups, independent living centers, service providers, and caregivers, individuals with TBI, family members, state employees, hospital staff, university staff, and community representatives. Training has resulted in greater awareness for training participants of the needs of persons with TBI and the availability of resources and support services.

State Partnership Program Grants

The State Partnership Program is designed to assist states in expanding and improving state and local capability to provide access to comprehensive and coordinated services for individuals with TBI and their families. The program addresses barriers to needed services encountered by children, youth, and adults with TBI.

Starting in 2018, ACL is creating two tiers of grantees, which will work together to maximize the program's impact nationally: Partner State grantees and Mentor State grantees. Both types of grantees are required to build and enhance their state TBI infrastructure by establishing and maintaining a State Advisory Board on Traumatic Brain Injury, creating an annual TBI state plan, and creating or expanding a state TBI registry. Mentor States have additional responsibilities, which include mentoring one or more Partner States and working together with other Mentor States and ACL to improve national coordination and collaboration around TBI services and supports.

Funding History:

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

		FTE
FY 2016…	$9,321,000	--
FY 2017	$9,300,000	1.4
FY 2018	$11,293,000	1.6
FY 2019 Enacted	$11,321,000	1.6
FY 2020 President's Budget	$9,321,000	1.6

Budget Request:

The FY 2020 request for the Traumatic Brain Injury (TBI) program is $9,321,000, a reduction of -$2.0 million below the FY 2020 Enacted Level. This level will continue to support 1.6 FTE.

This level will allow for continued support of the TBI Protection and Advocacy Formula Grants as well as the new approach to State Implementation Partnership grants. In FY 2018, ACL created two tiers of TBI State Partnership Program grants. One targeted States that are developing their

State's TBI program, and the other targeted States that have more developed TBI programs and are willing to act as mentor's to other States. In both cases grantees are expected to support comprehensive, coordinated family and person-centered service systems for individuals at the State and community level who are living with a TBI.

The TBI program also provides funding for a TBI technical assistance center (TBICC), which provides technical assistance to grantees, maintains a national listserv on issues that affect TBI service delivery with approximately 1,500 subscribers, manages an online collaboration space for grantees to share promising practices for building and maintaining service-delivery infrastructure, and develops educational materials for the public about TBI.

Grant Awards Tables:

Traumatic Brain Injury: Protection and Advocacy

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	24	24	24
Average Award	$220,728	$224,625	$199,625
Range of Awards	$20,000-$147,540	$75,000-$275,000	$75,000-$275,000

Traumatic Brain Injury: State Implementation/Mentor Partnership

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	57	57	57
Average Award	$70,175	$70,175	$54,379
Range of Awards	$20,000-$321,491	$20,000-$321,027	$20,000-$146,992

Resource and Program Data:

Traumatic Brain Injury
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	57	4,000	57	4,000	57	3,100
New Discretionary	24	5,297	--	300	--	--
Continuations	--	--	24	5,091	24	4,791
Contracts	4	1,077	4	1,081	3	581
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	919	--	849	--	849
Total Resources	--	11,293	--	11,321	--	9,321

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 MANDATORY DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	55,998	55,791	50,000	(5,791)
Alaska	50,000	50,000	50,000	-
Arizona	71,962	72,179	54,825	(17,354)
Arkansas	50,000	50,000	50,000	-
California	321,491	321,027	146,992	(174,035)
Colorado	61,226	61,396	50,831	(10,565)
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	177,592	179,064	94,416	(84,648)
Georgia	98,053	98,296	64,499	(33,797)
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	117,287	116,451	71,224	(45,227)
Indiana	69,662	69,505	53,834	(15,671)
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	52,706	52,573	50,000	(2,573)
Louisiana	54,595	54,334	50,000	(4,334)
Maine	50,000	50,000	50,000	-
Maryland	64,901	64,801	52,092	(12,709)
Massachusetts	71,041	70,981	54,381	(16,600)
Michigan	95,103	94,721	63,175	(31,546)
Minnesota	61,067	61,162	50,744	(10,418)
Mississippi	50,000	50,000	50,000	-
Missouri	65,492	65,271	52,266	(13,005)
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	87,507	87,402	60,463	(26,939)
New Mexico	50,000	50,000	50,000	-
New York	170,897	170,379	91,199	(79,180)
North Carolina	96,790	97,102	64,057	(33,045)
North Dakota	50,000	50,000	50,000	-
Ohio	108,121	107,702	67,983	(39,719)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Oklahoma	50,000	50,000	50,000	-
Oregon	50,054	50,190	50,000	(190)
Pennsylvania	117,153	116,478	71,234	(45,244)
Rhode Island	50,000	50,000	50,000	-
South Carolina	56,753	56,936	50,000	(6,936)
South Dakota	50,000	50,000	50,000	-
Tennessee	69,802	69,881	53,973	(15,908)
Texas	233,569	235,079	115,164	(119,915)
Utah	50,000	50,000	50,000	-
Vermont	50,000	50,000	50,000	-
Virginia	83,395	83,303	58,945	(24,358)
Washington	74,718	75,159	55,928	(19,231)
West Virginia	50,000	50,000	50,000	-
Wisconsin	63,065	62,837	51,364	(11,473)
Wyoming	50,000	50,000	50,000	-
Subtotal	**3,850,000**	**3,850,000**	**2,949,589**	**(900,411)**
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	**4,000,000**	**4,000,000**	**3,099,589**	**(900,411)**
Undistributed[150]	-	-	-	-
Total States/Territories	**4,000,000**	**4,000,000**	**3,099,589**	**(900,411)**

[150] Program Support – includes funds for grant systems and review, and program reporting systems costs.

National Institute on Disability, Independent Living, and Rehabilitation Research

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
National Institute on Disability, Independent Living, and Rehab. Research*	104,710	108,970	90,371	(18,599)

*BA is in thousands of dollars.

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

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

Current FY Authorization:.....Expired

Expiration Date: 2019

Allocation Method:.....Discretionary Grants and Contracts

Program Description and Accomplishments:

The mission of the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) is to generate new knowledge and promote its effective use to improve the abilities of people with disabilities to perform activities of their choice in the community, and to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities. NIDILRR sponsors comprehensive and coordinated programs of research and related activities to maximize the full inclusion, social integration, employment, and independent living of individuals with disabilities of all ages.

NIDILRR conducts research through a network of individual research projects and centers of excellence across the nation. Research funding is awarded through competitive grants, and most of the funds are awarded to universities or providers of rehabilitation or related services.

As required by the Rehabilitation Act in §202(h), NIDILRR operates under a Long-Range Plan (LRP). The current plan covers FY 2018 - FY 2023.

The primary grant mechanisms under which NIDILRR makes awards are:

- *Rehabilitation Research and Training Centers (RRTCs).* RRTC research improves rehabilitation methodologies and service delivery systems, alleviates or stabilizes disabling

conditions, and promotes maximum social and economic independence for persons with disabilities. RRTCs also provide training to help rehabilitation personnel deliver more effective rehabilitation services.

- *Rehabilitation Engineering Research Centers (RERCs).* RERCs focus on rehabilitation technology, including rehabilitation engineering and assistive technology devices and services designed to diminish barriers to independence. RERCs also train individuals, including those with disabilities to become researchers and practitioners in the field of rehabilitation technology.

- *Model Systems*. NIDILRR funds model systems networks in three rehabilitation areas: spinal cord injury, traumatic brain injury, and burn injury. In addition to participating in research, model systems grantees collect and contribute long-term community integration and functional outcomes data to their respective national databases. These model systems programs have become platforms for conducting multi-site research studies.

    - *Spinal Cord Injury 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 2016… $103,970,000
FY 2017 .....$103,731,000
FY 2018 .....$104,710,000
FY 2019 Enacted.....$108,970,000
FY 2020 President's Budget $90,371,000

Budget Request:

The FY 2020 Budget requests $90.4 million, a reduction of -$18.6 million below the FY 2019 Enacted Level, for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). At this level, NIDILRR will make most continuation awards for ongoing multi-year grants and eliminate new FY 2020 grants for disability and rehabilitation research and development (R&D).

The FY 2020 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). NIDILRR had such authority when it was part of the Department of Education. The same language has been included in both the FY 2018 and FY 2019 requests.

Outcomes and Output Table:

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 Target
R1a: By 2023, generate new knowledge toward interventions to mediate the impact of opioid misuse by individuals with disabilities. (Outcome)	FY 2018: Result Expected Jan 1, 2019 Target: In FY 2018, NIDILRR made a research grant to develop knowledge toward better assessment and treatment of opioid use disorder among people with disabilities. (In Progress)	In FY 2019, this grantee will conduct a systematic literature review on assessment of opioid use disorder, and disseminate early products from these efforts. The grantee will also recruit and collect data from research participants.	In FY 2020, this grantee will continue data collection, and disseminate early results.	N/A
R1b: By 2023, generate new knowledge about the opioid treatment experiences and outcomes of people with disabilities to identify solutions to barriers to treatment of opioid use disorders. (Outcome)	FY 2018: Result Expected Jan 1, 2019 Target: In FY 2018, NIDILRR made two research grants that have a primary aim of generating new knowledge about opioid treatment experiences and outcomes of people with disabilities, and barriers to treatment of those opioid use disorders. (In Progress)	In FY 2019, these grantees will conduct systematic literature reviews on opioid use disorder among people with disabilities, and disseminate early products	In FY 2020, these grantees will continue to collect and analyze data on this topic, and disseminate early results and informational products for stakeholders.	N/A
R2: By 2023, assess the efficacy of an intervention to improve employment outcomes for individuals with serious mental illness. (Outcome)	FY 2018: Result Expected Jan 1, 2019 Target: In FY 2018, NIDILRR made a research grant to assess the efficacy of a career development program entitled "Helping Youth on the Path to Employment" (HYPE). (In Progress)	In FY 2019, this grantee will begin data collection for a randomized trial of the HYPE intervention.	In FY 2020, this grantee will continue data collection and disseminate early results and informational products to key stakeholders.	N/A

Grant Awards Tables:

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

Awards	FY 2017 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	223	213	159
Average Award	$439,971	$480,814	$527,134
Range of Awards	$70,000-$1,246,000	$70,000-$1,246,000	$145,000-$1,246,000

Resource and Program Data:

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

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	66	25,553	56	23,335	--	--
Continuations	157	72,560	157	79,079	159	83,814
Contracts	18	6,094	9	5,905	9	5,905
Interagency Agreements	1	88	2	40	2	40
Program Support[151]	--	415	--	612	--	612
Total Resources	--	104,710	--	108,970	--	90,371

[151] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Consumer Information, Access, and Outreach

Summary of Request

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

The FY 2020 request for CIAO programs is $116.6 million, a decrease of -$21.1 million below the FY 2019 Enacted Level. This request would provide:

- $6.1 million for Aging and Disability Resource Centers, a reduction of -$2.0 million below the FY 2019 Enacted Level. ADRCs support state efforts to develop more efficient, cost-effective, and consumer-responsive systems of information and integrated access by creating "one-stop shop" entry points into long-term care at the community-level. The request is consistent with the FY 2019 President's Budget request.

- $36.1 million in discretionary appropriations for the State Health Insurance Assistance Program (SHIP) program, a reduction of -$13.0 million below the FY 2019 Enacted Level. Separately, the Budget also proposes to extend $13M in targeted mandatory funding under the MIPPA program which goes to SHIPS, to provide additional outreach activities to targeted SHIP subpopulations, specifically low-income seniors and seniors living in rural areas. SHIP counselors help Medicare beneficiaries to fully understand the Medicare choices available to them so that the beneficiaries can make informed enrollment and benefit decisions that ultimately reduce costs to both the beneficiary and Medicare. With the continued influx of Medicare advantage plans and the inherent complexity of health insurance decisions, the SHIP program is the only program that provides needed information and assistance to older adults and people with disabilities who struggle to find the plan that fits their financial and medical needs. The proposed reduction would result in a proportional cut in the size of grants.

- $4.9 million for the Voting Access for People with Disabilities Program grants, a reduction of -$2.0 million below the FY 2019 Enacted Level. These grants assist Protection and Advocacy systems in each state and territory to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, casting their votes, and accessing polling places. The request is consistent with the FY 2019 President's Budget request.

- $31.9 million for Assistive Technology (AT), a reduction of -$4.1 million below the FY 2019 Enacted level. The reduction eliminates the Alternative Financing Grant

Competition (-$2.0 million), as the AT State Grant Program already includes financing activities while giving states the flexibility to decide their own priorities. An additional -$2.1 million reduction brings the AT request in line with the FY 2019 President's Budget. AT supports state programs that maximize the ability of individuals with disabilities of all ages and their families to obtain AT devices and services, including computer or technology aids, modified driving controls, and durable medical equipment such as wheelchairs or walkers.

- $37.5 million in mandatory funding for the Medicare Patients and Providers Act (MIPPA) programs. This proposal extends the 2019 Enacted current funding levels through FY 2021. This funding provides grants to states to fund additional outreach activities to the Medicaid Advantage and Low-Income Subsidy populations. The low income subsidies prevent or delay institutionalization because many of the low income seniors are forced to skip prescribed medications and proper nutrition to make Medicare premium payments and other obligations.

Aging and Disability Resource Centers

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Aging and Disability Resource Centers*	8,099	8,119	6,119	(2,000)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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

Program Description and Accomplishments:

Aging and Disability Resource Centers (ADRCs) support state efforts to develop more efficient, cost-effective, and consumer-responsive systems of information and integrated access by creating consumer-friendly entry points into long-term care at the community-level. ADRCs grew out of best practice innovations in some states known as "No Wrong Door"[152] (NWD) and "Single Points of Entry" programs, where people of all ages may turn for objective information and one-on-one assistance on their long-term services and support options. Since 2003, the Administration for Community Living, along with the Centers for Medicare & Medicaid Services (CMS), have entered into cooperative agreements with states to develop the foundational infrastructure for delivering one-on-one person-centered counseling and streamlined access to public programs that make it easier for individuals to learn about and access their health and long-term services and support options. Starting in 2008, the Veterans Health Administration (VHA) also began participating as a key partner in this effort. ACL, CMS, and the VHA are now working with thirteen ADRC/NWD-System states to build on and promote the nationwide use of lessons learned and best practices from prior ADRC investments.

[152] In a "No Wrong Door" entry system, multiple agencies retain responsibility for their respective services while coordinating with each other to integrate access to those services through a single, standardized entry process that is administered and overseen by a coordinating entity (Allison Armor-Garb, Point of Entry Systems for Long-Term Care: State Case Studies, prepared for the New York City Department of Aging, 2004).

ADRC/NWD systems help states make better use of taxpayer dollars by streamlining access to community services and supports (both publicly and privately funded) and diverting individuals from more costly forms of care, including institutional care and unnecessary hospital re-admissions. These systems are a key component in transforming states' long-term services and support programs. Services for all populations and all payers provided by ADRC/NWD systems include:

- Targeted discharge planning, care transition and nursing home diversion support that integrates the medical and social service systems on behalf of older adults and individuals with disabilities to help them remain in their own homes and communities after a hospitalization, rehabilitation, or skilled nursing facility visit;

- "One-on-one" person-centered counseling to help consumers, families, and caregivers fully understand the options, including private pay options, that are available to them;

- Streamlined access to publicly-supported long-term services and support programs for individuals who appear to be eligible for such programs;

- Outreach and assistance to Medicare beneficiaries on their Medicare benefits including prevention benefits and low-income subsidies provided as a result of receiving funding under the Medicare Improvements to Patients and Providers Act; and,

- Integrated options counseling and access points to care transition and diversion support for Veterans served through the ACL/Department of Veterans Affairs (VA) Veteran-Directed Home and Community-Based Services program partnership.

ACL, CMS and VHA have invested over $200 million in the Aging and Disability Resource Center/No Wrong Door System initiative since 2003. Recent accomplishments include:

- The Veterans Health Administration is using the ADRC\NWD System to deliver Veteran Directed Home and Community Based Services (VD-HCBS) to help Veterans with disabilities to continue living in the community and to have control over the LTSS they receive. The Veteran Directed Care program is available in 35 states, the District of Columbia and Puerto Rico and is serving more than 2,000 Veterans through 65 VA Medical Centers each day.

- In 2016, ACL funded 8 states (CT, MA, MD, NH, OR, VT, WA, and WI) to coordinate their ADRC/No Wrong Door (NWD) System with their statewide Assistive Technology (AT) Program. Coordination activities included cross training, assistive technology "toolkits" for ADRC staff, and increased collaboration with the Durable Medical Equipment (DME) state workgroups to coordinate related efforts on reuse models for AT and DME. As a result of this coordination, access to assistive technology for people seeking long term services and supports has increased.

- In FY 2017, the St. Louis Veteran Directed Care Program became the first Veteran Directed Care Program to exceed a program census of 150 Veterans. The St. Louis program has been a

model of successful partnerships and has contributed to a 24 percent decrease in inpatient days of care for enrolled Veterans.

- In FY 2017, the VA Sunshine Network, also known Veterans Integrated Service Network (VISN), became the first VISN to achieve full Veteran Directed Care coverage. The VA Sunshine Network includes seven Veterans Administration Medical Centers (VAMCs) serving a population of more than 1.6 million Veterans in Florida, South Georgia, Puerto Rico and the Caribbean. VA is comprised of 21 VISNs nationwide that oversee 168 VAMCs serving 8.9 million Veterans each year. Veterans and caregivers value the Veteran Directed Care program because it gives Veterans control over their long term services and supports and enables them to design their care to fit their life rather than designing their life to fit the care provided.

Funding History:

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

FY 2016 .....$6,119,000
FY 2017 .....$6,105,000
FY 2018 .....$8,099,000
FY 2019 Enacted.....$8,119,000
FY 2020 President's Budget $6,119,000

Budget Request:

ACL's FY 2020 request for ADRCs is $6,119,000, a reduction of -$2,000,000 below the FY 2019 Enacted level and the same as the level in the FY 2019 President's Budget. This will provide States funding to continue their development and operation of sustainable ADRC/NWD systems based on the national guidelines established by ACL, CMS and VHA. Funded states will replicate the national guidelines to develop person-centered, conflict-free access system for long-term services and supports for all populations and all payers. In addition to the grants to states, funding would be used to support a technical assistance contract.[153]

Activities funded by this program to develop sustainable ADRC/NWD systems represent a substantial state-wide reform of access to long-term services and supports. Building on past ADRC activities, the transformation brought about by this funding will include:

- Progress towards guidelines established by ACL, CMS, and VHA for ADRC/NWD Systems to report on its progress and performance,

[153] Please see page 224 for a discussion of how the MIPPA program helps hard to reach low income and Rural Medicare beneficiaries who qualify for either the Medicare savings plan or Low Income Subsidy pay their Medicare premiums, in part through formula grants to ADRC grantees.

- A commitment to using Medicaid administrative funding to support the ADRC/NWD system infrastructure on an on-going basis; and

- Ensuring that local ADRC/NWD system sites:

    - Include a full range of organizations that play a formal reimbursable role in carrying out the ADRC/NWD system functions they have been designated by the state to perform to ensure the state's ADRC/NWD system can effectively serve all LTSS populations;
    - Use nationally certified person-centered counselors to provide one-on-one assistance to consumers; and
    - Conduct formal functional and financial assessments that are required to determine an individual's eligibility for the public LTSS programs that are administered by the state, including Medicaid.

Finally, funded states' ADRC/NWD systems, including local sites, will use the *Key Elements of a NWD System of Access to LTSS for All Populations and Payers* to continually evaluate performance and make improvements in ADRC/NWD systems at the state and local site level. The ADRC/NWD Key Elements framework has been adopted as a national benchmark in the AARP LTSS Scorecard to measure affordability and access state-level performance of LTSS systems that assist older people, adults with disabilities, and their family caregivers.

Grant Awards Tables:

Aging and Disability Resource Centers
(Dollars in Thousands)

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	10	10	10
Average Award	$563,566	$589,011	$439,011
Range of Awards	$502,154 - $573,675	$528,483 - $600,000	$393,897 - $447,202

Resource and Program Data:

Aging and Disability Resource Centers
(Dollars in Thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	10	5,636	--	--	10	4,390
Continuations	--	--	10	5,890	--	--
Contracts	5	2,264	5	2,040	5	1,540
Interagency Agreements	--	--	--	--	--	--
Program Support[154]	--	200	--	189	--	189
Total Resources	--	8,099	--	8,119	--	6,119

[154] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

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State Health Insurance Assistance Programs

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
State Health Insurance Assistance Programs*	49,115	49,115	36,115	(13,000)
FTEs*	4.1	4.4	4.4	0

* BA is in thousands of dollars.

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

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....N/A

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

Program Description and Accomplishments:

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

The SHIP program provides grants to all 50 States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands to fund the infrastructure, training, and outreach needed to support nearly 15,000 (mostly volunteer) counselors in over 1,300 community-based organizations. Nearly two-thirds of the 54 state SHIP programs are administered by State Units on Aging, with the remaining programs administered by State Departments of Insurance. At the community level, many SHIPs are either housed in or create local partnerships with Area Agencies on Aging.

Similarly, almost 50 percent of the SHIPs are co-located with the Senior Medicare Patrol program and work collaboratively with them to educate beneficiaries and help deter or prevent Medicare fraud and abuse.

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

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

Funding History:

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

		FTE
FY 2016 …	$52,115,000	6.0
FY 2017	$47,115,000	5.0
FY 2018	$49,115,000	4.1
FY 2019 Enacted	$49,115,000	4.4
FY 2020 President's Budget	$36,115,000	4.4

Budget Request:

The FY 2020 request for the State Health Insurance Assistance programs (SHIP) is $36,115,000, a decrease of -$13,000,000 below the FY 2019 Enacted Level. The SHIP program is the only program that provides needed information and assistance to older adults and people with disabilities who struggle to find the plan that fits their financial and medical needs. The proposed cut proportionately reduces grants to States and Territories but maintains ACL's capability to provide supports to all States and Territories.

Grant Awards Table:

State Health Insurance Assistance Programs Grant Awards

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	54	54	54
Average Award	$830,859	$830,859	$610,943
Range of Awards	$46,351-$4,206,661	$46,351-$4,206,662	$34,083-$3,093,221

Resource and Program Data:

State Health Insurance Assistance Program
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	--	--	--	--	--	--
New Discretionary	55	44,861	55	45,588	55	32,588
Continuations	1	950	1	950	1	950
Contracts	4	2,056	4	1,594	4	1,594
Interagency Agreements	--	--	-	--	--	--
Program Support[155]	--	1,248	--	983	--	983
Total Resources	--	49,115	--	49,115	--	36,115

[155] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Department of Health and Human Services
(OPDIV NAME)
FY 2020 MANDATORY DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	825,102	825,102	606,710	(218,392)
Alaska	221,095	221,095	162,574	(58,521)
Arizona	818,010	818,010	601,495	(216,515)
Arkansas	583,477	583,477	429,039	(154,438)
California	4,206,661	4,206,661	3,093,221	(1,113,440)
Colorado	585,799	585,799	430,747	(155,052)
Connecticut	525,524	525,524	386,426	(139,098)
Delaware	195,629	195,629	143,849	(51,780)
District of Columbia	148,664	148,664	109,315	(39,349)
Florida	2,689,333	2,689,333	1,977,507	(711,826)
Georgia	1,114,872	1,114,872	819,782	(295,090)
Hawaii	241,769	241,769	177,776	(63,993)
Idaho	374,190	374,190	275,148	(99,042)
Illinois	1,474,757	1,474,757	1,084,411	(390,346)
Indiana	845,091	845,091	621,408	(223,683)
Iowa	666,078	666,078	489,777	(176,301)
Kansas	506,869	506,869	372,708	(134,161)
Kentucky	817,285	817,285	600,962	(216,323)
Louisiana	641,775	641,775	471,907	(169,868)
Maine	420,260	420,260	309,024	(111,236)
Maryland	715,955	715,955	526,453	(189,502)
Massachusetts	912,344	912,344	670,860	(241,484)
Michigan	1,405,133	1,405,133	1,033,215	(371,918)
Minnesota	899,434	899,434	661,367	(238,067)
Mississippi	576,341	576,341	423,792	(152,549)
Missouri	890,566	890,566	654,847	(235,719)
Montana	538,584	538,584	396,029	(142,555)
Nebraska	401,942	401,942	295,554	(106,388)
Nevada	397,993	397,993	292,650	(105,343)
New Hampshire	275,987	275,987	202,937	(73,050)
New Jersey	1,011,600	1,011,600	743,845	(267,755)
New Mexico	417,458	417,458	306,963	(110,495)
New York	2,282,389	2,282,389	1,678,275	(604,114)
North Carolina	1,433,429	1,433,429	1,054,022	(379,407)
North Dakota	242,547	242,547	178,348	(64,199)
Ohio	1,697,711	1,697,711	1,248,352	(449,359)
Oklahoma	588,867	588,867	433,003	(155,864)
Oregon	562,214	562,214	413,404	(148,810)
Pennsylvania	1,910,575	1,910,575	1,404,875	(505,700)
Rhode Island	260,363	260,363	191,449	(68,914)
South Carolina	740,909	740,909	544,802	(196,107)
South Dakota	302,887	302,887	222,717	(80,170)
Tennessee	1,041,093	1,041,093	765,531	(275,562)
Texas	2,543,690	2,543,690	1,870,414	(673,276)
Utah	342,639	342,639	251,948	(90,691)
Vermont	232,982	232,982	171,315	(61,667)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Virginia	972,675	972,675	715,223	(257,452)
Washington	856,655	856,655	629,911	(226,744)
West Virginia	454,311	454,311	334,062	(120,249)
Wisconsin	881,061	881,061	647,857	(233,204)
Wyoming	280,681	280,681	206,389	(74,292)
Subtotal	**43,973,254**	**43,973,254**	**32,334,197**	**(11,639,057)**
Guam	46,351	46,351	34,083	(12,268)
Puerto Rico	800,417	800,417	588,559	(211,858)
Virgin Islands	46,351	46,351	34,083	(12,268)
Subtotal	**44,866,373**	**44,866,373**	**32,990,921**	**(11,875,452)**
Undistributed [156]	4,248,627	4,248,627	3,124,079	(1,124,548)
Total States/Territories	**49,115,000**	**49,115,000**	**36,115,000**	**(13,000,000)**

[156] Program Support – reflects the amount used from the SHIP appropriation for staff and overhead, support contracts, training assistance, data systems, grant systems, and grants review costs.

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Voting Access for Individuals with Disabilities

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Voting Access for People with Disabilities*	6,946	6,963	4,963	(2,000)

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2005

Allocation Method.....Formula Grant

Program Description and Accomplishments:

The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act (HAVA) provides formula grants to support Protection and Advocacy (P&A) systems in each state and territory in ensuring full participation in the electoral process for individuals with disabilities. HAVA P&A programs help to ensure that individuals with disabilities are able to exercise their rights to register to vote, cast a vote, and access polling places. These funds provide services to individuals with disabilities within the state, as well as advocacy for and education about the electoral process and monitoring of the accessibility of the electoral process for people with disabilities. Additionally, competitive training and technical assistance grants assist the P&As in their promotion of full participation in the electoral process.

HAVA P&A grantees use these funds to promote systematic efforts to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process. For example, grantees support systems change efforts to improve information on the location of accessible polling places, and to adopt voting procedures that enable individuals with disabilities to vote privately and independently. Grantees also work to educate election officials, poll workers, and election volunteers on the rights of voters with disabilities and best practices. P&As provide assistance to state and other government entities by surveying polling places, identifying potential modifications to make specific polling places accessible, and developing criteria for identifying accessible polling places.

Through the program, ACL also makes discretionary grants to eligible nonprofit organizations to assist 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 grants are authorized under section 291 of HAVA as a seven percent set-aside of the total appropriation for P&As. As a result of the training and technical assistance, P&As inform others on the availability of accessible voting equipment and its use.

Funding History:

Funding over the past five years is as follows:

FY 2016 .....$4,963,000
FY 2017 .....$4,952,000
FY 2018 .....$6,946,000
FY 2019 Enacted.....$6,963,000
FY 2020 President's Budget $4,963,000

Budget Request:

The FY 2020 Budget request for the Voting Access for Individuals with Disabilities Program is $4,963,000, a reduction of -$2,000,000 below the FY 2019 Enacted level and the same as the level in the FY 2019 President's Budget. HAVA funding supports activities such as training on voting rights, making sure polling places are accessible, assisting with the adoption of voting procedures that enable individuals with disabilities to vote privately and independently. Grantees successfully sponsored a site to staff a hotline and train law student volunteers to canvass polling places in Charleston, South Carolina for accessibility issues Funding for activities such as this helps to ensure that individuals with the full range of disabilities are not denied the right to the same opportunity for access and participation in the electoral process as voters with no disabilities.

Grant Awards Table:

Voting Access for Individuals with Disabilities Grant Awards

Awards	**FY 2018 Final**	**FY 2019 Enacted**	**FY 2020 President's Budget**
Number of Awards	57	57	57
Average Award	$113,329	$113,287	$80,655
Range of Awards	$49,104-$486,322	$49,104-$485,172	$35,000-$344,750

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	98,209	98,209	70,000	(28,209)
Alaska	98,209	98,209	70,000	(28,209)
Arizona	98,209	98,209	70,000	(28,209)
Arkansas	98,209	98,209	70,000	(28,209)
California	486,322	485,172	344,750	(140,422)
Colorado	98,209	98,209	70,000	(28,209)
Connecticut	98,209	98,209	70,000	(28,209)
Delaware	98,209	98,209	70,000	(28,209)
District of Columbia	98,209	98,209	70,000	(28,209)
Florida	255,396	257,509	182,978	(74,531)
Georgia	127,749	127,984	90,941	(37,043)
Hawaii	98,209	98,209	70,000	(28,209)
Idaho	98,209	98,209	70,000	(28,209)
Illinois	158,616	157,100	111,630	(45,470)
Indiana	98,209	98,209	70,000	(28,209)
Iowa	98,209	98,209	70,000	(28,209)
Kansas	98,209	98,209	70,000	(28,209)
Kentucky	98,209	98,209	70,000	(28,209)
Louisiana	98,209	98,209	70,000	(28,209)
Maine	98,209	98,209	70,000	(28,209)
Maryland	98,209	98,209	70,000	(28,209)
Massachusetts	98,209	98,209	70,000	(28,209)
Michigan	123,015	122,252	86,869	(35,383)
Minnesota	98,209	98,209	70,000	(28,209)
Mississippi	98,209	98,209	70,000	(28,209)
Missouri	98,209	98,209	70,000	(28,209)
Montana	98,209	98,209	70,000	(28,209)
Nebraska	98,209	98,209	70,000	(28,209)
Nevada	98,209	98,209	70,000	(28,209)
New Hampshire	98,209	98,209	70,000	(28,209)
New Jersey	110,825	110,512	78,527	(31,985)
New Mexico	98,209	98,209	70,000	(28,209)
New York	244,651	243,581	173,081	(70,500)
North Carolina	125,722	126,070	89,581	(36,489)
North Dakota	98,209	98,209	70,000	(28,209)
Ohio	143,906	143,068	101,660	(41,408)
Oklahoma	98,209	98,209	70,000	(28,209)
Oregon	98,209	98,209	70,000	(28,209)
Pennsylvania	158,401	157,143	111,661	(45,482)
Rhode Island	98,209	98,209	70,000	(28,209)
South Carolina	98,209	98,209	70,000	(28,209)
South Dakota	98,209	98,209	70,000	(28,209)
Tennessee	98,209	98,209	70,000	(28,209)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Texas	345,227	347,339	246,808	(100,531)
Utah	98,209	98,209	70,000	(28,209)
Vermont	98,209	98,209	70,000	(28,209)
Virginia	104,225	103,940	73,856	(30,084)
Washington	98,209	98,209	70,000	(28,209)
West Virginia	98,209	98,209	70,000	(28,209)
Wisconsin	98,209	98,209	70,000	(28,209)
Wyoming	98,209	98,209	70,000	(28,209)
Subtotal	**6,214,206**	**6,211,821**	**4,422,342**	**(1,789,479)**
American Samoa	49,104	49,104	35,000	(14,104)
Guam	49,104	49,104	35,000	(14,104)
Northern Mariana Islands	-	-	-	-
Puerto Rico	98,209	98,209	70,000	(28,209)
Virgin Islands	49,104	49,104	35,000	(14,104)
Subtotal	**6,459,727**	**6,457,342**	**4,597,342**	**(1,860,000)**
Undistributed[157]	503,273	505,658	365,658	1,649,479
Total States/Territories	**6,963,000**	**6,963,000**	**4,963,000**	**(2,000,000)**

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

Assistive Technology

Assistive Technology	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Assistive Technology	34,000	34,000	31,939	(2,061)
Alternative Financing Competitive Grants	*1,911*	*2,000*	*--*	*(2,000)*
*Assistive Technology**	*35,911*	*36,000*	*31,939*	*(4,061)*

*BA is in thousands of dollars.

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2010

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

Program Description and Accomplishments:

Assistive Technology (AT) programs are designed to maximize the ability of individuals with disabilities of all ages and their family members, guardians, advocates, and authorized representatives to obtain AT devices and AT services. AT devices are defined as any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Examples of such devices include computer or technology aids, modified driving controls, and durable medical equipment such as wheelchairs or walkers. Grants support comprehensive statewide programs that are designed to increase the:

- Availability, funding, access, provision, and training for AT devices and services;
- Ability of individuals with disabilities of all ages to secure and maintain possession of AT during periods of transition, such as transition between school or home and home and work;

- 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 other 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 (totaling $20,288,534). Any 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. To date, appropriated funds under this program have not been at a level to necessitate this second round of distribution. The estimated FY 2020 state distributions will be based on the July 1, 2016 estimates published in December 2016.

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.

In addition, states must use a portion of their grant funds on public awareness activities, including the continuation and maintenance of a statewide system of information and referral, and coordination and collaboration activities amongst entities in the states that are responsible for the provision of AT. The law provides states with flexibility to decide to carry out only two or three state-level activities, rather than all four. If a state elects to carry out two or three state-level activities, it must spend a minimum of 70 percent of its funds on those activities, while spending not more than 30 percent on the state leadership activities.

State AT Programs continue to provide a set of integrated state level and state leadership activities/services that directly benefit individuals with disabilities, older adults, Veterans, caregivers, professionals, schools, vocational rehabilitation agencies, healthcare providers and agencies by providing unique access to, and acquisition of, assistive technology devices including durable medical equipment. State AT Program data continues to show increased program use and performance. In fiscal year 2017, the 56 State AT Program Section 4 grantees, achieved the following:

- 80,096 individuals participated in assistive technology device demonstrations, exploring devices to support decision-making about consumer-AT match;

- 52,374 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;

- 74,205 AT devices were reused, saving consumers $29,988,784 by obtaining a gently used or refurbished AT device rather than a new one;

- 853 financial loans totaling $7,665,522 at an average interest rate of 3.68% were made to enable consumers to purchase needed AT;

- 5,768 AT devices at a value of $3,836,113 were provided to consumers through externally funded programs administered by State AT Programs;

- 3,735 AT devices were acquired by consumers at a savings of $1,373,345 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.

- 125,783 individuals participated in training events on AT products/services, AT funding, accessible information and communication technology, AT within transition from school to work and congregate care to community living and related AT topics.

Protection and Advocacy for Assistive Technology Grants

Formula grants to protection and advocacy (P&A) systems, authorized under section 5 of the AT Act, support protection and advocacy services to assist individuals with disabilities of all ages in the acquisition, use, or maintenance of AT services or devices. Funds are distributed on a state population basis, with a minimum annual grant of $50,000. Territories must receive not less than $30,000 annually. Also, the Act requires a minimum award of $30,000 to the P&A system serving the American Indian consortium.

National Activities Grants

Section 6 of the AT Act provides authority for the provision of technical assistance and the development and implementation of data collection and reporting systems—through grants, contracts, or cooperative agreements awarded on a competitive basis—to individuals with disabilities of all ages, to AT state program grantees, and to protection and advocacy systems. The AT Act also requires the Secretary to make an award to renovate, update, and maintain the National Public Interest Website[158].

Alternative Financing Competitive Grants for Assistive Technology

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

Funding History:

Funding for the Assistive Technology Act Programs (including but not limited to AT Act Sections 4-6 authorized programs) over the past five years is as follows:

FY 2016	$32,000,000
FY 2017	$31,926,588
FY 2018	$33,911,000
FY 2019 Enacted	$34,000,000
FY 2020 President's Budget	$31,939,000

[158] National Assistive Technology Act Technical Assistance and Training (AT3) Center and Center for Assistive Technology Act Data Assistance (CATADA).

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

FY 2016 .....$2,000,000
FY 2017 .....$2,000,000
FY 2018 .....$1,911,000
FY 2019 Enacted.....$2,000,000
FY 2020 President's Budget .....……. $0

Budget Request:

ACL's FY 2020 request for Assistive Technology programs is $31,939,000 a reduction of -$4,061,000 below the FY 2019 Enacted Level and the same level as the FY 2019 President's Budget. This funding level eliminates the Alternative Financing Grant Competition for Assistive Technology.

The request includes funding for the AT State Grant program to carry out the third year of their 3-year state plan. State plans must describe how the state intends to carry out its AT State Grant program to meet the AT needs of individuals with disabilities in the state, achieve the measurable goals required by the AT Act, and comply with all applicable statutory and regulatory requirements.

The request also includes funding for the Protection and Advocacy for Assistive Technology (PAAT) program. At this funding level, 26 states would receive $50,000, the minimum amount allowed by statute to carry out this program. Territories would each receive $30,000. Funds would assist individuals with disabilities of all ages in the acquisition, use, or maintenance of AT services or devices.

The request would continue funding for National Activities. The Act requires support for state training, technical assistance, data collection, and reporting assistance, and authorizes a one-time grant to provide national public awareness about AT, and support for AT research and development activities, which are all supported by competitively awarded grants. In FY 2020, funds would be used to provide state training and technical assistance, build out the AT Act informational website, and continue support for the AT Act data collection activities.

Alternative Financing Grant Competition for Assistive Technology
No funding is requested in FY 2020. The AT State grant program already includes financing activities that allow States to make decisions to best meet specific needs.

Outcomes and Outputs Table:

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 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 2017: 90.98% Target: 90% (Target Exceeded)	90%	90%	Maintain
AT2: Increase the percentage of recipients who acquire AT through reuse and state financing activities who were unable to afford or otherwise obtain the AT they need without the State AT Program. (Outcome)	FY 2017: 84% Target: 85% (Target Not Met)	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 2017: 99.21% Target: 95% (Target Exceeded)	95%	95%	Maintain

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
Output ATi: Device Demonstrations Provided (*Output*)	FY 2017: 49,056	50,000	50,000	Maintain
Output ATii: Short-Term Device Loans Made (*Output*)	FY 2017: 37,239	37,750	38,000	+250

Indicator	Year and Most Recent Result /	FY 2019 Projection	FY 2020 Projection	FY 2020 Projection +/-FY 2019 Projection
ATiii: Recipients of Reused Devices. (Output)	FY 2017: 57,782	N/A	58,250	Maintain
ATiv: State Financing Device Recipients. (Output)	FY 2017: 7,303	7,300	7,300	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/-FY 2019 Target
ALZ.3 Improve dementia capability of long-term support systems to create dementia-friendly, livable communities. (Outcome)	FY 2018: 22% Target: 22% (Baseline)	28%	33%	+5

Grant Awards Tables:

Assistive Technology Act - State Grants

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	56	56	56
Average Award	$502,958	$502,910	$472,542
Range of Awards	$125,628-$1,204,903	$125,616-$1,204,534	$125,483-$1,086,134

Assistive Technology Act - Protection and Advocacy Grants

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	57	57	57
Average Award	$83,655	$83,619	$77,330
Range of Awards	$30,000-$474,275	$30,000 - $473,456	$30,000 - $421,922

Assistive Technology Act – National Grant Activities

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	2	2	2
Average Award	$447,597	$447,097	$447,097
Range of Awards	$320,194 - $575,000	$319,694 - $574,500	$319,694 - $574,500

Alternative Financing Grant Competition for Assistive Technology

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	4	3	-
Average Award	$473,733	$497,850	-
Range of Awards	$236,883 - $552,683	$487,465 - $662,103	-

Assistive Technology
(Dollars in thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	112	32,934	112	32,932	112	28,871
New Discretionary	3	1,895	4	1,991	3	2,886
Continuations	2	895	2	894	--	--
Contracts	1	99	1	99	1	99
Interagency Agreements	--	--	--	--	--	--
Program Support	--	88	--	84	--	84
Total Resources	--	35,911	--	36,000	--	31,939

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	477,105	476,749	447,815	(28,934)
Alaska	448,950	448,828	430,566	(18,262)
Arizona	648,282	648,608	614,146	(34,462)
Arkansas	496,680	496,558	472,452	(24,106)
California	1,204,903	1,204,534	1,086,134	(118,400)
Colorado	501,972	502,209	471,385	(30,824)
Connecticut	432,259	432,030	406,416	(25,614)
Delaware	433,587	433,588	414,753	(18,835)
District of Columbia	390,481	390,543	372,400	(18,143)
Florida	772,871	775,310	704,795	(70,515)
Georgia	642,828	643,234	599,962	(43,272)
Hawaii	468,891	468,716	448,679	(20,037)
Idaho	443,721	443,937	423,153	(20,784)
Illinois	655,761	654,511	605,116	(49,395)
Indiana	509,553	509,294	475,734	(33,560)
Iowa	471,159	470,964	446,492	(24,472)
Kansas	431,216	430,981	407,110	(23,871)
Kentucky	497,933	497,687	469,838	(27,849)
Louisiana	526,343	525,899	497,457	(28,442)
Maine	481,348	481,247	461,447	(19,800)
Maryland	528,533	528,356	496,383	(31,973)
Massachusetts	551,064	550,958	516,899	(34,059)
Michigan	700,077	699,504	657,438	(42,066)
Minnesota	520,237	520,358	489,612	(30,746)
Mississippi	415,910	415,541	391,487	(24,054)
Missouri	586,719	586,353	554,221	(32,132)
Montana	462,967	462,936	443,872	(19,064)
Nebraska	476,712	476,658	455,350	(21,308)
Nevada	441,065	441,450	417,359	(24,091)
New Hampshire	449,192	449,133	429,315	(19,818)
New Jersey	526,437	526,283	486,686	(39,597)
New Mexico	465,408	465,266	443,525	(21,741)
New York	770,787	770,108	702,522	(67,586)
North Carolina	594,979	595,492	552,623	(42,869)
North Dakota	389,172	389,043	370,741	(18,302)
Ohio	611,257	610,644	564,199	(46,445)
Oklahoma	458,377	458,061	431,563	(26,498)
Oregon	452,625	452,795	425,750	(27,045)
Pennsylvania	742,294	741,295	691,890	(49,405)
Rhode Island	388,450	388,361	369,274	(19,087)
South Carolina	548,740	548,993	519,673	(29,320)
South Dakota	437,966	437,907	419,310	(18,597)
Tennessee	481,125	481,234	447,548	(33,686)
Texas	982,921	985,501	896,091	(89,410)

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Utah	481,238	481,524	457,166	(24,358)
Vermont	424,720	424,623	406,661	(17,962)
Virginia	539,364	539,226	501,011	(38,215)
Washington	521,111	521,792	486,325	(35,467)
West Virginia	443,583	443,199	422,160	(21,039)
Wisconsin	500,699	500,318	469,007	(31,311)
Wyoming	380,794	380,638	362,790	(17,848)
Subtotal	**27,210,366**	**27,208,977**	**25,534,301**	**(1,674,676)**
American Samoa	125,628	125,616	125,483	(133)
Guam	127,011	127,000	126,568	(432)
Northern Mariana Islands	125,633	125,625	125,490	(135)
Puerto Rico	450,688	449,448	424,482	(24,966)
Virgin Islands	126,295	126,282	126,005	(277)
Subtotal	**28,165,621**	**28,162,948**	**26,462,329**	**(1,700,619)**
Undistributed[159]	38,379	41,052	41,052	-
Total States/Territories	**28,204,000**	**28,204,000**	**26,503,381**	**(1,700,619)**

[159] Program Support – includes funds for grant systems and review, and program reporting systems costs.

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	58,766	58,376	52,022	(6,354)
Alaska	50,000	50,000	50,000	-
Arizona	83,751	84,021	74,876	(9,145)
Arkansas	50,000	50,000	50,000	-
California	474,275	473,456	421,922	(51,534)
Colorado	66,949	67,146	59,838	(7,308)
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	249,070	251,291	223,939	(27,352)
Georgia	124,585	124,893	111,299	(13,594)
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	154,687	153,306	136,619	(16,687)
Indiana	80,150	79,836	71,146	(8,690)
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	53,614	53,340	50,000	(3,340)
Louisiana	56,571	56,096	50,000	(6,096)
Maine	50,000	50,000	50,000	-
Maryland	72,700	72,476	64,587	(7,889)
Massachusetts	82,310	82,147	73,206	(8,941)
Michigan	119,968	119,300	106,315	(12,985)
Minnesota	66,700	66,781	59,512	(7,269)
Mississippi	50,000	50,000	50,000	-
Missouri	73,625	73,210	65,242	(7,968)
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	108,080	107,844	96,106	(11,738)
New Mexico	50,000	50,000	50,000	-
New York	238,591	237,699	211,827	(25,872)
North Carolina	122,608	123,026	109,635	(13,391)
North Dakota	50,000	50,000	50,000	-
Ohio	140,342	139,613	124,417	(15,196)
Oklahoma	50,000	50,000	50,000	-
Oregon	50,000	50,000	50,000	-
Pennsylvania	154,478	153,348	136,657	(16,691)
Rhode Island	50,000	50,000	50,000	-
South Carolina	59,948	60,168	53,619	(6,549)
South Dakota	50,000	50,000	50,000	-
Tennessee	80,369	80,425	71,671	(8,754)
Texas	336,677	338,951	302,058	(36,893)
Utah	50,000	50,000	50,000	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Vermont	50,000	50,000	50,000	-
Virginia	101,644	101,430	90,390	(11,040)
Washington	88,064	88,685	79,032	(9,653)
West Virginia	50,000	50,000	50,000	-
Wisconsin	69,827	69,402	61,848	(7,554)
Wyoming	50,000	50,000	50,000	-
Subtotal	**4,568,349**	**4,566,266**	**4,207,783**	**(358,483)**
Native American Organizations[160]	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	50,000	-
Virgin Islands	30,000	30,000	30,000	-
Subtotal	**4,768,349**	**4,766,266**	**4,407,783**	**(358,483)**
Undistributed[161]	31,651	33,734	33,734	-
Total States/Territories	**4,800,000**	**4,800,000**	**4,441,517**	**(358,483)**

[160] The Tribal Organizations line reflects the funds provided to Native Americans in New Mexico.
[161] Program Support – includes funds for grant systems and review, and program reporting systems costs.

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Medicare Improvements for Patients and Providers Act Programs (MIPPA)

Medicare Improvements for Patients and Providers Act	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Aging and Disability Resource Centers	5,000	5,000	5,000	-
Area Agencies on Aging	7,500	7,500	7,500	-
National Center for Benefits Outreach and Enrollment	12,000	12,000	12,000	-
State Health Insurance Assistance Program	13,000	13,000	13,000	-
Total*	37,500	37,500	37,500	-
FTE*	4	3.9	3.9	0

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

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

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

Current FY Authorization.....Expired

Authorization Expiration Date.....2019

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

Program Description and Accomplishments:

The Medicare Improvements for Patients and Providers Act (MIPPA) programs provide funding to key segments of ACL's network of community-based service providers – including Area Agencies on Aging (AAA), Aging Disability Resource Centers (ADRCs), and State Health Insurance Assistance Programs (SHIPs) – to undertake additional activities above and beyond their basic information and referral functions focused on in-person enrollment assistance to hard to reach low-income and rural Medicare beneficiaries who qualify for either Medicare Savings Plans (MSP) or a Low Income Subsidy (LIS). MIPPA funds also support the National Center for

Benefits Outreach and Enrollment. For beneficiaries who qualify, MSPs pay their Medicare Part A or/and Part B premiums and co-insurance costs and the LIS subsidizes their Medicare prescription drug costs, including premiums, deductibles and drug co-pays. Beneficiaries are eligible for these programs if they have minimal assets and incomes below 150 percent of the Federal Poverty Level.

Grants provide support for beneficiary education and enrollment assistance so that Medicare beneficiaries can access MSP and LIS programs that they qualify for but are not yet enrolled in. MIPPA funding is not used to support the day-day services of AAAs, ADRCs and SHIPs. Instead, it supports additional counseling that goes beyond the assistance what would normally be provided, both to identify older Americans and those with disabilities in need, and to provide much more intensive counseling to these specific populations. In FY 2016, MIPPA State Grantees conducted over 22,000 public and media events, served over 2.5 million people, and completed over 164,000 total applications for LIS and MSP benefits combined.

The National Center for Benefits Outreach and Enrollment (NCBOE) coordinates efforts to inform older adults and beneficiaries with disabilities about the benefits available under Federal and state programs, with an emphasis on providing information on the LIS and MSP which help Medicare beneficiaries pay for their Medicare coverage. The NCBOE also supports a nationwide network of 59 local Benefit Enrollment Centers which provide low-income benefits information and enrollment assistance. NCBOE accomplishes its mission by providing tools, resources, and technology that help local, state, and regional organizations find, counsel, and assist seniors and younger adults with disabilities in applying for and enrolling in the benefits for which they may be eligible. It also works to generate and disseminate new knowledge about best practices and cost-effective strategies for benefits outreach and enrollment. In FY 2017, the NCBOE and Benefits Enrollment Centers directly assisted with over 149,000 applications for the LIS, MSP, and other low income benefits.

Funding History:

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

FY 2016	$37,500,000
FY 2017	$34,912,500
FY 2018	$37,500,000
FY 2019 Enacted	$37,500,000
FY 2020 President's Budget/2	$37,500,000

1/ Reflects a 6.9% sequester.

2/ Reflects request for mandatory funding in FY 2020.

Budget Request:

The FY 2020 Budget includes a legislative proposal to extend $37,500,000 in funding for Medicare Improvements for Patients and Providers Act (MIPPA) programs funding in FYs 2020 and 2021, the same as the current funding level. Funding for these programs expires in 2019.

MIPPA remains the only national level program providing one-on-one counseling specifically targeting hard-to-reach beneficiaries who qualify for either the Medicare Savings Plans (MSP) or the Social Security Low-Income Subsidy (LIS). Continued funding is needed so that the beneficiaries who are eligible for these programs do not lose the in-depth assistance with enrolling in these programs that MIPPA funding supports. To the extent that these individuals fail to enroll, each beneficiary would lose not only an estimated $4,900 annually in LIS savings (per SSA estimates)[162] and/or $437 per month in Medicare Part A Premium Savings and $135.5 per month in Part B Premiums through MSP, but also additional assistance with Medicare Part A and B copayments and deductibles and benefits from other programs to which they are also entitled.[163]

Grant Awards Tables:

MIPPA – Aging Disability and Resource Centers

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	49	49	49
Average Award	$95,605	$97,579	$97,579
Range of Awards	$6,798 - $168,519	$6,938- $171,997	$6,938- $171,997

MIPPA – Area Agencies on Aging[164]

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	49	49	49
Average Award	$137,329	$140,212	$140,212
Range of Awards	$8,368- $551,218	$8,544- $562,793	$8,544- $562,793

[162] Extra Help with Medicare Prescription Drug Plan Costs.
[163] Medicare & You.
[164] Awards to Tribes were not included in the calculation of the average award, or the range of awards. Awards to tribes are $1,000 per Tribe.

MIPPA – National Center for Benefits Outreach and Enrollment

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	1	1	1
Average Award	$11,281,282	$11,281,282	$11,281,282
Range of Awards	$11,281,282	$11,281,282	$11,281,282

MIPPA – State Health Insurance Assistance Programs

Awards	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	51	51	51
Average Award	$239,829	$244,666	$244,666
Range of Awards	$15,120-$995,650	$15,425-$1,015,730	$15,425-$1,015,730

Resource and Program Data:

Medicare Improvements for Patients and Providers Act Programs

(Dollars in Thousands)

Mechanism	FY 2018 Final #	FY 2018 Final $	FY 2019 Enacted #	FY 2019 Enacted $	FY 2020 President's Budget #	FY 2020 President's Budget $
Grants:	--	--	--	--	--	--
Formula	423	23,926	423	24,923	423	24,923
New Discretionary	--	--	--	--	1	11,000
Continuations	1	11,281	1	11,000	--	--
Contracts	2	1,069	2	558	2	558
Interagency Agreements	--	--	--	--	--	--
Program Support[165]	--	1,224	--	1,018	--	1,018
Total Resources	--	37,500	--	37,500	--	37,500

[165] Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	93,830	95,767	95,767	-
Alaska	8,311	8,483	8,483	-
Arizona	110,813	113,100	113,100	-
Arkansas	57,524	58,711	58,711	-
California	168,519	171,997	171,997	-
Colorado	77,148	78,740	78,740	-
Connecticut	61,049	62,309	62,309	-
Delaware	17,610	17,973	17,973	-
District of Columbia	-	-	-	-
Florida	392,453	400,553	400,553	-
Georgia	148,323	151,384	151,384	-
Hawaii	23,864	24,357	24,357	-
Idaho	27,634	28,204	28,204	-
Illinois	200,667	204,809	204,809	-
Indiana	111,788	114,095	114,095	-
Iowa	55,608	56,756	56,756	-
Kansas	47,316	48,293	48,293	-
Kentucky	83,603	85,329	85,329	-
Louisiana	77,305	78,901	78,901	-
Maine	29,750	30,364	30,364	-
Maryland	90,792	92,666	92,666	-
Massachusetts	118,468	120,913	120,913	-
Michigan	171,668	175,211	175,211	-
Minnesota	89,009	90,846	90,846	-
Mississippi	54,258	55,378	55,378	-
Missouri	6,798	6,938	6,938	-
Montana	14,026	14,315	14,315	-
Nebraska	30,523	31,153	31,153	-
Nevada	44,395	45,311	45,311	-
New Hampshire	25,984	26,520	26,520	-
New Jersey	144,930	147,921	147,921	-
New Mexico	36,409	37,160	37,160	-
New York	324,475	331,172	331,172	-
North Carolina	108,953	111,202	111,202	-
North Dakota	-	-	-	-
Ohio	209,090	213,406	213,406	-
Oklahoma	65,757	67,114	67,114	-
Oregon	73,778	75,301	75,301	-
Pennsylvania	245,311	250,374	250,374	-
Rhode Island	19,702	20,109	20,109	-
South Carolina	91,847	93,743	93,743	-
South Dakota	15,226	15,540	15,540	-
Tennessee	119,913	122,388	122,388	-
Texas	355,168	362,498	362,498	-
Utah	31,599	32,251	32,251	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Vermont	12,815	13,079	13,079	-
Virginia	131,518	134,233	134,233	-
Washington	116,556	118,962	118,962	-
West Virginia	40,251	41,082	41,082	-
Wisconsin	102,328	104,440	104,440	-
Wyoming	-	-	-	-
Subtotal	**4,684,662**	**4,781,351**	**4,781,351**	**-**
Puerto Rico	-	-	-	-
Subtotal	**4,684,662**	**4,781,351**	**4,781,351**	**-**
Undistributed[166]	315,338	218,649	218,649	
Total States/Territories	**5,000,000**	**5,000,000**	**5,000,000**	**-**

[166] Program Support – reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	146,203	149,273	149,273	-
Alaska	17,690	18,061	18,061	-
Arizona	119,240	121,744	121,744	-
Arkansas	135,083	137,920	137,920	-
California	551,218	562,793	562,793	-
Colorado	72,544	74,067	74,067	-
Connecticut	52,483	53,585	53,585	-
Delaware	23,730	24,228	24,228	-
District of Columbia	8,368	8,544	8,544	-
Florida	408,018	416,586	416,586	-
Georgia	227,188	231,959	231,959	-
Hawaii	38,386	39,192	39,192	-
Idaho	52,660	53,766	53,766	-
Illinois	229,153	233,965	233,965	-
Indiana	159,072	162,412	162,412	-
Iowa	98,685	100,757	100,757	-
Kansas	69,441	70,899	70,899	-
Kentucky	174,469	178,133	178,133	-
Louisiana	121,948	124,509	124,509	-
Maine	58,370	59,596	59,596	-
Maryland	77,292	78,915	78,915	-
Massachusetts	112,632	114,997	114,997	-
Michigan	206,885	211,229	211,229	-
Minnesota	121,946	124,507	124,507	-
Mississippi	124,573	127,189	127,189	-
Missouri	166,470	169,966	169,966	-
Montana	39,757	40,592	40,592	-
Nebraska	49,178	50,211	50,211	-
Nevada	46,883	47,867	47,867	-
New Hampshire	37,046	37,824	37,824	-
New Jersey	109,980	112,289	112,289	-
New Mexico	59,208	60,451	60,451	-
New York	394,982	403,276	403,276	-
North Carolina	287,487	293,524	293,524	-
North Dakota	-	-	-	-
Ohio	244,948	250,092	250,092	-
Oklahoma	105,346	107,558	107,558	-
Oregon	91,161	93,075	93,075	-
Pennsylvania	280,603	286,495	286,495	-
Rhode Island	16,795	17,148	17,148	-
South Carolina	146,323	149,396	149,396	-
South Dakota	27,669	28,250	28,250	-
Tennessee	201,269	205,495	205,495	-
Texas	447,459	456,855	456,855	-
Utah	41,985	42,867	42,867	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Vermont	27,739	28,322	28,322	-
Virginia	169,890	173,458	173,458	-
Washington	113,754	116,143	116,143	-
West Virginia	82,096	83,820	83,820	-
Wisconsin	133,798	136,608	136,608	-
Wyoming	-	-	-	-
Subtotal	**6,729,103**	**6,870,408**	**6,870,408**	**-**
Puerto Rico	10,871	11,099	11,099	-
Subtotal	**6,739,974**	**6,881,507**	**6,881,507**	**-**
Undistributed[167]	760,026	618,493	618,493	-
Total States/Territories	**7,500,000**	**7,500,000**	**7,500,000**	**-**

[167] Program Support – reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

Department of Health and Human Services
ADMINISTRATION FOR COMMUNITY LIVING
FY 2020 MANDATORY DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	263,781	269,101	269,101	-
Alaska	31,901	32,544	32,544	-
Arizona	215,245	219,586	219,586	-
Arkansas	243,666	248,580	248,580	-
California	995,650	1,015,730	1,015,730	-
Colorado	130,905	133,545	133,545	-
Connecticut	94,772	96,683	96,683	-
Delaware	42,805	43,668	43,668	-
District of Columbia	15,120	15,425	15,425	-
Florida	736,775	751,634	751,634	-
Georgia	409,829	418,094	418,094	-
Hawaii	69,263	70,660	70,660	-
Idaho	94,939	96,854	96,854	-
Illinois	413,555	421,896	421,896	-
Indiana	286,990	292,778	292,778	-
Iowa	177,899	181,487	181,487	-
Kansas	125,196	127,721	127,721	-
Kentucky	314,607	320,952	320,952	-
Louisiana	220,081	224,520	224,520	-
Maine	105,212	107,334	107,334	-
Maryland	139,546	142,360	142,360	-
Massachusetts	203,415	207,517	207,517	-
Michigan	373,290	380,818	380,818	-
Minnesota	219,936	224,372	224,372	-
Mississippi	224,624	229,154	229,154	-
Missouri	300,271	306,327	306,327	-
Montana	71,664	73,109	73,109	-
Nebraska	88,656	90,444	90,444	-
Nevada	84,637	86,344	86,344	-
New Hampshire	66,787	68,134	68,134	-
New Jersey	198,715	202,723	202,723	-
New Mexico	106,796	108,950	108,950	-
New York	713,283	727,668	727,668	-
North Carolina	518,648	529,108	529,108	-
North Dakota	34,858	35,561	35,561	-
Ohio	442,041	450,956	450,956	-

STATE/TERRITORY	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Oklahoma	189,985	193,817	193,817	-
Oregon	164,406	167,722	167,722	-
Pennsylvania	506,462	516,676	516,676	-
Rhode Island	30,346	30,958	30,958	-
South Carolina	264,018	269,343	269,343	-
South Dakota	49,872	50,878	50,878	-
Tennessee	363,083	370,406	370,406	-
Texas	807,663	823,952	823,952	-
Utah	75,732	77,259	77,259	-
Vermont	49,994	51,002	51,002	-
Virginia	306,490	312,671	312,671	-
Washington	205,219	209,358	209,358	-
West Virginia	148,031	151,016	151,016	-
Wisconsin	241,269	246,135	246,135	-
Wyoming	33,627	34,306	34,306	-
Subtotal	12,211,555	12,457,836	12,457,836	-
Puerto Rico	19,710	20,108	20,108	-
Subtotal	12,231,265	12,477,944	12,477,944	-
Undistributed[168]	768,735	522,056	522,056	-
Total States/Territories	13,000,000	13,000,000	13,000,000	-

[168] Program support – reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

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Program Administration

Category	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Program Administration*	$40,961	$41,063	$38,987	-$2,076
FTE[169]*	169	177	168	-9

*BA is in thousands of dollars; FTE is a whole number. FTE numbers above for Program Administration only reflect those FTE funded from the Program Administration budget line. Other sources of funding for ACL FTE include staff charged to reimbursable and mandatory funding sources.

Authorizing Legislation: Older Americans Act (OAA) of 1965, P.L. 89-73, the Developmental Disabilities Assistance and Bill of Rights Act (DD Act), the Help America Vote Act (HAVA), the Assistive Technology (AT) Act, the Rehabilitation Act, the Public Health Service Act (PHSA), and the Elder Justice Act (EJA).

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

Current FY Authorization.....N/A

Authorization Expiration Date.....N/A

Allocation Method.....Direct Federal/Contract

Program Description and Accomplishments:

ACL's mission is to assist older adults and people of all ages with disabilities to live as independently as possible and to fully participate in their communities. Program Administration funds the direction and support of ACL programs established under the Older Americans Act (OAA), Developmental Disabilities Assistance and Bill of Rights Act (DD Act), Rehabilitation Act (RA), Help America Vote Act (HAVA), Assistive Technology (AT) Act, Public Health

[169] Comparable display—does not reflect the proposed transfer of 31 NIDILRR FTE to NIH.

Service Act (PHSA), and the Elder Justice Act (Title XX-B of the Social Security Act). These funds cover salaries and benefits, rent and security, and external shared services, costs that are relatively fixed in the short term. ACL's appropriation also includes language that allows Program Administration funds to be used for Department-wide coordination of policy and program activities that assist individuals with disabilities (consistent with the role previously performed by the Office of Disability).

In FY 2020, Program Administration funding will support 168 of ACL's 189 FTE in both central office and in ACL's 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 account, Medicare Improvements for Patients and Providers Act (MIPPA) activities, and money received from the Centers for Medicare & Medicaid Services 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:

FY 2016	$40,063,000	170.6	FTE
FY 2017	$40,063,000	170.1	FTE
FY 2018	$40,961,000	168.8	FTE
FY 2019 Enacted	$41,063,000	177.0	FTE
FY 2020 President's Budget	$38,987,000	168.0	FTE

Budget Request:

ACL's request for Program Administration is $38,987,000 a decrease of -$2,076,000 that will require a reduction in FTE of -9 FTE below the FY 2019 Enacted Level in addition to reductions in operating expenses such as travel, and contracts for IT, communications, business process reengineering, human capital development, and funding supporting existing and emerging technological trends.

At the request level, ACL will maintain basic cybersecurity and technology operations. Specifically, at the request level, ACL will continue planning efforts to:

- Meaningfully engage in HHS-mandated cyber-hygiene activities to identify, remediate, and prevent vulnerabilities across the entire portfolio of approximately 40 ACL developed and operated systems and reduce the existing backlog of security issues, including issuing and maintaining authority to operate (PMA Cap Goal 13).

- Carry out continuous diagnostics and mitigation as mandated by OMB and DHS, as well as related directives such as BOD-18-01 that requires monitoring and securing of e-mail and other network traffic (PMA Cap Goal 13).

- Fully comply with the oversight requirements of FITARA that requires the CIO to work with the CFO and Acquisitions officials to review and approve all technology expenditures (PMA Cap Goal 10).

- Add additional content to its website that provides data on ACL investments by state and community that would support more proactive messaging and dissemination of information to vulnerable populations, caption livestreamed meetings and events, transcribe speeches and webinars, and remediate products created by grantees to ensure accessibility

Nonrecurring Expenses Fund

Category	FY 2018[2]	FY 2019[3]	FY 2020[4]
Notification[1]	-	$4,850	TBD

*BA is in thousands of dollars.

Authorizing Legislation:

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

Allocation Method…….……..Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure investments. Since FY 2015, ACL has received $11.8 million in NEF Funding. Allocations have been used to develop or update the agency's website, reporting and performance systems; to develop systems that allow the agency to make better use of performance data; to develop tools around knowledge management; and to cover capital investments in FY 2015 supporting ACL's move to the Mary E. Switzer Building at 330 C Street SW, and the Workforce Innovation and Opportunity Act of 2014-mandated transfer of programs from the Department of Education.

Budget Allocation

The requested FY 2019 NEF funding will support the following projects:

- **ACL.gov:** ACL will invest NEF funding to develop additional enhancements to the ACL.gov website to improve functionality. Planned enhancements include:
    - Enhance security controls for the system and implement required cybersecurity monitoring;
    - Integrate ACL.gov with information available through other HHS systems such as Grants Solutions;
    - Present information about ACL programs and funding that allow stakeholders and the public to more clearly understand how ACL invests its program resources;
    - Provide a "self-serve" option for members of the public seeking to contact ACL for information about services. This will connect people to the information they

need immediately, and reduce the manpower requirements for responding to inquiries;
- Allow users to "follow" topics on the website and notify them when new content is available; and
- Simplify the process for requesting an ACL leader to speak at an event.

The results of the projects will ultimately enhance the security of the system, improves integration of data and information available from other systems, improves data sharing to address the evolving needs of its aging and disability networks, and improves users' customer experience when engaging with ACL through ACL.gov. ($0.5 million)

- **ACL Reporting**: ACL developed and operates a shared service system that supports submission, review, and analysis of State plans and performance reports. ACL Reporting currently supports four grant programs in the Administration on Disabilities and the Center for Integrated Programs--State Councils on Developmental Disabilities, Assistive Technology, Independent Living and Developmental Disabilities Protection and Advocacy – that use the system to submit nine separate grantee multi-year plans and annual program performance reports. Enhancements and new functionality planned for FY 2019 with NEF funds include:

  - Enhance security controls for the system and implement required cybersecurity monitoring;
  - Integrate ACL Reporting with information available through other HHS systems such as Grants Solutions; and
  - Implement Application Program Interfaces allowing grantees to securely transmit plans and performance reports from their systems to ACL Reporting and reduce burden from repeated data entry.

  ACL Reporting replaced four legacy systems that could no longer be operated, and has enhanced security and efficiency compared to these end-of-life software platforms. ($1.0 million)

- **ACL Older Americans Act Performance System**: ACL has completed initial development of a system to replace three legacy program performance reporting systems supporting the Older Americans Act Titles III, VI, and VII programs. As of August 2018, the testing of the pilot system supporting submission of program performance reports for the Long-Term Care Ombudsman program authorized under Title VII of the Older Act was successfully completed. The project will continue with testing of the pilot system for the Title III programs in FY 2019, and development of the Title VI Older Indians program performance report in FY 2019 and 2020. The Title VII reports will go into production in FY 2019; Title III reporting will enter production in FY 2020; and Title VI, in FY 2021. ($1.5 million)

- **ACL Data**: The ACL Data project is ACL's highest priority system development effort. The Aging Integrated Data (AGID) system, which this project will replace, provides public access to Administration for Community Living (ACL) data sets. In keeping with its mandate under the Older Americans Act (OAA), ACL makes available statistical

information on the older population through a variety of media. ACL has also taken the initiative to make available to the public OAA program data as reported by states and other grantees, as well as special data sets on aging developed by the Census Bureau. Public dissemination of data about the needs and circumstances of older persons has been a part of the ACL mission for many years.

However, AGID is not configured to accept and present data from other ACL programs, so ACL has not been able to expand the data presented by AGID to the disability-focused programs that are part of the Administration on Disability, or the programs supporting person-centered services that are a part of the Center for Integrated Programs. ACL currently does not have the data dictionaries, metadata libraries, and business intelligence tools that allow the association of disparate data sets and the analysis of data sets to identify patterns indicating trends in program performance. The work funded by NEF in FY 2019 will continue development of ACL-wide tools allowing the analysis and dissemination of all program and administrative data produced by ACL programs.

ACL Data is a critical tool for business intelligence, analysis and presentation of data from different programs and sources – a capability established as a requirement for transformation by ACL as part of the President's Management Agenda and the "Reimagine HHS" initiatives, particularly the Leveraging the Power of Data Strategic Shift." ($1.0 million)

- **ACL Knowledge Management**: ACL is currently developing a number of tools to support increased transparency and achieve administrative efficiencies across its program, leadership, and administrative offices. As with other ACL projects, the ACL Knowledge Management tools are developed in the Microsoft Azure cloud, and are designed and developed to inherit the security controls the Azure cloud provides while adding security and management controls required for FISMA low and moderate systems. ($0.5 million)

- **HHS Accessibility and Usability Shared Service Pilot**. ACL and the HHS Office of the CIO propose to develop an Accessibility and Usability Shared Service Pilot to provide services to support of HHS employees and customers served by HHS who need accessible and usable systems and assistive technology tools to work effectively and fully benefit from HHS services. The services to be provided include provisioning assistive technology solutions for HHS employees requiring reasonable accommodation; assessing systems, websites, and digital content to determine if they meet or exceed the WCAG 2.0 (AA) success criteria; providing direction on how to make content, applications, and websites accessible and usable; and addressing policy questions on how accessibility, usability, and differing functional ability throughout the lifespan intersect with technology, employment, and the provision of health and human services.

  This project responds to the HHS CIO Council request for an HHS accessibility and usability shared service to supplement and possibly replace existing services provided by HHS Operating and Staff Divisions. This is a critical need for the Department in the face of a changing workforce and the audiences that ACL and HHS serves, where the number

of individuals with intellectual or developmental disabilities throughout their life span, and who age into disability is increasing rapidly. ($0.35 million)

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

2 There was no Congressional notification for the planned uses of NEF funds in FY 2018.

3 The FY 2019 Notification was submitted to the Committees on Appropriations in the House of Representatives and the Senate on December 4, 2018.

4 Amounts notified are approximations of intended use. Amounts displayed here are current best estimates.

5 HHS has not yet notified for FY 2020.

Prevention and Public Health Fund

Prevention and Public Health Fund	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Chronic Disease Self-Management Education	8,000	8,000	0	*(8,000)*
Elder Falls Prevention	5,000	5,000	0	*(5,000)*
Alzheimer's Disease Program	14,700	14,700	0	(14,700)

*BA is in thousands of dollars.

Authorizing Legislation: Multiple

Current FY Authorization.....Expired

Expiration Date.....Undefined

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

Prevention and Public Health Fund Activities:

Chronic Disease Self-Management Education (CDSME) 2020 Request $0:

Chronic Disease Self-Management Education (CDSME) programs are low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management and treatment of their condition, build self-confidence, improve their health status, and reduce their need for more costly medical care. Funds support competitive grants to States, as well as related technical assistance and evaluation activities, including a National Resource Center. The 2020 Budget consolidates this program into the Preventative Health program.

Falls Prevention Program: FY 2020 Request $0:

Falls prevention programs help participants improve strength, balance, and mobility and provide education on how to avoid falls and reduce fall risk factors. These programs also may involve medication reviews and modifications; provide referrals for medical care management for selected fall risk factors; and provide home hazard assessments of ways to reduce environmental hazards. Since September 2014, more than 50,000 older adults across the U.S. have been served via ACL-supported falls prevention/management programs, including A Matter of Balance, Stepping On, and Tai Chi: Moving for Better Balance. Funds support competitive grants to States, as well as

related technical assistance and evaluation activities, including a National Resource Center. The 2020 Budget consolidates this program into the Preventative Health program.

Alzheimer's Disease Program: FY 2020 Request $0:

The Alzheimer's Disease Program helps to fill identified gaps in existing systems that support caregivers and people with ADRD by dedicating resources for States and community-based organizations with proven capability in the provision of both services and training to targeted special populations. Through the Alzheimer's Disease program, ACL issues two classes of competitive grants – to States who want to improve/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. Collectively these grants will 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.

To support this work, ACL 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.

The 2020 Budget consolidates these funds into a single Alzheimer's Disease program in ACL.

Object Classification Table - Direct

Administration for Community Living

(Dollars in Thousands)

Category	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Personnel compensation:	--	--	--	--
Full-time permanent (11.1)	20,435	20,759	19,548	(1,211)
Other than full-time permanent (11.3)	695	706	665	(41)
Other personnel compensation (11.5)	261	265	250	(15)
Military personnel (11.7)	--	--	--	--
Special personnel services payments (11.8)	--	--	--	--
Subtotal personnel compensation	**21,391**	**21,730**	**20,463**	**(1,267)**
Civilian benefits (12.1)	6,652	6,757	6,363	(394)
Military benefits (12.2)	--	--	--	--
Benefits to former personnel (13.0)	--	--	--	--
Total Pay Costs	**28,043**	**28,487**	**26,826**	**(1,661)**
Travel and transportation of persons (21.0)	298	303	286	(18)
Transportation of things (22.0)	--	--	--	--
Rental payments to GSA (23.1)	4,431	4,501	4,560	59
Rental payments to Others (23.2)	--	--	--	--
Communication, utilities, and misc. charges (23.3)	104	106	100	(6)
Printing and reproduction (24.0)	56	57	54	(3)
Other Contractual Services:	--	--	--	--
Advisory and assistance services (25.1)	27,008	27,435	25,835	(1,600)
Other services (25.2)	117	119	112	(7)
Purchase of goods and services from	--	--	--	--
government accounts (25.3)	9,300	9,448	8,897	(551)
Operation and maintenance of facilities (25.4)	230	233	220	(14)
Research and Development Contracts (25.5)	--	--	--	--
Medical care (25.6)	--	--	--	--
Operation and maintenance of equipment (25.7)	4	4	4	(0)
Subsistence and support of persons (25.8)	--	--	--	--
Subtotal Other Contractual Services	**36,659**	**37,239**	**35,068**	**(2,172)**
Supplies and materials (26.0)	38	38	36	(2)
Equipment (31.0)	6	6	6	(0)
Land and Structures (32.0)	--	--	--	--
Investments and Loans (33.0)	--	--	--	--
Grants, subsidies, and contributions (41.0)	2,017,513	2,049,462	1,929,622	(119,840)
Interest and dividends (43.0)	--	--	--	--
Refunds (44.0)	--	--	--	--
Total Non-Pay Costs	**2,059,106**	**2,091,713**	**1,969,730**	**(121,983)**
Total Budget Authority by Object Class	**2,087,149**	**2,120,200**	**1,996,556**	**(123,644)**

Salaries and Expenses – Direct

Administration for Community Living

(Dollars in Thousands)

Category	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Personnel compensation:	--	--	--	--
Full-time permanent (11.1)	20,435	20,759	19,548	(1,211)
Other than full-time permanent (11.3)	695	706	665	(41)
Other personnel compensation (11.5)	261	265	250	(15)
Military personnel (11.7)	--	--	--	--
Special personnel services payments (11.8)	--	--	--	--
Subtotal personnel compensation	**21,391**	**21,730**	**20,463**	**(1,267)**
Civilian benefits (12.1)	6,652	6,757	6,363	(394)
Military benefits (12.2)	--	--	--	--
Benefits to former personnel (13.0)	--	--	--	--
Total Pay Costs	**28,043**	**28,487**	**26,826**	**(1,661)**
Travel and transportation of persons (21.0)	298	303	286	(18)
Transportation of things (22.0)	--	--	--	--
Rental payments to GSA (23.1)	4,431	4,501	4,560	59
Rental payments to Others (23.2)	--	--	--	--
Communication, utilities, and misc. charges (23.3)	104	106	100	(6)
Printing and reproduction (24.0)	56	57	54	(3)
Other Contractual Services:	--	--	--	--
Advisory and assistance services (25.1)	27,008	27,435	25,835	(1,600)
Other services (25.2)	117	119	112	(7)
Purchase of goods and services from	--	--	--	--
government accounts (25.3)	9,300	9,448	8,897	(551)
Operation and maintenance of facilities (25.4)	230	233	220	(14)
Research and Development Contracts (25.5)	--	--	--	--
Medical care (25.6)	--	--	--	--
Operation and maintenance of equipment (25.7)	4	4	4	(0)
Subsistence and support of persons (25.8)	--	--	--	--
Subtotal Other Contractual Services	**36,659**	**37,239**	**35,068**	**(2,172)**
Supplies and materials (26.0)	38	38	36	(2)
Total Non-Pay Costs	**41,586**	**42,245**	**40,102**	**(2,143)**
Total Salary and Expense	**69,629**	**70,732**	**66,928**	**(3,804)**
Direct FTE	**188.26**	**198.35**	**189.35**	**(9.00)**

Detail of Full Time Equivalents (FTE)

Administration for Community Living

Category	2018 Actual Civilian	2018 Actual Military	2018 Actual Total	2019 Est. Civilian	2019 Est. Military	2019 Est. Total	2020 Est. Civilian	2020 Est. Military	2020 Est. Total
Immediate Office of the Administrator	--	--	--	--	--	--	--	--	--
Direct:	18	--	18	16	--	16	15	--	15
Reimbursable:	0	--	0	0		0	0	--	0
Total:	18	0	18	16	0	16	15	0	15
Administration on Aging	--	--	--	--	--	--	--	--	--
Direct:	26	--	26	27	--	27	26	--	26
Reimbursable:	0	--	0	0	--	0	0	--	0
Total:	26	0	26	27	0	27	26	0	26
Administration on Disabilities	--	--	--	--	--	--	--	--	--
Direct:	27	--	27	27	--	27	26	--	26
Reimbursable:	0	--	0	0	--	0	0	--	0
Total:	27	0	27	27	0	27	26	0	26
Center for Policy and Evaluation	--	--	--	--	--	--	--	--	--
Direct:	10	--	10	13	--	13	13	--	13
Reimbursable:	1	--	1	0	--	0	0	--	0
Total:	11	0	11	13	0	13	13	0	13
Center for Management and Budget	--	--	--	--	--	--	--	--	--
Direct:	35	--	35	37	--	37	35	--	35
Reimbursable:	1	--	1	1	--	1	1	--	1
Total:	35	0	35	38	0	38	36	0	36
Center for Integrated Programs	--	--	--	--	--	--	--	--	--
Direct:	7	--	7	9	--	9	8	--	8
Reimbursable:	13	--	13	13	--	13	13	--	13
Total:	20	0	20	22	0	22	21	0	21
Office of Regional Operations	--	--	--	--	--	--	--	--	--
Direct:	22	--	22	25	--	25	24	--	24
Reimbursable:	0	--	0	0	--	0	0	--	0
Total:	22	0	22	25	0	25	24	0	24
National Institute on Disability, Independent Living, and Rehabilitation Research	--	--	--	--	--	--	--	--	--
Direct:	29	--	29	31	--	31	29	--	29
Reimbursable:	0	--	0	--	--	0	0	--	0
Total:	29	0	29	31	0	31	29	0	29
ACL FTE Total	**188.26**	**0.00**	**188.26**	**198.35**	**0.00**	**198.35**	**189.35**	**0.00**	**189.35**

Average GS Grade

FY 2016: 13.6
FY 2017: 13.1
FY 2018: 13.1
FY 2019: 13.1
FY 2020: 13.0

Detail of Positions

Administration for Community Living

Position	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Executive level I	0	0	0
Executive level II	0	0	0
Executive level III	0	0	0
Executive level IV	1	1	1
Executive level V	0	0	0
Subtotal Executive Level Positions	1	1	1
Total - Exec. Level Salaries	155,500	155,500	155,500
Executive Salary	7	8	8
Subtotal ES positions	7	8	8
Total - ES Salary (Excludes Benefits)	1,167,147	1,385,791	1,393,090
GS-15	28	28	26
GS-14	53	53	50
GS-13	58	60	57
GS-12	27	30	29
GS-11	8	7	7
GS-10	1	1	1
GS-9	4	6	6
GS-8	0	0	0
GS-7	3	3	3
GS-6	1	1	1
GS-5	0	0	0
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	183	189	180
Total - GS Salary	$21,620,690	$22,283,418	$21,148,557
Average ES salary	$166,735	$173,224	$174,136
Average GS grade	13.1	13.1	13.0
Average GS salary	$118,146	$117,902	$117,492

Programs Proposed for Elimination

Program	FY 2020 President's Budget	Rationale
Chronic Disease Self-Management Education[170]	No funding is requested	CDSME programs provide models for helping people to better self-manage their chronic conditions. These models can be picked up by States under the expanded flexibilities allowing States to transfer up to 100% of the funds they receive for HCBS, Nutrition, Preventive Health and Caregivers programs.
Elder Falls Prevention[171]	No funding is requested	Falls prevention programs which educate participants on how to reduce falls and fall risk factors, can be picked up by States as needed under the expanded flexibilities allowing States to transfer up to 100% of the funds they receive for HCBS, Nutrition, Preventive Health and Caregivers programs.
Limb Loss Resource Center[172]	3,500	Other ACL programs such as Aging Disability Resource Center's (ADRC's), Centers for Independent Living (CIL'S), and Assistive Technology (AT), provide resources and services to people with significant disabilities.
Paralysis Resource Center[173]	8,700	Other ACL programs such as Aging Disability Resource Center's (ADRC's), Centers for Independent Living (CIL'S), and Assistive Technology (AT), provide resources and services to people with significant disabilities.

[170] Funding is not requested in the FY 2020 President's Budget.
[171] Funding is not requested in the FY 2020 President's Budget.
[172] This program was proposed for elimination in the FY 2020 President's Budget.
[173] This program was proposed for elimination in the FY 2020 President's Budget.

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

Administration for Community Living

(Dollars in Thousands)

Program	Section	FY 2010 Total	FY 2010 FTEs	FY 2010 CEs	FY 2011 Total	FY 2011 FTEs	FY 2011 CEs	FY 2012 Total	FY 2012 FTEs	FY 2012 CEs
Pre-existing programs funded by ACA (Mandatory)	-	-	-	-	-	-	-	-	-	-
National Clearinghouse for Long-Term Care Information	Title VIII	$ -	0	0	$3,000	0	0	$3,000	1	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$ -	0	0	$ -	0	0	$ -	0	0
New programs authorized and funded by ACA (Mandatory)	-	-	-	-	-	-	-	-	-	-
Aging and Disability Resource Centers	Section 2405	$10,000	0	0	$10,000	3	0	$10,000	4	0
New programs funded from the PPHF under ACA (Discretionary)	-	-	-	-	-	-	-	-	-	-
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$ -	0	0	$ -	0	0	$6,000	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$ -	0	0	$ -	0	0	$10,000	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ -	0	0	$ -	0	0	$ -	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$ -	0	0	$ -	0	0	$4,000	0	0
Falls Prevention--(PPHF)	Section 4002	$ -	0	0	$ -	0	0	$ -	0	0
Programs authorized by ACA but funded by other sources (Discretionary)	-	-	-	-	-	-	-	-	-	-
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$ -	0	0	$ -	0	0	$ -	0	0

Program	Section	FY 2013 Total	FY 2013 FTEs	FY 2013 CEs	FY 2014 Total	FY 2014 FTEs	FY 2014 CEs	FY 2015 Total	FY 2015 FTEs	FY 2015 CEs
Pre-existing programs funded by ACA (Mandatory)	-	-	-	-	-	-	-	-	-	-
National Clearinghouse for Long-Term Care Information	Title VIII	$86	0	0	$ -	0	0	$ -	0	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$25,000	0	0	$ -	0	0	$ -	0	0
New programs authorized and funded by ACA (Mandatory)	-	-	-	-	-	-	-	-	-	-
Aging and Disability Resource Centers	Section 2405	$9,490	4	0	$9,280	3	0	$ -	0	0
New programs funded from the PPHF under ACA (Discretionary)	-	-	-	-	-	-	-	-	-	-
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$2,000	0	0	$ -	0	0	$ -	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$7,086	1	0	$8,000	0	0	$8,000	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$ -	0	0	$10,500	0	0	$10,500	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$150	0	0	$4,200	0	0	$4,200	0	0
Falls Prevention--(PPHF)	Section 4002	$ -	0	0	$5,000	0	0	$5,000	0	0
Programs authorized by ACA but funded by other sources (Discretionary)	-	-	-	-	-	-	-	-	-	-
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$ -	0	0	$ -	0	0	$4,000	2	0

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

Administration for Community Living
(Dollars in Thousands)

Program	Section	FY 2016 Total	FY 2016 FTEs	FY 2016 CEs	FY 2017 Total	FY 2017 FTEs	FY 2017 CEs	FY 2018 Total	FY 2018 FTEs	FY 2018 CEs
Pre-existing programs funded by ACA (Mandatory)	-	-	-	-	-	-	-	-	-	-
National Clearinghouse for Long-Term Care Information	Title VIII	$ -	0	0	$ -	0	0	$ -	0	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$ -	0	0	$ -	0	0	$ -	0	0
New programs authorized and funded by ACA (Mandatory)	-	-	-	-	-	-	-	-	-	-
Aging and Disability Resource Centers	Section 2405	$ -	0	0	$ -	0	0	$ -	0	0
New programs funded from the PPHF under ACA (Discretionary)	-	-	-	-	-	-	-	-	-	-
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$ -	0	0	$ -	0	0	$ -	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$8,000	0	0	$8,000	0	0	$8,000	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$10,500	0	0	$10,500	0	0	$ -	0	0
Alzheimer's Disease Initiative--Communications (PPHF)	Section 4002	$4,200	0	0	$4,200	0	0	$ -	0	0
Alzheimer's Disease Program--(PPHF Allocation)	Section 4002	$ -	0	0	$ -	0	0	$14,700	0	0
Falls Prevention--(PPHF)	Section 4002	$5,000	0	0	$5,000	0	0	$5,000	0	0
Programs authorized by ACA but funded by other sources (Discretionary)	-	-	-	-	-	-	-	-	-	-
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$8,000	1	0	$10,000	2.5	0	$12,000	2.1	0

Program	Section	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
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	$8,000	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	$14,700	0	0	$ -	0	0
Falls Prevention--(PPHF)	Section 4002	$5,000	0	0	$ -	0	0
Programs authorized by ACA but funded by other sources (Discretionary)	-	-	-	-	-	-	-
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$12,000	2.6	0	$10,000	2.6	0

Significant Items

1-Care Corps Grants.—In addition to existing aging network support activities funded under Section 411 of the Older Americans Act, the Committee includes $5,000,000 for grants to public agencies or private nonprofit agencies for the purpose of placing volunteers in communities to assist family caregivers and/or assist seniors and individuals with disabilities in maintaining independence by providing non-medical care. Such **grants shall be consistent with the requirements** of the Nationwide Program for National and State Background checks on direct patient access employees of long-term care facilities and providers, and the worker displacement and grievance provisions in the AmeriCorps program.

Action to be Taken: The Administration for Community Living (ACL) plans to issue one cooperative agreement to a national organization to test a variety of state/local models of what a robust "CARECORPS" program could consist of. Using stakeholder feedback, this approach is the best means of providing us with consistent data and conducting evaluation of the mini-grants so that we can better report to Congress consistent information and assessment about what a fully-developed "CARECORPS" program should entail. ACL also reviewed the various versions of legislation that have been introduced by Congress as well as the specific report language provided with the $5,000,000 appropriation to ensure we would test a comprehensive range of "CARECORPS" models. As a result, we are planning to focus on an array of innovations and approaches to effectively provide caregiver support through differing community service models.

2- Developmental Disabilities Protection and Advocacy - The Committee **strongly urges** the Department to ensure that DD Act 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, into enforcement of the Americans with Disabilities Act.

Action to be Taken: The DD Act programs (State Councils on Developmental Disabilities, Protection and Advocacy Systems, and University Centers for Excellence in Developmental Disabilities) do not enforce the Americans with Disabilities Act, but work to ensure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

The DD Act programs are required to consult with and get input from the public on the needs of individuals with developmental disabilities and their families. The DD Act programs use a variety of strategies to receive such input, including public forums, surveys, visits to institutions, and training events. In addition, individuals with developmental disabilities and family members are required members of the State Councils that are responsible for developing the State Plan; and at least one of the Council members must be an individual with a developmental disability who resides or previously resided in an institution, or a family member or guardian of such an individual. University Centers are also required to have a Consumer Advisory Committee comprised of individuals with developmental disabilities and families that assists with the

development of the Center's plan. AIDD monitors how the DD Act programs receive input as required under the Act and ensures technical assistance is provided where needed. AIDD will continue to provide such oversight and technical assistance.

3 - Independent Living - The Committee **expects** ACL to distribute funds as soon as possible.

Action to be Taken: ACL provided grants for Centers for Independent Living in September of 2018 that covers the grant period September 30, 2018 through September 29th of 2019 (new grants for grant period September 2019 through September 2020 will be issued in the fourth quarter of FY 2019). State Independent Living Grants will already have been put out by the publication of the FY 2020 CJ.

4 - Assistive Technology - Of this amount, the Committee provides $2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of AT devices. The **Committee intends for this funding to support** the expansion of existing programs and the creation of new programs that allow greater access to affordable financing to help people with disabilities purchase the specialized technologies required to live independently, to succeed at school and work and to live active and productive lives. Programs that have previously received funding are eligible to compete but must report on how the prior funding has been used, including the number of loans extended and individuals served, funding leveraged, and asset development programs created. The **Committee intends for applicants to** incorporate credit-building activities into their programs, including financial education and information about other possible funding sources. Successful applicants must emphasize consumer choice and control and build programs that will provide financing for the full array of AT devices and services and ensure that all people, regardless of type of disability or health condition, age, level of income, and residence have access to the program. 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.

Action to be Taken: The Assistive Technology program at ACL has a long history of funding a separate grant competition for Alternative Financing programs using funds provided for this purpose. As in past years, the funding will be made available to state entities through the competitive grant process and will allow for the expansion of current programs and/or the creation of new programs. ACL shares the Committee's goal of incorporating credit-building activities into state programs, including financial education and information about other possible funding sources allowing people with disabilities to continue to live in their communities.

5 - Program Administration - The Achieving a Better Live Experience Act of 2014 or ABLE Act (PL 113–295) allows individuals and families to save for the purpose of supporting individuals with disabilities in maintaining their health, independence, and quality of life. The Committee strongly encourages the Administration on Community Living through its programs supporting individuals living with a disability to raise awareness on the eligibility and benefits of these accounts. The Committee **requests an update on this effort in the fiscal year 2020 Congressional Justificatio**n.

Action to be Taken: ACL continues to disseminate information and resources in order to raise awareness about the Achieving a Better Life Experience Act to our grantees, stakeholders and training and technical assistance providers.

6 - Home- and Community-Based Supportive Services -The Committee **directs ACL** to work with States to prioritize innovative service models, like naturally occurring retirement communities [NORCs], which help older Americans remain independent as they age.

Action to be Taken: ACL has a long and successful history of supporting and advancing innovative service models that support the independence of older adults and their family caregivers. These innovations have included the concept of aging in place and livable communities, the basic principles inherent in naturally occurring retirement communities. Further, these innovations have focused on improving access to services and supports, enhancing choice and control over the services received, and building dementia capability at the state and community levels. Beginning in 2003, ACL (then, the Administration on Aging) partnered with the Centers for Medicare & Medicaid Services (CMS) to launch the Aging and Disability Resource Center/No Wrong Door program so that individuals of any age with a disability and their family caregivers could more easily access needed long-term services and supports (LTSS). In 2012, ACL and CMS expanded their collaboration to include the Department of Veterans Affairs (VA) to create with the Veteran-Directed Home and Community-Based Services (VD-HCBS) program, providing veterans of all ages and their family caregivers improved access to, and greater choice and control over, the services and supports they receive. Through the newly formed Alzheimer's Disease Program Initiative in the last fiscal year, ACL is making it possible for states and communities, respectively, to improve HCBS to become dementia-capable by improving the responsiveness to the needs of persons with ADRD and their families, identifying and filling gaps in services and supports, and improving the quality and effectiveness of programs and services. ACL will continue to look for opportunities to advance these age-friendly principles and other innovative service models in both its formula and discretionary grant programs and help states identify, prioritize and implement them in effective and sustainable ways.

7 - National Family Caregiver Support Program.—The Committee notes that the RAISE Family Caregivers Act (Public Law 115–119) signed into law this year requires HHS to establish a Family Caregiving Advisory Council and develop a new national strategy to support family caregivers, including resources, best practices, challenges, and programs to enhance the long-term care caregiving workforce. The Committee includes $300,000 to establish the Council, which **shall include representatives of relevant Departments and agencies and individuals with expertise and experience in family caregiving and long-term care supports, including caregivers.**

Action to be Taken: On October 12, 2018, ACL placed a notice in the Federal Register seeking nominations for non-federal members for the Family Caregiving Advisory Council established by the RAISE Act. The call for nominations for the non-federal members closed on December 3, 2018. Simultaneously, ACL is reaching out to senior leadership and career-level staff of multiple federal agencies to enlist their participation on the Councils. With the funding provided

by the Committee, ACL will proceed with convening the Council to begin carrying out the requirements of the RAISE Act.

8 - Elder Falls Prevention -The Committee **intends that these funds should be used in coordination with CDC for public education** about the risk of these falls, as well as implementation and dissemination of community-based strategies that have been proven to reduce the incidence of falls among seniors.

Action to be Taken: ACL continues to strengthen our relationship and coordination with our colleagues in the CDC Division of Unintentional Injury Prevention on the topic of older adult falls prevention and related public education activities.

ACL funds the National Falls Prevention Resource Center, a five-year, three million dollar cooperative agreement to: 1) increase public awareness and educate consumers and professionals about the risks of falls and how to prevent falls; 2) support and stimulate the implementation, dissemination, and sustainability of evidence-based falls prevention programs and strategies to reduce the incidence of falls among older adults and adults with disabilities; and 3) serve as the national clearinghouse of tools, best practices, and other information on falls and falls prevention. This grant has been awarded to the National Council on Aging (NCOA). Accordingly, ACL convenes a monthly call between our team at ACL, the Resource Center team at NCOA, and our colleagues at CDC who oversee that agency's efforts to educate providers and build partnerships within the healthcare sector. Through these meetings and other ad hoc communication, ACL, NCOA, and CDC work closely to align our falls prevention work. ACL, CDC, and the National Falls Prevention Resource Center also collaborate annually to observe Falls Prevention Awareness Day – working closely with national, state, and local partners across the nation to provide education about the impact of falls and fall prevention strategies.

The other way ACL disperses our falls prevention appropriation has been through discretionary grants to organizations across the U.S. implementing community-based falls prevention programs. These grantees include health departments, universities, tribal organizations, and community-based nonprofits. We stay in close contact with our colleagues at CDC throughout the FOA publication, review, and award cycle. CDC colleagues also attend our annual grantee meeting held in-person in the Washington, D.C. area. And many of our grantees are implementing ACL-supported community-based programs (such as Tai Chi for Arthritis) alongside CDC-supported clinical programs (such as the STEADI toolkit).

9 - Aging and Disability Resource Centers - The Committee **urges ACL to improve coordination** among ADRCs, agencies on aging, and centers for independent living to ensure that there is ''no wrong door'' to access services.

Action to be Taken: The Administration for Community Living agrees with the Committee's goal to improve coordination between the Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), and Centers for Independent Living (CILs) as well as all parts of the broader aging and disability networks. ACL continues to invest in breaking down the walls between these entities so that there is "no wrong door" for an older adult, person with disability,

or a caregiver to access the full services that our networks provide. ACL works with CMS and the Veterans Health Administration (VA) to promote, encourage, and improve coordination between ADRCs, AAAs and CILs. The "Key Elements of a No Wrong Door System of Access to LTSS for All Populations and Payers" includes measures that ensures that states have a formal multi-state agency body that coordinates the State government's work to develop a single NWD System for all people needing LTSS, regardless of income, age or disability. This body includes the state Medicaid agency, the state unit on aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, intellectual and developmental disabilities and the state authorities administering mental health services.

The "No Wrong Door System and Medicaid Administrative Claiming Reimbursement Guidance" published by CMS clearly states that "A NWD System builds on the strength of existing entities such as Aging and Disability Resource Centers, Area Agencies on Aging and Centers for Independent Living, by providing a single, more coordinated system of information and access for all persons seeking long-term services and supports. This minimizes confusion, enhances individual choice, and supports informed decision-making. The VA Mission Act recognizes ADRCs, AAAs and CILs as entities that can engage in a Veteran Care Agreement. Veteran Directed Care (VDC) technical assistance webinars and educational sessions feature both the AAAs and CILs offering the program and highlight areas of coordination. We welcome the Committee's continued support towards these goals.

10a – Paralysis Resource Center - House Report 115-862 – House Appropriations Committee Report – July 23, 2018 - The Committee recommends $7,700,000 for the Paralysis Resource Center, which is the same as the fiscal year 2018 enacted level and $7,700,000 above the fiscal year 2019 budget request. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments, and supporting integration into the physical and cultural communities in which they live.

Action to be Taken: The Administration for Community Living plans on funding the National Paralysis Resource Center at no less than the amount the grantee received in fiscal year 2018.

10b – Paralysis Resource Center - Senate Report 115-289 – Senate Appropriations Committee Report – June 28, 2018 - The Committee includes $8,700,000 for the National Paralysis Resource Center [PRC], an increase of $1,000,000. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the 5,400,000 people living with paralysis and their families. The Committee directs ACL to continue support for the national PRC at not less than $7,700,000.

Action to be Taken: The Administration for Community Living plans on funding the National Paralysis Resource Center at no less than the amount the grantee received in fiscal year 2018.

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Text Description Administration for Community Living Organizational Chart

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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 staff offices report directly to the Administrator:

- Office of External Affairs
- Office of Regional Operations, which includes ten offices located in various regions of the United States

ACL is comprised of the following units, which report directly to the Administrator:

- Administration on Aging
- Administration on Disabilities
- Center of Integrated Programs
- Center for Management and Budget
- Center for Policy and Evaluation
- National Institute on Disability, Independent Living, and Rehabilitation Research

The Administration on Aging is led by the Assistant Secretary for Aging, who is directly supported by the Deputy Assistant Secretary for Aging. Reporting directly to the Deputy Assistant Secretary for Aging are the following 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
- Office of Long-Term Care Ombudsman Programs

The Administration on Disability is headed by a Commissioner, who reports directly to the ACL Administrator, and a Deputy Commissioner who also serves as Director of Independent Living. Reporting directly to the Commissioner and Deputy Commissioner are the following offices:

- Administration on Intellectual and Developmental Disabilities
- Independent Living Administration

Reporting directly to the Deputy Administrator of the Center for Integrated programs are the following offices:

- Office of Healthcare Information and Counseling
- Office of Consumer Access and Self-Determination
- Office of Integrated Care Innovations

Reporting directly to the Deputy Administrator of the Center for Management and Budget are the following offices:

- Office of Budget and Finance
- Office of Administration and Personnel

- Office of Grants Management
- Office of Information Resources Management

Reporting directly to the Director of the Center for Policy and Evaluation are the following offices:

- Office of Policy Analysis and Development
- Office of Performance and Evaluation

Reporting directly to the Director of the National Institute on Disability, Independent Living, and Rehabilitation Research are the following offices:

- Office of Research Sciences
- Office of Research Evaluation and Administration