DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2018

Administration for Community Living

Justification of Estimates for Appropriations Committees

DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Community Living
Washington, DC 20201

I am pleased to present the Administration for Community Living's (ACL) FY 2018 President's Budget request, totaling $1.9 billion. While maintaining funding levels for the majority of its core direct services programs, ACL has reprioritized spending, consolidating programs to enable greater flexibility and more efficient operations and proposing to eliminate or reduce funding for programs that might be addressed at State and local levels or through other Federal programs.

ACL has three small programs that serve people affected by Alzheimer's Disease and Related Dementias: Alzheimer's Disease Supportive Services, Alzheimer's Disease Initiative--Specialized Supportive Services, and Alzheimer's Disease Initiative--Communications. Consolidating these programs into a single program, *Alzheimer's Disease*, funded at the same total level, will increase flexibility and efficiency and enable grantees to better meet the needs of people affected by these illnesses. ACL also proposes to combine three closely related programs: State Councils on Developmental Disabilities; the State Grants component of the Independent Living programs, which supports State Independent Living Councils; and the State Implementation Partnership Grants component of the Traumatic Brain Injury program, which supports State Advisory Boards on Traumatic Brain Injury. ACL proposes to create a single cross-disability program, Partnerships for Innovation, Inclusion and Independence (PIII), that can target resources in each State to support the development of systems and services that increase opportunities for independence, integration, productivity, inclusion, and self-determination for people with all types of significant disabilities. The proposed integration of these three programs will eliminate overlap and streamline operations, while saving $57 million.

ACL is proposing to eliminate discretionary funding for the State Health Insurance Assistance program, which augments online tools and 1-800-MEDICARE by providing one-on-one help to Medicare beneficiaries; resource centers on limb loss and paralysis, which expand services provided by other ACL programs; and the Assistive Technology's Alternative Financing Program, which duplicates provisions in current law. Finally, funding would be reduced for the Chronic Disease Self-Management, Developmental Disability Projects of National Significance, the National Institute for Disability, Independent Living and Rehabilitation Research and ACL Program Administration.

ACL's programs provide home- and community-based services and supports and invest in research and innovation to help older adults and people of all ages with disabilities to live independently and fully participate in their communities. In most cases, providing these services and supports is significantly less expensive than the cost of institutional care. ACL remains committed to this central mission. This budget will allow us to continue serving our populations and refocus to more efficiently provide services on their behalf.

Dan Berger
Acting Administrator and Acting Assistant Secretary for Aging

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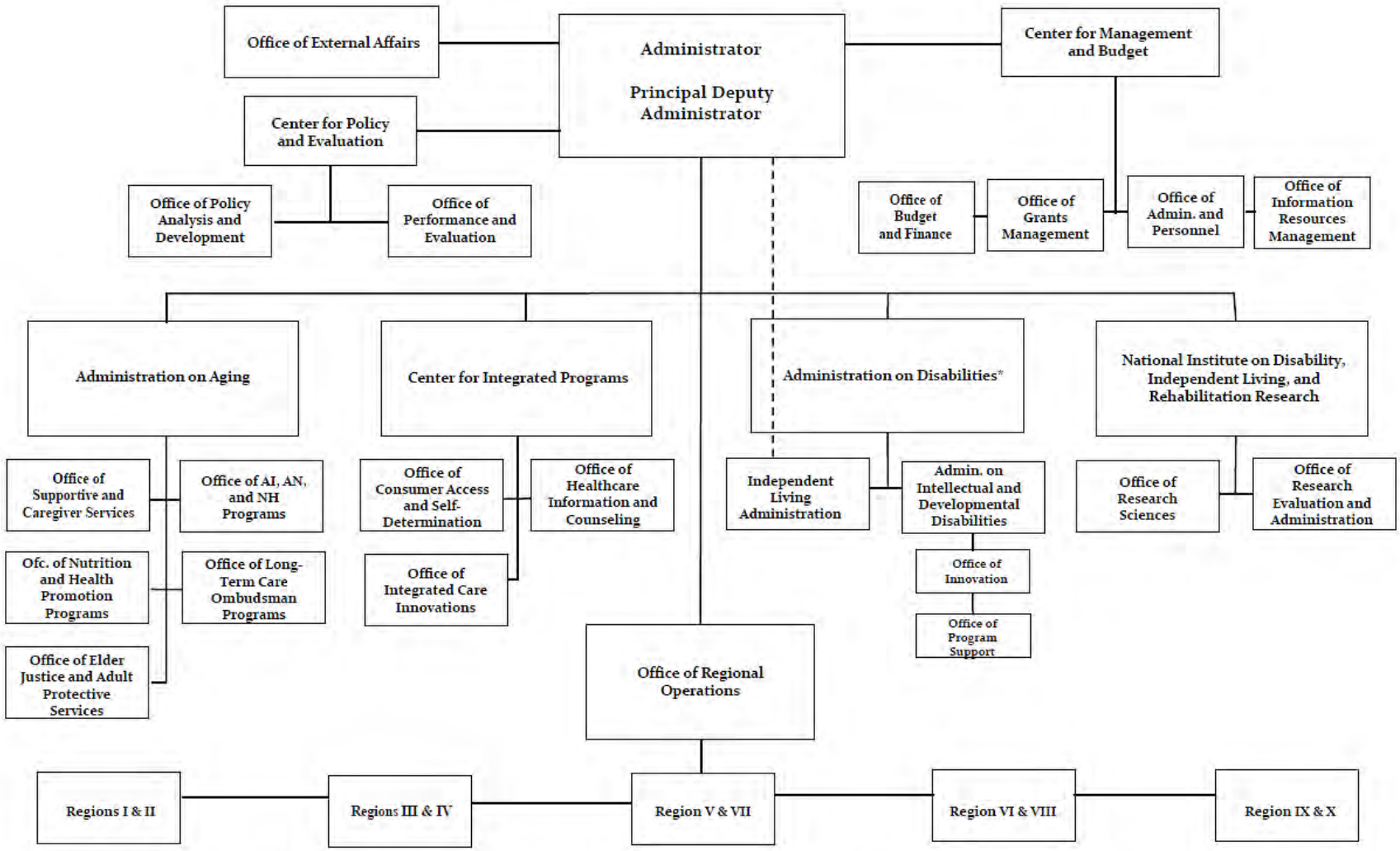
ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART



*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dual role, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and reports directly to the Administrator in carrying out the functions of the Director of Independent Living consistent with Section 701A of the Rehabilitation Act.

Introduction and Mission

The Administration for Community Living (ACL) works with states, localities, tribal organizations, nonprofit organizations, businesses, and families to help older adults and people with disabilities live independently and fully participate in their communities. ACL's mission is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. Those with disabilities or functional limitations of any type, regardless of age, have a common interest: access to home and community-based supports and services that can help individuals to fully participate in all aspects of society, including having the option to live at home, which can be vital to an individual's well-being, instead of moving into an institutional setting. ACL works to improve this access through program lines that address the unique needs of each population.

ACL's programs provide community-based services and supports that help people to remain independent while reducing costs to other public programs such as Medicaid. This is critical given the growth in the segments of the population that these programs serve:

- The U.S. population over age 60 is projected to increase by 16 percent between 2015 and 2020, from 66.8 million to 77.6 million.[1]

- According to the U.S. Census Bureau, in 2010, there were 56.7 million Americans living with disabilities, of which over 12 million required assistance with activities of daily living or instrumental activities of daily living.[2]

- Studies indicate that individuals with developmental disabilities comprise between 1.2 and 1.65 percent of the U.S. population, or between 3.9 and 5.3 million individuals.[3]

- The number of seniors age 65 and older with severe disabilities – defined as 3 or more limitations in activities of daily living – that are at greatest risk of nursing home admission, is projected to increase by 18 percent by the year 2020.[4]

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[1] U.S. Census Bureau, "2014 National Population Projections," Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060. Released December 2014. Accessed 08 January 2015. 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, 2015. Released June 2016. Accessed 29 March 2017.

[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: April 1, 2010 to July 1, 2016.

Meeting the long-term support needs of these populations can place tremendous strain on families, and if families become overwhelmed by the challenges of caregiving, the costs of providing this care will fall on other, more costly, government resources. For example, a 2014 Rand Corporation study found that the care provided by informal (family and friend) caregivers of elderly adults has an estimated economic value of $522 billion.[5] Maintaining funding for community-based services and supports, including supports for family caregivers, is therefore critical to delaying, reducing, or eliminating reliance upon institutional residential services, a more expensive and less preferable option.

[4] Ibid and Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [data tables 2.5a and 2.6a]. Accessed 10 January 2016.

[5] The Opportunity Costs of Informal Elder-Care in the United States. Rand Corporation.

Overview of Budget Request

The Administration for Community Living (ACL) is committed to the fundamental principle that all people, regardless of age or disability, should be able to live where they choose, with the people they choose, and fully participate in their communities. By advocating across the federal government for older adults, people with disabilities, and families and caregivers; funding services and supports provided primarily by networks of community-based organizations; and investing in training, education, research and innovation, ACL helps makes this principle a reality for millions of Americans.

The FY 2018 discretionary request for the ACL is $1,851,450,000, a decrease of -$109,666,242 below the annualized FY 2017 Continuing Resolution level. The FY 2018 Budget request maintains the majority of ACL's programs at the annualized FY 2017 Continuing Resolution level. The Budget prioritizes funding for critical programs that help support older Americans, individuals with disabilities, and their caregivers and connect them with direct services across the United States. Consistent with the President's priorities, the Budget request also maximizes Federal investments by promoting efficiencies and supporting evidence-based programs.

Streamlining Existing Program Operations, Decreasing Overlap and Increasing Flexibility

ACL has identified existing activities where consolidation could enable greater flexibility and more efficient program operations. First, ACL has three small programs that serve people affected by Alzheimer's Disease and Related Dementias: Alzheimer's Disease Supportive Services, Alzheimer's Disease Initiative--Specialized Supportive Services, and Alzheimer's Disease Initiative--Communications. Consolidating these programs into a single program, Alzheimer's Disease Program, funded at the same total level, will increase flexibility and efficiency and enable grantees to better meet the needs of people affected by these illnesses.

ACL also proposes to combine three closely related programs: State Councils on Developmental Disabilities; the State Grants component of the Independent Living programs, which supports State Independent Living Councils; and the State Implementation Partnership Grants component of the Traumatic Brain Injury program, which supports State Advisory Boards on Traumatic Brain Injury. ACL proposes to create a single cross-disability program, Partnerships for Innovation, Inclusion and Independence (PIII), that can target resources in each State to support the development of systems and services that increase opportunities for independence, integration, productivity, inclusion, and self-determination for people with all types of significant disabilities. The proposed integration of these three programs will eliminate overlap and streamline operations, while saving $57 million.

Devolving Program Responsibilities to States/local Communities

ACL also reviewed its programs to determine which activities could be addressed at the State and local levels, or where other Federal programs provide similar services. Four programs were identified:

- State Health Insurance Assistance Program (SHIP): While ACL will reduce the scale of its one-on-one person assistance through the State Health Insurance Assistance Program, Medicare beneficiaries will continue to have access to online tools such as Plan Finder and phone assistance such as CMS's 1-800-MEDICARE helpline. Some states also support SHIP programs. The FY 2018 Budget reduces funding for SHIPs by $52 million. Funding specifically targeted to low-income seniors and seniors living in rural areas is maintained at $12 million.

- Limb Loss Resource Center and Paralysis Resource Center: The mission and activities carried out by these programs are duplicative of other Federal efforts. Resources for individuals affected by limb loss or paralysis is also available through other ACL programs such as Aging and Disability Resource Centers, Centers for Independent Living (CILs) and Assistive Technology, which provide resources to people with all types of significant disabilities. Savings from eliminating these redundant programs total $3 million and $8 million, respectively.

- Assistive Technology – Alternative Financing Program (AFP): In FY 2005, Congress amended the AT Act to eliminate the separate AFP authorization and instead authorized an AT State grant program that is inclusive of financing activities, including alternative financing loan programs. However, funding has continued to be appropriated for this program. Since there is no separate AFP discretionary grant program authorization in the AT Act, ACL is not requesting such funding within the AT Act appropriations request for FY 2018, resulting in savings of $2 million.

The budget also proposes targeted reductions in funding totaling approximately $15.9 million across four programs – Chronic Disease Self-Management, Developmental Disability Projects of National Significance, the National Institute for Disability, Independent Living and Rehabilitation Research and ACL Program Administration. Savings would be achieved by restructuring existing activities to achieve greater efficiencies and reducing staff.

Conclusion

Most people who are aging or who have significant disabilities can live in their own homes or in other independent settings if they have access to the help they need. For many, this help comes through the community-based services and supports provided by ACL's programs. In most cases,

providing these services and supports is significantly less expensive than the cost of institutional care, which is often borne by Medicaid. ACL remains committed to its central mission to support people with disabilities and older adults so that they can live independently, fully integrated in their communities.

Overview of Performance

ACL's mission is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. ACL facilitates achievement of that mission through improvements in the analysis and availability of performance information while also enhancing the rigor of program evaluations. Below, an overview of performance is organized around programs devoted to older adults and their caregivers and programs that serve the disability community along with a discussion of evaluation, data collection and dissemination activities; and performance management.

Overview of Performance: Aging Service Programs

ACL program activities that support older adults and their caregivers have a fundamental common purpose: to develop a comprehensive, coordinated and cost-effective system of home and community-based services that help elderly individuals maintain their health and independence in their homes and communities (Older Americans Act, Section 301). This purpose led ACL to focus on three performance measures: 1) improving consumer outcomes;
2) effectively targeting services to vulnerable populations; and 3) improving efficiency. Each measure is representative of activities across the Aging Services Program budget and progress toward achievement is tracked using a number of indicators. Taken together, the three measures and their corresponding performance indicators are designed to reflect ACL's goals and objectives and in turn measure success in accomplishing ACL's mission.

Performance Highlights

An analysis of ACL's performance trends shows that through FY 2015 most outcome indicators for older adult programs have been maintained or steadily improved. While service counts are declining for some services due to funding and inflationary factors, outcome indicators demonstrate that services are continuing to be effective. Following are some key successes that are indicative of the potential of ACL and the Aging Network to meet demographic and fiscal challenges.

Older Americans Act (OAA) programs help older Americans remain independent and in the community: Older adults that have three or more impairments in Activities of Daily Living (ADL) are at a high risk for nursing home entry. Measures of the Aging Network's success at serving this population is a proxy for nursing home delay and diversion. In FY 2005, one-third of home-delivered nutrition clients lived with three or more ADL impairments and by FY 2015 the proportion grew to nearly 42 percent, a 26 percent increase. The FY 2018 performance budget includes nine core performance indicators supporting AoA's commitment to improving client outcomes and program quality. While some indicators experience year-to-year variation, all indicators have trended in the desired direction and the vast majority meet or exceed targets annually.

OAA programs are efficient: The National Aging Services Network is providing high quality services to the neediest elders and doing so in a very prudent and cost-effective manner. In FY 2015 The Aging Network served nearly 8,800 people per million dollars of OAA Title III funding. While missing a very ambitious target, the result is a 17% increase over baseline. Since this measure's introduction in FY 2005, AoA and the Aging Network have met or exceeded efficiency targets in all but one year. For FY 2018, there are two efficiency indicators for AoA program activities, both consistently meet or exceed targets.

OAA programs are high quality: OAA clients report that services contribute in an essential way to maintaining their independence and they express a high level of satisfaction with these services. In 2015, over 95 percent of transportation clients and over 93 percent of caregivers rated services good to excellent. To help ensure the continuation of these trends, AoA uses various mechanisms to promote innovative service delivery models for state and local program entities that show promise for generating measurable improvements in program activities. Quality indicators are consistently high and are expected to meet or exceed targets in FY 2018.

Overview of Performance: Disability Programs

The ACL works with our partners in every state and territory to facilitate achievement of the ACL mission and the goals embodied in the Rehabilitation Act and Developmental Disabilities Assistance and Bill of Rights Act (DD Act). The ACL disability programs' performance measurement strategy focuses on measures that address outcomes related to the purpose of the DD Act: to assist people with intellectual and developmental disabilities to become independent and integrated into their community, protect their legal and human rights, and improve the quality of services and supports. The following highlights the DD Network's accomplishments in these focus areas.

Developmental Disabilities Protection and Advocacy Program

The Developmental Disabilities Protection and Advocacy program (PADD) establishes and maintains a system to protect the legal and human rights of all persons with developmental disabilities. PADD grantees are highly successful at meeting the needs of complainants: The annual performance measure of the percentage of individuals who have their complaint of abuse, neglect, discrimination, or other human or civil rights corrected compared to the total assisted demonstrates the rate of successful benefits accruing from the program. The rate of success has been consistently over 80 percent and trending upward since FY 2011. In FY 2015, the target was exceeded with nearly 87 percent of consumers having their complaint corrected.

University Centers for Excellence in Developmental Disabilities

UCEDDs are interdisciplinary academic centers that engage in interdisciplinary pre-service training, community services, research, and information dissemination activities. One of the

unique contributions UCEDDs make to the intellectual and developmental disabilities community is the provision of interdisciplinary training to students from a wide array of professional backgrounds to improve the quality of services and supports for people with developmental disabilities. Pre-service training is a mechanism through which UCEDDs advance practice, scholarship and policy that impact the lives of people with developmental disabilities and their families. UCEDDs performance in this area is measured as the percentage of individuals with developmental disabilities receiving the benefit of services through activities in which UCEDD trained professionals were involved. The result for FY 2015 exceeded the target at 42.2 percent. Since FY 2009 this measure has steadily increased.

ACL is redesigning and establishing robust data collection systems for the programs transferred from the Department of Education (National Institute on Disability, Independent Living, and Rehabilitation Research; Independent Living Programs; and Assistive Technology Programs). Program performance is being reviewed and a set of meaningful measures being developed to manage performance of these activities. The integration of these programs' performance management activities will add to ACL's and the disability network's already robust program and advocacy work.

A few examples of these programs' contribution to improving the lives of people with disability include:

- Self-assessment tool developed by the Rehabilitation Research and Training Center (RRTC) on Employer Practices: The tool gives employers information they can use to promote recruitment and hiring of people with disabilities, and to improve career development and retention practices for their employees with disabilities. The tool has been used by a variety of employers.

- Development of new knowledge about aging with disability: The RRTC on Healthy Aging & Physical Disability has published a series of articles about the onset and experience of secondary conditions among people who are aging with physical disabilities. These findings highlight the need for interventions to help people aging with disability manage their conditions and optimize their health and wellness. Plain language research summaries of this work are available.

- Factsheets on living with traumatic injuries by The Model Systems Knowledge Translation Center (MSKTC): MSKTC has worked with NIDILRR's Model Systems grantees to develop and publish a variety of factsheets about living with spinal cord injury, traumatic brain injury, or burn injury. These research-based factsheets address topics that are directly relevant to the lives of people with these traumatic injuries and are written in language that all users can read and understand. In a span of one year, the

factsheets in all three injury areas were downloaded more than 600,000 times, and the MSKTC web site received over 1,000,000 unique visitors, indicating users' high levels of interest and active use of information.

During FY 2015, the Independent Living Programs provided services to hundreds of thousands of individuals with disabilities in their respective communities that included:

- Over 760,000 requests for information and referral services;
- Independent living and life skills training provided to over 90,000 people;
- Peer counseling services to nearly 50,000 people; and
- Advocacy and legal services for over 70,000 people.

Program Evaluation and Performance Management

Program Evaluation and Research:

In additional to robust performance measurement strategies, ACL employs rigorous program evaluation methods including longitudinal data collection and matched comparison groups. ACL is engaged in multiple program research and evaluation efforts that include AoA's nutrition and caregiver programs as well as AIDD's efforts regarding employment systems change and NIDILRR's multi-year evaluation plan. Examples of these efforts include:

- The OAA Title III-C Nutrition Services program (NSP) evaluation: A report of the NSP process evaluation and the NSP cost study report are available. The interim outcome study is expected to be available May 2017 with the final report, which will include comparison of healthcare unitization among meal recipients and comparison group members, is expected to be completed by the Spring of 2018.

  The data collected to date provide information crucial for program operations and also show that the OAA Title III-C Nutrition Services Program (NSP) is meeting its stated goals. The program provides appropriate supportive services which are responsive to local community and individuals' needs. For example, since the last evaluation was conducted in 1995, 15 percent more providers offer weekend meal service and almost 15 percent more sites provide specialized meal choices to meet the health needs of recipients. With nearly two-thirds of meal providers offering non-nutrition services to promote the well-being of older Americans the program is able to provide a continuum of care for older individuals and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. The program is using federal funds efficiently as the federal expenditure is $1.88 per home delivered meal and $3.52 per congregate meal, but the evaluation research showed that if all costs are accounted for the value of the meal is actually $11.06 for a home-delivered meal, and $10.69 for a congregate meal.

- The evaluation of the Title III-E National Family Caregiver Support Program (NFCSP): The process evaluation was completed in March 2016 and the final NFCSP report is available. Consumer-level data collection will be conducted from 2016 through 2018 with an outcome evaluation report to follow.

  Based on the information collected to date, the program offers high quality services to assist older individuals in avoiding institution and does so in an efficient manner. The Federal program is filling an important service gap as 55 percent of current programs reported that prior to the NFCP funding they did not have a Caregiver program. The program is using federal funds efficiently as approximately 40 percent supplement their programs using volunteers. Programs also frequently rely on partnerships to expand the scope and reach of their services, including organizations such as the Alzheimer's Association (61 percent), and Aging and Disability Resource Centers/No Wrong Door systems (52 percent). Additionally, 42 percent responded that health care providers are among the three most important partners for administering their program.

- The evaluation of the OAA Title VI Tribal Grant Program: An evaluability assessment was conducted in FY 2015. The final Tribal Grant Program report is available. A multi-year program evaluation based upon the evaluability assessment began in September 2016.

- ACL/OWH Oral Health Project: A three-year project (2014-2017) with funding support from the HHS Office on Women's Health to identify and promote vetted, low-cost, community-based oral health services for older adults. A new website to be launched in May 2017 will disseminate the results of this project including a searchable oral health program database with nearly 200 community-based programs and a community guide to adult oral health program implementation. The community guide includes essential tools for communities interested in planning, designing and implementing a new program or replicating or enhancing an existing program.

- AIDD's Partnerships in Employment (PIE) Systems Change Grants evaluation: This six-year evaluation was initiated in 2011 and is on-going. The purpose is to inform ACL and its partners how to best work to support competitive, integrated employment systems for individuals with intellectual and developmental disabilities. Accomplishments to date point to success in achieving project objectives including enactment of employment first legislation and the adoption or implementation policy recommendations.

- The NIDILRR evaluation: The evaluation conducted by The National Academy of Sciences (NAS) was released in 2012. A ten-year evaluation plan was developed based

on the NAS evaluation. The plan includes a set of research questions aimed at assessing the effectiveness and efficiency of NIDILRR's operations as well as the quality and impacts of NIDILRR-funded activities and products. Implementation is on-going.

ACL's Internal Performance Management Plan

ACL's programs provide grants to the Aging and Disability Networks. ACL employs a program performance improvement strategy with multiple components (e.g. collaboration with other agencies and organizations, enhanced partnerships between Aging and Disability Networks, technical assistance, and senior leadership's involvement in performance management) that are expected to yield performance improvements.

ACL has implemented a quality review system (QRS) for developmental disability programs under ACL's/AIDD. The QRS uses a three-tiered model to review program compliance, outcomes, and fiscal operations and use review results to target and coordinate technical assistance. The first tier is annual standardized review. The second tier is standardized, in-depth review involving a team of reviewers. These reviews are conducted on a periodic basis. Tier three is customized monitoring for programs that ACL has significant concerns in terms of compliance and performance. ACL continues development of a formula grant monitoring framework for Older Americans Act Title III and VII state formula grants. The framework combines assessments of grantee's progress toward program goals and objectives with identification of risk or instances of fraud, waste and abuse.

In addition to grant monitoring improvements, ACL senior management is directly engaged in developing performance management activities through grants and procurement planning. There is a rigorous process in which each office within ACL develops Program Funding Plan Memoranda which detail the proposed discretionary grant and procurement activities for the office and justify each proposed activity consistent with ACL's mission and performance measures. Senior leadership has established processes for use of performance data for management decision-making, including a quarterly discretionary dashboard, bi-weekly reports for the Administrator/Assistant Secretary, quarterly reviews of operating budgets, quarterly managers' meetings and bi-weekly center director meetings.

ACL also monitors senior manager performance by including measurable performance targets in performance plans. These performance targets must support ACL's mission and are consistent with the Agency's performance measures. This and other performance information are used during the year to update ACL's Executive Leadership so that adjustments can be made as needed to ACL programs; it is also discussed and used as appropriate in ACL internal discussions as decisions are made each year regarding funding levels to propose to the Department and OMB.

By establishing a culture where performance improvement is expected and by working collaboratively with our state and partners toward this end, the Aging Services and Disability Networks demonstrate solid performance over the past ten years.

All Purpose Table

Administration for Community Living
(dollars in thousands)

Program	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
Health & Independence for Older Adults				
Home & Community-Based Supportive Services	347,724	347,063	347,063	--
Nutrition Services	834,753	833,166	833,167	
Congregate Nutrition Services (non-add)	*448,342*	*447,490*	*447,490*	--
Home-Delivered Nutrition Services (non-add)	*226,342*	*225,912*	*225,912*	--
Nutrition Services Incentive Program (non-add)	*160,069*	*159,765*	*159,765*	
Preventive Health Services	19,848	19,810	19,810	--
Chronic Disease Self-Management Education [PPHF]/1	8,000	8,000	--	(8,000)
Chronic Disease Self-Management Education/1	--	--	5,000	5,000
Elder Falls Prevention [PPHF]/1	5,000	5,000	--	(5,000)
Elder Falls Prevention/1	--	--	5,000	5,000
Native American Nutrition & Supportive Services	31,158	31,099	31,099	--
Aging Network Support Activities	9,961	9,942	9,942	--
Holocaust Survivor Assistance {non-add}	*2,500*	*2,495*	*2,495*	--
Subtotal, Health & Independence for Older Adults	1,256,444	1,254,080	1,251,081	(3,000)
Caregiver & Family Support Services				
Family Caregiver Support Services	150,586	150,300	150,300	--
Native American Caregiver Support Services	7,531	7,517	7,517	--
Alzheimer's Disease Program/2	--	--	19,490	19,490
Alzheimer's Disease Supportive Services Program/2	4,800	4,791	--	(4,791)
Alzheimer's Disease Initiative -- Specialized Supportive Services [PPHF]/2	10,500	10,500	--	(10,500)
Lifespan Respite Care	3,360	3,354	3,354	--
Subtotal, Caregiver & Family Support Services	176,777	176,461	180,661	4,199
Protection of Vulnerable Adults				
Long-Term Care Ombudsman Program	15,885	15,855	15,855	--
Prevention of Elder Abuse & Neglect	4,773	4,764	4,764	--
Senior Medicare Patrol Program/HCFAC /3	*18,000*	*18,000*	*18,000*	--
Elder Rights Support Activities	11,874	11,851	11,851	--
Elder Justice {non-add}	*8,000*	*7,985*	*7,985*	--
Subtotal, Protection of Vulnerable Adults	50,532	50,470	50,470	--
Disability Programs, Research & Services				
Partnerships for Innovation, Inclusion, and Independence/4	--	--	45,000	45,000
State Councils on Developmental Disabilities/4	73,000	72,861	--	(72,861)
Developmental Disabilities Protection and Advocacy	38,734	38,660	38,660	--
University Centers for Excellence in Developmental Disabilities	38,619	38,546	38,546	--
Projects of National Significance	10,000	9,981	7,600	(2,381)
Independent Living/4	101,183	100,991	78,156	(22,835)
Limb Loss Resource Center	2,810	2,805	--	(2,805)
Paralysis Resource Center	7,700	7,685	--	(7,685)
Traumatic Brain Injury/4	9,321	9,303	3,162	(6,141)
National Institute on Disability, Independent Living, and Rehab. Research	103,970	103,772	95,127	(8,645)
Subtotal, Disability Programs, Research & Services	385,337	384,604.474	306,251	(78,354)

Consumer Information, Access & Outreach				
Aging and Disability Resource Centers	6,119	6,107	6,107	--
State Health Insurance Assistance Program	52,115	52,016	--	(52,016)
Voting Access for People with Disabilities (HAVA)	4,963	4,954	4,954	--
Assistive Technology	34,000	33,935	31,939	(1,996)
Assistive Technology - State Grants (non-add)	*32,000*	*31,939*	*31,939*	--
Assistive Technology - Alternative Financing Program (non-add)	*2,000*	*1,996*	--	*(1,996)*
Alzheimer's Disease Initiative--Communications Campaign [PPHF]/2	4,200	4,200	--	(4,200)
Medicare Improvements for Patients and Providers Act [TRA/BBA] /5/6	*37,500*	*34,913*	*37,500*	*2,588*
Subtotal, Consumer Information, Access & Outreach	138,897	136,125	80,500	(55,625)
Program Administration	40,063	39,987	37,987	(2,000)
Subtotal, Program Level	2,048,050	2,041,727	1,906,950	(134,779)
Less: Funds From Mandatory Sources				
HCFAC Funds for Senior Medicare Patrol Program /3	*(18,000)*	*(18,000)*	*(18,000)*	--
Prevention & Public Health Fund	(27,700)	(27,700)	--	27,700
Medicare Improvements for Patients and Providers Act /5/6	(37,500)	(34,913)	(37,500)	(2,588)
Total, Discretionary Budget Authority	1,964,850	1,961,115	1,851,450	(109,666)

1/ In FY 2016 and FY 2017 these programs were paid for out of the Prevention and Public Health Fund. Funding for FY 2018 is requested out of ACL's direct appropriations.

2/Funding for Alzheimer's programs is being consolidated into the Alzheimer's Disease program.

3/ The FY 2016 enacted appropriation states that SMP/HCFAC is to be "fully funded" out of discretionary HCFAC appropriations to the Centers for Medicare & Medicaid Services based on the Secretary of HHS's determination of the amount needed to provide full . funding. The FY 2018 amount serves as a placeholder for FY 2018 pending final decisions on the amount by the Secretary of HHS.

4/Partnerships for Innovation, Inclusion, and Independence consolidate like activities in the State Councils on Developmental Disabilities, State Independent Living Councils, and State Advisory Boards on Traumatic Brain Injury.

5/ Includes funding for four MIPPA programs: SHIPs, ADRCs, AAAs, and the National Center for Benefits Outreach Enrollment. Of these, funding for MIPPA SHIPs ($13 million in FY 2016-FY 2018), is currently appropriated to the Centers for Medicare and Medicaid Services (CMS) directly and transferred to ACL via an Intra-Departmental Delegation of Authority (IDDA).

6/ MIPPA funding in FY 2016 was reduced by a 6.9% sequester, leaving $34,912,500 available for the program.

Appropriations Language

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"), 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, [$1,912,735,000] *$1,851,450,000*, **[, together with $52,115,000 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 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; 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 in addition, the unobligated balance of amounts previously made available for the Health Resources and Services Administration to carry out functions under sections 1252 and 1253 of the PHS Act shall be transferred to this account, except for such sums as may be necessary to provide for an orderly transition of such functions to the Administration for Community Living:]** *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. *Note.—A full-year 2017 appropriation for this account was not enacted at the time the budget was prepared; therefore, the budget assumes this account is operating under the Further Continuing Appropriations Act, 2017 (P.L. 114–254). The amounts included for 2017 reflect the annualized level provided by the continuing resolution.*

Appropriations Language Analysis

ADMINISTRATION FOR COMMUNITY LIVING

Language Provision	Explanation
[, together with $52,115,000 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**]**	Deletes language that provides appropriations for the State Health Insurance Assistance Program (SHIP) since the Budget does not request discretionary funding for this program.
[*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:	Deletes language for provides appropriations for the Assistive Technology Alternative Financing Program since the Budget does not request funding for this program.
Provided further, That in addition, the unobligated balance of amounts previously made available for the Health Resources and Services Administration to carry out functions under sections 1252 and 1253 of the PHS Act shall be transferred to this account, except for such sums as may be necessary to provide for an orderly transition of such functions to the Administration for Community Living:**]**	Deletes language related to transfer of the Traumatic Brain Injury (TBI) program from the Health Resources and Services Administration (HRSA) since transfer of the program was completed in FY 2016.

Amounts Available for Obligation

Administration for Community Living

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
General Fund Discretionary Appropriation:			
Appropriation (L/HHS, Agriculture, or, Interior).....	1,912,735,000	1,912,735,000	1,851,450,000
Across-the-board reductions (Under CR 1 & 2).	--	-3,636,106	--
Secretary's Transfer.....	-2,166,000	-4,390,000	--
Subtotal, adjusted appropriation.....	1,910,569,000	1,904,708,894	1,851,450,000
Transfer of Funds to Department of Agriculture 1/.	-2,214,429	-2,553,916	--
Total, Discretionary Appropriation.....	1,908,354,571	1,902,154,978	1,851,450,000
Mandatory Appropriation:			
BA Transfer (PPACA) from Prevention Funds....	27,700,000	27,700,000	--
Appropriation (TRA/MACRA) MIPPA 2/.....	24,500,000	24,500,000	24,500,000
Sequestration of MIPPA Funding.....	--	-1,690,500	--
Subtotal, mandatory. appropriation.....	52,200,000	50,509,500	24,500,000
Offsetting collections from:			
Trust Funds: HCFAC HI.....	17,428,101	18,571,899	18,000,000
Trust Funds: SHIPs HI/SMI.....	52,046,705	52,015,929	--
Subtotal, offsetting collections.....	69,474,806	70,587,828	18,000,000
Unobligated balance, lapsing.....	630,145	--	--
Total obligations.....	2,029,399,232	2,023,252,306	1,893,950,000

Summary of Changes

ADMINISTRATION FOR COMMUNITY LIVING
(Dollars in thousands)

2017	
Total estimated budget authority	1,961,115
(Obligations)	1,954,171
2018	
Total estimated budget authority	1,851,450
(Obligations)	1,851,450
Net Change	109,665

	FY 2018 PB FTE	FY 2018 PB BA	FY 2018 +/- FY 2017 FTE	FY 2018 +/- FY 2017 BA
Increases:				
A. Built-in:	0	0	0	0
Subtotal, Built-in Increases		--		--
Program:				
Chronic Disease Self-Management Education.		5,000		5,000
Elder Falls Prevention		5,000		5,000
Alzheimer's Disease Program		19,490		19,490
Partnerships for Innovation, Inclusion, and Independence		45,000	0	45,000
Subtotal, Program Increases 1/				74,490
Total Increases		74,490	0	74,490
Decreases:				
Program Administration	173.7	37,987	9.2	2,000
Subtotal, Built-in Decreases			9.2	2,000
A. Program:				
Alzheimer's Disease Supportive Services Program		0		4,791
State Councils on Developmental Disabilities		0		72,861
Projects of National Significance		7,600		2,381
Independent Living	0.8	78,156	-0.1	22,835
Limb Loss Resource Center		0		2,805
Paralysis Resource Center		0		7,685
Traumatic Brain Injury	0	3,162	1.4	6,141
National Institute on Disability, Independent Living, and Rehabilitation Research		95,127		8,645
State Health Insurance Assistance Program	0	0	5	52,016
Assistive Technology		31,939	0	1,996
Subtotal, Program Decreases			6.3	182,156
Total Decreases			15.5	184,156
Net Change 1/			-15.5	109,666

1/Does not includes FTE increases associated with HCFAC (+1.6 FTE) and MIPPA (+2 FTE)

Budget Authority by Activity

ADMINISTRATION FOR COMMUNITY LIVING
(Dollars in Thousands)

	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget
Health & Independence for Older Adults			
Home & Community-Based Supportive Services	347,724	347,063	347,063
Nutrition Services	834,753	833,166	833,167
Preventive Health Services	19,848	19,810	19,810
Native American Nutrition & Supportive Services	31,158	31,099	31,099
Chronic Disease Self-Management Education/1	--	--	5,000
Falls Prevention/1	--	--	5,000
Aging Network Support Activities	9,961	9,942	9,942
Subtotal, Health & Independence for Older Adults	1,243,444	1,241,080	1,251,081
Caregiver & Family Support Services			
Family Caregiver Support Services	150,586	150,300	150,300
Native American Caregiver Support Services	7,531	7,517	7,517
Alzheimer's Disease Program/2	--	--	19,490
Alzheimer's Disease Supportive Services Program/2	4,800	4,791	--
Lifespan Respite Care	3,360	3,354	3,354
Subtotal, Caregiver & Family Support Services	166,277	165,962	180,661
Protection of Vulnerable Adults			
Long-Term Care Ombudsman Program	15,885	15,855	15,855
Prevention of Elder Abuse & Neglect	4,773	4,764	4,764
Elder Rights Support Activities	11,874	11,851	11,851
Subtotal, Protection of Vulnerable Adults	32,532	32,470	32,470
Disability Programs, Research & Services			
Partnerships for Innovation, Inclusion and Independence/3	0	0	45,000
State Councils on Developmental Disabilities	73,000	72,861	--
Developmental Disabilities Protection and Advocacy	38,734	38,660	38,660
University Centers for Excellence in Developmental Disabilities	38,619	38,546	38,546
Projects of National Significance	10,000	9,981	7,600
Independent Living	101,183	100,991	78,156
Limb Loss Resource Center	2,810	2,805	--
Paralysis Resource Center	7,700	7,685	--
Traumatic Brain Injury	9,321	9,303	3,162
National Institute on Disability, Independent Living, and Rehab. Research	103,970	103,772	95,127
Subtotal, Disability Programs, Research & Services	385,337	384,604	306,251

Consumer Information, Access & Outreach			
Aging and Disability Resource Centers [Discretionary]	6,119	6,107	6,107
State Health Insurance Assistance Program	52,115	52,016	--
Voting Access for People with Disabilities (HAVA)	4,963	4,954	4,954
Assistive Technology	34,000	33,935	31,939
Subtotal, Consumer Information, Access & Outreach	97,197	97,012	43,000
Program Administration	40,063	39,987	37,987
Total, Discretionary Budget Authority	**1,964,850**	**1,961,115**	**1,851,450**
HCFAC Funds for Senior Medicare Patrol Program/4	18,000	18,000	18,000
Prevention & Public Health Fund (ACA)	27,700	27,700	--
Chronic Disease Self-Management Education {non-add}/1	*8,000*	*8,000*	--
Falls Prevention {non-add}/1	*5,000*	*5,000*	--
Alzheimer's Disease Initiative - Specialized Supportive Services {non-add}/1/2	*10,500*	*10,500*	--
Alzheimer's Disease Initiative - Communications Campaign {non-add}/1/2	*4,200*	*4,200*	--
Medicare Improvements for Patients and Providers Act/5	37,500	34,913	37,500
Aging and Disability Resource Centers {non-add}	*5,000*	*4,655*	*5,000*
Area Agencies on Aging {non-add}	*7,500*	*6,983*	*7,500*
National Center for Benefits Outreach and Enrollment {non-add}	*12,000*	*11,172*	*12,000*
State Health Insurance Assistance Program {non-add}	*13,000*	*12,103*	*13,000*
Total, Program Level	**2,048,050**	**2,041,727**	**1,906,950**

1/ In FY 2016 and FY 2017 these programs were paid for out of the Prevention and Public Health Fund. Funding for FY 2018 is requested out of ACL's direct appropriations.

2/Funding for Alzheimer's programs is being consolidated into the Alzheimer's Disease program.

3/Partnerships for Innovation, Inclusion, and Independence consolidate like activities in the State Councils on Developmental Disabilities, State Independent Living Councils, and State Partnerships for Traumatic Brain Injury.

4/ The FY 2016 enacted appropriation states that it "fully funds" SMP through discretionary HCFAC appropriations to the Centers for Medicare & Medicaid Services. This amount serves as a placeholder for FY 2018 pending final decisions on the amounts by the Secretary of HHS.

5/ MIPPA funding in FY 2017 was reduced by a 6.9% sequester, leaving $34,912,500 available for the program.

Authorizing Legislation

ADMINISTRATION FOR COMMUNITY LIVING

	FY 2017 Amount Authorized	FY 2017 Annualized CR	FY 2018 Amount Authorized	FY 2018 President's Budget
1) Home and Community-Based Supportive Services:				
OAA Section 303 (a)(1).....	356,717,276	347,062,977	364,456,847	347,063,000
2) Nutrition Services				
OAA Section 303 (b)(1)(2), 311(e)	856,189,192	833,166,135	874,637,011	833,166,000
3) Preventive Health Services:				
OAA Section 361.....	20,361,334	19,810,269	20,803,107	19,810,000
4) Chronic Disease Self-Management Education:				
OAA Section 411	NA	NA	NA	5,000,000
5) Falls Prevention:				
OAA Section 411	NA	NA	NA	5,000,000
6) National Family Caregiver Support Program:				
OAA Section 303 (e).....	154,336,482	150,299,736	157,564,066	150,300,000
7) Native American Nutrition and Supportive Services:				
OAA Sections 643.....	31,934,018	31,098,769	32,601,843	31,099,000
8) Native American Caregiver Support Program:				
OAA Section 631.....	7,718,566	7,516,684	7,879,982	7,517,000
9) Alzheimer's Disease Program:				
OAA Section 411	NA	NA	NA	19,490,000
10) Long-Term Care Ombudsman Program:				
OAA Section 702(a).....	16,280,630	15,854,803	16,621,101	15,855,000
11) Prevention of Elder Abuse and Neglect:				
OAA Section 702(b).....	4,891,876	4,763,927	4,994,178	4,764,000
12) Elder Rights Support Activities				
OAA Sections 201, 202, and 411, 751, and 752, as amended. Social Security Act, Title XX-B, Section 2042.	10,856,828	11,851,428	11,083,873	11,851,000
13) Aging Network Support Activities:				
OAA Sections 202, 215 and 411.....	10,209,087	9,942,064	10,422,587	9,942,000
14) Alzheimer's Disease Demonstration Grants				
Public Health Services Act Section 398.....	Expired	4,790,875	Expired	--
15) Lifespan Respite Care				
Lifespan Respite Care Act of 2006 and Public Health Service Act Title XXIX.....	Expired	3,353,613	Expired	3,354,000
16) Program Administration:				
OAA Section 216 (a).....	40,063,000	39,986,840	40,063,000	37,987,000
17) Aging and Disability Resource Centers				
OAA Sections 216 (b)(4).....	6,271,399	6,107,368	6,402,551	6,107,000
18) State Health Insurance Assistance Program:				
Omnibus Budget Reconciliation Act of 1990 Section 4360	Expired	52,015,929	Expired	--
19) Partnerships for Innovation, Inclusion, and independence				
[See Appropriations Language}	NA	NA	NA	45,000,000
20) State Councils on Developmental Disabilities				
DD Act Section 129(a).....	Expired	72,861,227	Expired	--

	FY 2017 Amount Authorized	FY 2017 Annualized CR	FY 2018 Amount Authorized	FY 2018 President's Budget
21) Protection and Advocacy				
DD Act Section 145.....	Expired	38,660,367	Expired	38,660,000
22) University Centers for Excellence in Developmental Disabilities				
DD Act Section 156.....	Expired	38,545,585	Expired	38,546,000
23) Projects of National Significance				
DD Act Section 163.....	Expired	9,980,990	Expired	7,600,000
24) Voting Assistance for People with Disabilities				
Help America Vote Act Section 291.....	Expired	4,953,565	Expired	4,954,000
25) Paralysis Resource Center				
Public Health Services Act Sections 311 and 317(k)(2)..	N/A	7,685,362	N/A	--
26) National Institute on Disability, Independent Living, and Rehabilitation Research 4/				
Rehabilitation Act of 1973 201.....	114,325,000	103,772,353	116,860,000	95,127,000
27) Independent Living				
Rehabilitation Act of 1973, Title VII, Parts B, C, and Chapter 2				
Independent Living State Grants Section 714.	24,645,000	22,834,509	25,156,000	--
Centers for Independent Living Section 727..	84,353,000	78,156,142	86,104,000	78,156,000
28) Assistive Technology				
Assistive Technology Act of 1998.....	Expired	33,935,367	Expired	31,939,000
29) Limb Loss Resource Center				
Public Health Services Act, Title III.....	N/A	2,804,658	N/A	--
30) Traumatic Brain Injury Reauthorization Act of 2014				
Traumatic Brain Injury State Grants.....	5,500,000	9,303,281	5,500,000	--
Traumatic Brain Injury Protection and Advocacy....	3,100,000		3,100,000	3,162,000
Total Request Level		$1,961,114,823		$1,851,449,000
Unfunded Authorizations:				
1) Legal Assistance:				
OAA Section 702(b).....	NA	0	NA	0

Appropriations History Table

ADMINISTRATION FOR COMMUNITY LIVING

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2009 /2	1,381,384,000	1,492,741,000	1,478,156,000	1,491,343,000
FY 2009 ARRA /4	--	--	--	100,000,000
Subtotal				1,591,343,000
FY 2010 /3	1,491,343,000	1,530,881,000	1,495,038,000	1,516,297,000
FY 2010 Transfer				-224,298
Subtotal				1,516,072,702
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 /5	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 /6	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 Transfer	--	--	--	-6,133,066
Subtotal				1,553,100,029
FY 2014 /7	2,094,755,000	N/A	1,716,664,000	1,662,258,000
FY 2015 /8	2,062,279,000	N/A	1,676,152,000	1,673,256,000
FY 2016 9/	2,104,976,000	1,944,358,000	1,861,089,000	1,964,850,000
FY 2017/10	1,993,294,000	1,981,275,000	1,935,435,000	1,961,114,823
FY 2018	1,851,450,000			

1/ Includes $2,659,000 in FY 2008 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 110-19.

2/ Includes $2,681,000 in FY 2009 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 110-19.

3/ American Recovery and Reinvestment Act of 2009, Public Law 111-5.

4/ Includes $2,544,103,000 in FY 2010 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 110-19.

5/ 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.

6/ 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.

7/ 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.

8/ 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.

9/ 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.

10/ Appropriation is the Continuing Resolution level.

Appropriations Not Authorized by Law

APPROPRIATIONS IN FY 2017

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2017 CR
Alzheimer's Disease Supportive Services: PHSA Section 398	FY 2002	Such Sums	$11,483,000	$4,790,875
Lifespan Respite Care: Lifespan Respite Care Act of 2006	FY 2011	$94,810,000	$2,495,000	$3,353,613
State Health Insurance Assistance Programs: Omnibus Budget Reconciliation Act of 1990	FY 1996	$10,000,000	N/A	$52,015,929
Developmental Disabilities Assistance and Bill of Rights Act	FY 2007	Such Sums	$155,115,000	$160,048,169
Voting Access for People with Disabilities: Help America Vote Act - Section 291	FY 2005	$17,410,000	$13,879,000	$4,953,565
Elder Justice / Adult Protective Services: Social Security Act, Title XX-B	FY 2014	$129,000,000	$0	$7,984,792
The Assistive Technology Act of 2004	FY 2010	Such Sums	$25,000,000	$33,935,367
Partnerships for Innovation, Inclusion, and Independence	NA	NA	NA	NA

Health and Independence for Older Adults

SUMMARY OF REQUEST

The Administration on Aging's Health and Independence for Older Adults programs, authorized primarily by the Older Americans Act, 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), preventive health, and chronic disease self-management services.

The U.S. population over age 60 is projected to increase by 16 percent between 2015 and 2020, from 66.8 million to 77.6 million.[6] 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 18 percent over the same period.[7] Health and Independence for Older Adults programs are vital to helping seniors remain in their homes and communities for as long as possible. For example, 63 percent of congregate and 93 percent of home-delivered meal recipients reported that the meals allowed them to continue living in their own homes.[8] Additionally, 57 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.[9]

ACL's FY 2018 funding request for Health and Independence for Older Adults programs is $1,251,080,000, a reduction of $3 million below the annualized FY 2017 Continuing Resolution level. For FY 2018, specific program requests include:

- $347,063,000 for Home and Community-Based Supportive Services (HCBSS), maintaining the annualized FY 2017 Continuing Resolution level. HCBSS provides grants to States to fund a broad array of 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

[6] U.S. Census Bureau, "2014 National Population Projections," Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060. Released December 2014. Accessed 08 January 2015. 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, 2015: Released June 2016. Accessed 29 March 2017.

[7] Ibid and Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population Data from the 2013 Medicare Current Beneficiary Survey. [data tables 2.5a and 2.6a]. Accessed 10 January 2016.

[8] 2016 National Survey of Older Americans Act Participants.

[9] Ibid.

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.

- $833,167,000 for Nutrition programs, including Congregate Nutrition, Home-Delivered Nutrition and the Nutrition Services Incentives Program. The FY 2018 request maintains the annualized FY 2017 Continuing Resolution level for these programs. In FY 2018 the Nutrition Services programs will help nearly 2.3 million older adults receive the meals they need to stay healthy and decrease their risk of disability, and will support 216 million meals.

- $19,810,000 for Preventive Health Services, maintaining the annualized FY 2017 Continuing Resolution level. These services support activities that educate older adults about the importance of healthy lifestyles and promote healthy behaviors that can help prevent, delay, or enable seniors to better cope with and manage chronic disease and disability, thereby reducing the need for more costly medical interventions. ACL is continuing to include appropriations language that requires States to use their Preventive Health Services funds for proven evidence-based prevention activities.

- $5,000,000 for Chronic Disease Self-Management Education (CDSME), a reduction of -$3,000,000 from the annualized FY 2017 Continuing Resolution level of $8,000,000. CDSME programs have proven effective in helping people to better self-manage their chronic conditions and to reduce their need for more costly medical interventions.

- $5,000,000 for Falls Prevention, maintaining the same level of funding in FY 2018 as was provided in FY 2017 under the annualized FY 2017 Continuing Resolution. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over.

- $31,099,000 for Native American Nutrition and Supportive Services, maintaining the annualized FY 2017 Continuing Resolution level. These funds will provide approximately 5.8 million meals and 900,000 rides for Native American seniors to critical daily activities such as meal sites, medical appointments, and grocery stores.

- $9,942,000 for Aging Network Support Activities, maintaining the annualized FY 2017 Continuing Resolution level. 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 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 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 2015: 8,789 clients Target: 9,250 clients (Target Not Met)	9,000 clients	8,800 clients	-200 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 2015: 62.7 weighted average Target: 62.5 weighted average (Target Exceeded)	63.25 weighted average	63.25 weighted average	Maintain
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 2015: 35.7% 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 2015: 32.66% Target: 24.85% (Target Exceeded)	25.78%	25.68%	-0.1

Home and Community-Based Supportive Services

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Home and Community-Based Supportive Services	$347,724	$347,063	$347,063	--

Authorizing Legislation: Section 303 (a)(1) of the Older Americans Act of 1965, as amended

FY 2018 Older Americans Act Authorization.....$364,456,847

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 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 in and of itself, it is often the combination of supports that, when tailored to the needs of the individual, ensures that clients can remain in their own homes and communities instead of entering nursing homes or other types of institutional care.

The 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 care supports, statistics show that both disability rates and the use of long-term supports increase with advancing age. Among those aged 85 and older, 55.7 percent are unable to perform one or more critical activities of daily living and require long-term support[10]. Data also show that over 92 percent of seniors have at least one chronic condition and 76 percent have at least two.[11] Providing a variety of

[10] Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [data table 2.5a]. Accessed 10 January 2016.

[11] Ibid.

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.

Services provided by the HCBSS program in FY 2015 (the most recent available data) include:

- *Transportation Services* provided 23.6 million rides to doctor's offices, grocery stores, pharmacies, senior centers, meal sites, and other critical daily activities (Output C).

- *Personal Care, Homemaker, and Chore Services* provided over 38.9 million hours of assistance to seniors unable to perform activities of daily living (such as eating, dressing, or bathing) or instrumental activities of daily living (such as shopping or light housework) (Output D).

- *Adult Day Care/Day Health* provided over 9.9 million hours of care for dependent adults in a supervised, protective group setting during some portion of a twenty-four-hour day (Output E).

- *Case Management Services* provided 3.6 million hours of assistance in assessing needs, developing care plans, and arranging services for older persons or their caregivers (Output F).

Continuing ACL's commitment to provide services to those in most need, 46.3 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.[12] Many of these individuals cannot safely drive a car, as nearly 73 percent of transportation riders have at least one of the following chronic conditions that could impair their ability to navigate safely:[13]

- 67 percent of riders had a doctor tell them they had vision problems (including glaucoma, macular degeneration or cataracts);

- 14 percent have had a stroke;

- 7 percent have Alzheimer's or dementia;

- 4 percent have epilepsy;

[12] 2016 National Survey of Older Americans Act Participants.

[13] Id.

- 2 percent have Multiple Sclerosis; and
- 3 percent have Parkinson's disease.

Of the transportation participants, 94 percent take daily medications, with over 17 percent taking 10 to 20 medications daily.[14] Data from ACL's National Surveys of OAA Participants show that services such as transportation are providing these seniors with the assistance and information they need to help them remain at home. For example, 57 percent of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound, while over 80 percent of clients receiving case management reported that, as a result of the services arranged by the case manager, they were better able to care for themselves.[15] In addition, a study published in the Journal of Aging and Health shows that the services provided by the HCBSS program, what the article calls "personal care services," are the critical services that enable frail seniors to remain in their homes and out of nursing home care.[16]

Funding History:

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

FY 2009 .....$361,348,000
FY 2010 .....$368,290,000
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 Annualized CR.....$347,062,977
FY 2018 President's Budget $347,063,000

[14] 2016 National Survey of Older Americans Act Participants.

[15] Id.

[16] 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.

Budget Request:

The FY 2018 request for Home and Community-Based Supportive Services is $347,063,000, maintaining the annualized FY 2017 Continuing Resolution level. At the FY 2018 funding level ACL estimates that the program will support 10.2 million hours of adult day care for older adults; 22 million rides for activities such as visiting the doctor, the pharmacy, or grocery stores; and 40.3 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.

HCBSS helps to delay the need for potentially more expensive institutional services. 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," by the need not only to care for their older loved ones, but also to provide assistance to their adult children.

Core OAA formula grant programs like HCBSS currently reach nearly one in six seniors, serving nearly a half million seniors in their own communities who meet the disability criteria for nursing home admission and helping to keep them from joining the 1.9 million seniors who live in institutional settings.[17] Nationally, 25 percent of individuals 60 and older live alone[18], and in FY 2015, 48 percent of OAA consumers were individuals who live alone. 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 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.[19]

These programs also 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.

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[17] Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2013]. Accessed 10 January 2016.

[18] Administration for Community Living. Data-at-a-Glance: American Community Survey (ACS) Public Use Microdata Sample (PUMS) 1-Year Files (2014), accessed March 29, 2017.

[19] 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.

Outputs and Outcomes Table: Home and Community-Based Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 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 2015: 8,789 clients Target: 9,250 clients (Target Not Met)	9,000 clients	8,800 clients	-200 clients
2.9b Maintain at 90% or higher the percentage of transportation clients who rate services good to excellent. (Outcome)	FY 2015: 95.5% 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 2015: 62.7 weighted average Target: 62.5 weighted average (Target Exceeded)	63.25 weighted average	63.25 weighted average	Maintain
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 2015: 35.7% 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 2015: 32.66% Target: 24.85% (Target Exceeded)	25.78%	25.68%	-0.1

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
Output C: Transportation Service Units *(Output)*	FY 2015: 23.6 M	22.6 M	22.0 M	-0.6
Output D: Personal Care, Homemaker and Chore Services units *(Output)*	FY 2015: 39.0 M	39.8 M	40.3 M	+0.5
Output E: Adult Day Care/Day Health units *(Output)*	FY 2015: 9.98 M	10.2 M	10.2 M	Maintain
Output F: Case Management Services units *(Output)*	FY 2015: 3.6 M	3.4 M	3.3 M	-0.1

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

Grant Awards Tables:

Home and Community-Based Supportive Services Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	56	56	56
Average Award	$6,163,695	$6,135,577	$6,135,578
Range of Awards	$215,730 - $34,172,853	$214,745 - $33,831,125	$214,745 - $33,492,815

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	5,340,110	5,286,709	5,233,842	(52,867)
Alaska	1,725,835	1,717,962	1,717,962	-
Arizona	6,495,849	6,614,832	6,853,157	238,325
Arkansas	3,459,887	3,425,288	3,391,035	(34,253)
California	34,172,853	33,831,125	33,492,815	(338,310)
Colorado	4,106,001	4,494,405	4,657,012	162,607
Connecticut	4,352,620	4,309,094	4,266,003	(43,091)
Delaware	1,725,835	1,717,962	1,717,962	-
District of Columbia	1,725,835	1,717,962	1,717,962	-
Florida	24,965,219	24,715,567	24,468,411	(247,156)
Georgia	7,816,357	8,101,353	8,394,460	293,107
Hawaii	1,725,835	1,717,962	1,717,962	-
Idaho	1,725,835	1,717,962	1,717,962	-
Illinois	14,354,336	14,210,793	14,068,685	(142,108)
Indiana	6,846,052	6,777,591	6,709,815	(67,776)
Iowa	4,210,846	4,168,738	4,127,051	(41,687)
Kansas	3,392,598	3,358,672	3,325,085	(33,587)
Kentucky	4,685,598	4,638,742	4,592,355	(46,387)
Louisiana	4,739,584	4,692,188	4,645,266	(46,922)
Maine	1,725,835	1,717,962	1,717,962	-
Maryland	5,788,659	5,730,772	5,673,464	(57,308)
Massachusetts	8,112,702	8,031,575	7,951,259	(80,316)
Michigan	11,123,548	11,012,313	10,902,190	(110,123)
Minnesota	5,435,089	5,380,738	5,326,931	(53,807)
Mississippi	3,234,282	3,201,939	3,169,920	(32,019)
Missouri	7,034,843	6,964,495	6,894,850	(69,645)
Montana	1,725,835	1,717,962	1,717,962	-
Nebraska	2,267,990	2,245,310	2,222,857	(22,453)
Nevada	2,432,485	2,570,740	2,663,750	93,010
New Hampshire	1,725,835	1,717,962	1,717,962	-

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	10,142,462	10,041,037	9,940,627	(100,410)
New Mexico.....	2,041,926	2,021,507	2,041,044	19,537
New York.....	23,998,290	23,758,307	23,520,724	(237,583)
North Carolina.....	9,258,914	9,212,522	9,545,832	333,310
North Dakota.....	1,725,835	1,717,962	1,717,962	-
Ohio.....	13,654,570	13,518,024	13,382,844	(135,180)
Oklahoma.....	4,228,050	4,185,770	4,143,912	(41,858)
Oregon.....	4,085,823	4,055,654	4,202,388	146,734
Pennsylvania.....	17,670,027	17,493,327	17,318,394	(174,933)
Rhode Island.....	1,725,835	1,717,962	1,717,962	-
South Carolina.....	4,735,280	4,815,105	4,989,315	174,210
South Dakota.....	1,725,835	1,717,962	1,717,962	-
Tennessee.....	6,680,839	6,614,031	6,547,891	(66,140)
Texas.....	20,087,400	20,099,410	20,826,607	727,197
Utah.....	1,844,852	1,909,470	1,978,555	69,085
Vermont.....	1,725,835	1,717,962	1,717,962	-
Virginia.....	7,772,608	7,694,882	7,617,933	(76,949)
Washington.....	6,374,314	6,435,903	6,668,754	232,851
West Virginia.....	2,740,971	2,713,561	2,686,425	(27,136)
Wisconsin.....	6,315,353	6,252,199	6,189,677	(62,522)
Wyoming.....	1,725,835	1,717,962	1,717,962	-
Subtotal, States.....	338,435,042	336,917,194	336,964,641	47,447
American Samoa.....	466,771	462,103	$457,482	(4,621)
Guam.....	862,917	858,981	$858,981	-
Northern Mariana Islands...	215,730	214,745	$214,745	-
Puerto Rico.....	4,323,579	4,280,343	4,237,540	(42,803)
Virgin Islands.....	862,917	858,981	858,981	-
Subtotal, States and Territories	345,166,956	343,592,347	343,592,370	23
Program Support 1/.....	2,557,044	3,470,630	3,470,630	0
TOTAL.....	**347,724,000**	**347,062,977**	**347,063,000**	**23**

1/ 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.

Nutrition Services

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Congregate Nutrition	$448,342	$447,490	$447,490	--
Home Delivered	$226,342	$225,912	$225,912	--
Nutrition Services Incentive Program	$160,069	$159,765	$159,765	--
Total	$834,753	$833,166	$833,166	--

Authorizing Legislation: Sections 311, 331 and 336 of the Older Americans Act of 1965, as amended

FY 2018 Older Americans Act Authorization.....$874,637,011

Allocation Method .....Formula Grant

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 5,000 local nutrition service providers. 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, community centers, congregate dining facilities, school cafeterias, restaurants, farmers markets, hospital cafeterias, etc.) which helps to keep older individuals 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.

- Home-Delivered Nutrition Services (Title III-C2): Provides funding for the delivery of meals and related services to frail seniors who are homebound. Established in 1978, home-delivered meals are often the first in-home service that an older adult receives and

are often the primary access point for other home and community-based services. In addition to providing a meal, this program helps frail home-bound seniors to combat isolation and to maintain contact with the outside world. Home-delivered meals also represent an essential service for some caregivers who also receive meals, helping them to maintain their own health and well-being while caring for their loved ones.

- Nutrition Services Incentive Program (Title III-A): Provides a secondary source of funding that must be used exclusively to provide 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 just over $2.5 million on commodities, including $132,415 assessed by USDA as administrative expenses in FY 2017.

Formula grants for congregate nutrition services and home-delivered nutrition services are allocated to states and territories based on their share of the population age 60 and over. Nutrition Services Incentive Program (NSIP) grants are provided to states, territories, and eligible tribal organizations based on the number of meals served in the prior fiscal year. The meals provided through these programs fulfill the standards set by the current Dietary Guidelines for Americans.

Nutrition services assist approximately 2.4 million (2015) diverse participants with characteristics that place them at higher risk for health care interventions as well as institutionalization. Data from ACL's National Survey of OAA Participants indicate that about 43 percent of congregate and 65 percent of home-delivered participants have 6 or more chronic health conditions. About 28 percent of congregate and 51 percent of home-delivered participants take over six medications per day and some take as many as 20 medications.[20]

Even if an older adult has not been hospitalized in the past year, the older adult participants served in the congregate and home-delivered nutrition programs need healthy prepared meals—not just access to food. Data from the National Survey of OAA Participants indicate that about 20 percent of congregate and 53 percent of home-delivered participants need help in getting outside the house, thus limiting their ability to shop for food themselves.[21] Although many of these older adults may rely on family and friends for assistance, about 47 percent of congregate and 59 percent of home-delivered participants live alone.[22] Living alone is a risk factor for social isolation, poorer health, and nursing home placement.

[20] 2014 National Survey of Older Americans Act Participants.
[21] *Id.*
[22] *Id.*

The prevalence of multiple chronic conditions is higher among congregate and home-delivered meal program participants than for the general Medicare population. At the same time, most common chronic conditions such as hypertension, heart disease, diabetes, and osteoporosis are related to nutrition as a primary prevention, risk reduction, or treatment modality. 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 serious medical care.

Data from ACL's National Survey of OAA Participants show that Nutrition Services are effective in helping older adults improve their nutritional intake and remain at home. For example, data indicate that 78 percent of congregate and 83 percent of home-delivered meal participants say they eat healthier meals due to the programs, and 63 percent of congregate and 93 percent of home-delivered meal recipients say that the meals enable them to continue living in their homes.[23] The extra support provided by these programs can help older adults avoid more costly medical care, and the potential savings that can result from this are substantial. Data show that Medicare beneficiaries with multiple chronic conditions are the heaviest users of health care services. Among Medicare beneficiaries age 65 and over who are not dual eligibles (enrolled in Medicare and Medicaid), standardized Medicare per capita spending increases from $4,914 for persons with 2 to 3 chronic conditions to $28,076 for persons with 6 or more chronic conditions.[24] Data also show that the two-thirds of Medicare beneficiaries with two or more chronic conditions account for 93 percent of Medicare spending.[25]

Using State Program Report data, made available on ACL's data portal, independent research has found that states that invest more in delivering meals (both Federal, state, and all other sources of funding) to older adults' homes have lower rates of "low-care" seniors in nursing homes who have the functional capacity to live in a less care-intensive environment, after adjusting for several other factors.[26] 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.[27]

ACL's annual performance data also demonstrate that these programs are an efficient and effective means to help seniors remain healthy and independent in their homes and in the community. Eighty-nine percent of home-delivered meal clients rate service as good to excellent

[23] Id.

[24] State Level Multiple Chronic Conditions (MCC) Table: Prevalence, Medicare Utilization and Spending. 2014.

[25] Centers for Medicare & Medicaid Services. Chronic Conditions among Medicare Beneficiaries, Chart Book. Baltimore, MD. 2011.

[26] 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.

[27] Id.

(Outcome 2.9a). The percentage of home-delivered meal recipients with severe disabilities (3+ ADL) was 42 percent in 2015 (Outcome 3.5). 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. The most recent data on how these nutrition programs, in combination with state and local funding for nutrition, are helping seniors remain healthy and independent in their homes include:

- *Home-Delivered Nutrition Services* provided over 142.6 million meals to over 859,000 individuals in FY 2015 (Output G).

- *Congregate Nutrition Services* provided over 79.4 million meals to nearly 1.6 million seniors in a variety of community settings in FY 2015 (Output H).

Funding History:

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

FY 2009 .....$809,743,000
FY 2009 (ARRA).....$97,000,000
FY 2010 .....$819,353,000
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 Annualized CR.....$833,166,135
FY 2018 President's Budget $833,167,000

Budget Request:

The FY 2018 request for Nutrition Services is $833,167,000, which maintains the annualized FY 2017 Continuing Resolution level for these programs. Federal support for Nutrition Services is not expected to serve every older American in need. Working in partnership with State and local governments, philanthropic organizations, and private donors that also contribute funding, allows for the level of support nutrition programs currently provide. Combined with state and local contributions the request is projected to support approximately 216 million home delivered and congregate meals to more than 2.3 million older Americans in a variety of community settings.

Nutrition Services can help to delay much more expensive medical and institutional services. Consistent with ACL's commitment to target services to those most in need, approximately 71 percent of home-delivered meal recipients have annual incomes at or below $20,000.[28] Meals are especially important to the survival of the nearly 61 percent of Home-delivered recipients (and 49 percent of Congregate recipients) who report these meals as half or more of their food intake for the day and for the 42 percent of home-delivered meal recipients with severe disabilities who are projected to be served by these programs.[29] This population with severe disabilities is particularly important to serve since this level of disability is frequently an eligibility requirement for more costly nursing home admission.

In FY 2018, the Nutrition programs are expected to continue to provide home-delivered meals that clients rate as good to excellent (Outcome 2.9a), ensuring that clients continue to receive high quality services. However, cost increases at the provider level may result in some providers looking at cost cutting measures such as reducing menu choices or the frequency of deliveries. While these decisions are made at the provider level, this in turn could affect client satisfaction with the quality of service.

ACL is engaged in multiple program research and evaluation efforts that include its nutrition programs. To date, for the OAA Title III-C Nutrition Services program (NSP) evaluation, a report of the NSP process evaluation and the NSP cost study report are available at.

The data collected to date provide information crucial for program operations and also show that the OAA Title III-C Nutrition Services Program (NSP) is meeting its stated goals. The program provides appropriate supportive services which are responsive to local community and individuals' needs. For example, since the last evaluation was conducted in 1995, 15 percent more providers offer weekend meal service and almost 15 percent more sites provide specialized meal choices to meet the health needs of recipients. With nearly two-thirds of meal providers

[28] 2016 National Survey of Older Americans Act Participants.

[29] Id

offering non-nutrition services to promote the well-being of older Americans the program is able to provide a continuum of care for older individuals and secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. The program is using federal funds efficiently as the federal expenditure is $1.88 per home delivered meal and $3.52 per congregate meal, but evaluation research shows that if all costs are accounted for the value of the meal is actually $11.06 for a home-delivered meal, and $10.69 for a congregate meal.

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 was not available sizeable percentages of participants (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 2017 Target**	**FY 2018 Target**	**FY 2018 Target +/-FY 2017 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 2015: 8,789 clients Target: 9,250 clients (Target Not Met)	9,000 clients	8,800 clients	-200 clients
2.9a Maintain at 90% or higher the percentage of clients receiving home delivered meal who rate services good to excellent. (Outcome)	FY 2015: 89% Target: 90% (Target Not Met but Improved)	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 2015: 62.7 weighted average Target: 62.5 weighted average (Target Exceeded)	63.25 weighted average	63.25 weighted average	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 Target
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 2015: 35.7% 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 2015: 41.7% Target: 44.8% (Target Not Met)	45.1%	42.4%	-2.7
3.6 The percentage of OAA clients served who live in poverty is 150% greater than the percent of all U.S. elders living below the poverty level. (Outcome)	FY 2015: 32.66% Target: 24.85% (Target Exceeded)	25.78%	25.68%	-0.1

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
Output G: Number of Home-Delivered meals served *(Output)*	FY 2015: 143 M	143.3 M	142.4 M	-0.9
Output H: Number of Congregate meals served *(Output)*	FY 2015: 79.4 M	75.3 M	73.6 M	-1.7
Outputs G & H: Total Number of Meals *(Output)*	FY 2015: 222 M	218.6 M	216.0 M	-2.6

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

Grant Awards Tables:

Congregate Nutrition Programs Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	56	56	56
Average Award	$7,947,282	$7,910,978	$7,910,983
Range of Awards	$278,155 - $42,269,354	$276,884 - $45,275,376	$276,884 - $45,528,456

Home-Delivered Nutrition Programs Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	56	56	56
Average Award	$4,012,032	$3,993,796	$3,993,801
Range of Awards	$140,421 - $23,435,646	$139,783 - $23,432,673	$139,783 - $23,457,705

Nutrition Services Incentive Program Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards[30]	317	317	317
Average Award[31]	$492,536	$485,175	$485,176
Range of Awards[32]	$139 - $16,626,262	$140 - $16,824,117	$140 - $16,824,143

[30] Number of awards includes 261 awards to Tribal organizations.

[31] If the 261 awards to Tribal organizations are excluded from the "average award" calculation, the average award to States, DC, and the territories is $2,730,220 in FY 2016, $2,757,728 in FY 2017, and $2,757,733 in FY 2018.

[32] If the 261 award to Tribal organizations are excluded from the "range of awards" calculation, the smallest award to States, DC, and the territories is $53,085 in FY 2016, $53,717 in FY 2017, and $53,717 in FY 2018.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
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FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	6,658,222	6,591,640	6,625,027	33,387
Alaska	2,225,239	2,215,074	2,215,076	2
Arizona	9,360,431	9,402,329	9,454,887	52,558
Arkansas	4,163,564	4,121,928	4,080,709	(41,219)
California	45,269,354	45,275,376	45,528,456	253,080
Colorado	6,361,144	6,389,283	6,424,998	35,715
Connecticut	5,241,452	5,189,037	5,137,147	(51,890)
Delaware	2,225,239	2,215,074	2,215,076	2
District of Columbia	2,225,239	2,215,074	2,215,076	2
Florida	32,179,591	32,235,071	32,415,259	180,188
Georgia	11,497,595	11,516,950	11,581,328	64,378
Hawaii	2,225,239	2,215,074	2,215,076	2
Idaho	2,225,239	2,215,074	2,215,076	2
Illinois	17,286,541	17,113,676	16,942,539	(171,137)
Indiana	8,534,666	8,449,319	8,495,611	46,292
Iowa	5,081,501	5,030,686	4,980,379	(50,307)
Kansas	4,089,903	4,049,004	4,008,514	(40,490)
Kentucky	5,932,483	5,873,158	5,902,676	29,518
Louisiana	5,798,475	5,767,234	5,799,472	32,238
Maine	2,225,239	2,215,074	2,215,076	2
Maryland	7,497,316	7,461,424	7,503,132	41,708
Massachusetts	9,780,267	9,682,464	9,585,639	(96,825)
Michigan	13,877,388	13,739,011	13,815,810	76,799
Minnesota	7,101,910	7,067,191	7,106,696	39,505
Mississippi	3,891,114	3,852,203	3,839,848	(12,355)
Missouri	8,467,047	8,382,377	8,298,553	(83,824)
Montana	2,225,239	2,215,074	2,215,076	2
Nebraska	2,738,802	2,711,414	2,684,300	(27,114)
Nevada	3,627,769	3,654,586	3,675,014	20,428
New Hampshire	2,225,239	2,215,074	2,215,076	2

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	12,190,488	12,068,583	11,947,897	(120,686)
New Mexico.....	2,818,273	2,800,251	2,815,903	15,652
New York.....	28,963,855	28,674,216	28,387,474	(286,742)
North Carolina.....	13,132,620	13,096,598	13,169,805	73,207
North Dakota.....	2,225,239	2,215,074	2,215,076	2
Ohio.....	16,393,785	16,229,847	16,105,493	(124,354)
Oklahoma.....	5,080,736	5,029,929	4,996,519	(33,410)
Oregon.....	5,771,973	5,765,551	5,797,780	32,229
Pennsylvania.....	21,279,716	21,066,919	20,856,250	(210,669)
Rhode Island.....	2,225,239	2,215,074	2,215,076	2
South Carolina.....	6,833,310	6,845,192	6,883,456	38,264
South Dakota.....	2,225,239	2,215,074	2,215,076	2
Tennessee.....	8,857,622	8,791,542	8,840,685	49,143
Texas.....	28,490,410	28,573,487	28,733,207	159,720
Utah.....	2,699,962	2,714,519	2,729,693	15,174
Vermont.....	2,225,239	2,215,074	2,215,076	2
Virginia.....	10,410,071	10,377,544	10,435,553	58,009
Washington.....	9,122,298	9,149,333	9,200,476	51,143
West Virginia.....	3,305,947	3,272,888	3,240,159	(32,729)
Wisconsin.....	7,933,770	7,879,147	7,923,190	44,043
Wyoming.....	2,225,239	2,215,074	2,215,076	2
Subtotal, States.....	436,649,478	434,686,869	434,745,522	58,653
American Samoa.....	594,843	588,895	583,006	(5,889)
Guam.....	1,112,620	1,107,537	1,107,538	1
Northern Mariana Islands...	278,155	276,884	276,884	-
Puerto Rico.....	5,300,084	5,247,083	5,194,612	(52,471)
Virgin Islands.....	1,112,620	1,107,537	1,107,538	1
Subtotal, States and Territories	445,047,800	443,014,805	443,015,100	295
Program Support 1/.....	3,294,200	4,474,897	4,474,900	3
TOTAL.....	**448,342,000**	**447,489,702**	**447,490,000**	**298**

1/ 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.

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	3,446,917	3,412,448	3,413,424	976
Alaska	1,123,369	1,118,263	1,118,264	1
Arizona	4,845,833	4,866,258	4,871,457	5,199
Arkansas	2,128,668	2,107,381	2,100,918	(6,463)
California	23,435,646	23,432,673	23,457,705	25,032
Colorado	3,293,123	3,306,830	3,310,363	3,533
Connecticut	2,571,861	2,546,142	2,539,950	(6,192)
Delaware	1,123,369	1,118,263	1,118,264	1
District of Columbia	1,123,369	1,118,263	1,118,264	1
Florida	16,659,162	16,683,547	16,701,370	17,823
Georgia	5,952,229	5,960,700	5,967,068	6,368
Hawaii	1,123,369	1,118,263	1,118,264	1
Idaho	1,123,369	1,118,263	1,118,264	1
Illinois	8,395,795	8,311,837	8,299,978	(11,859)
Indiana	4,418,340	4,374,157	4,377,208	3,051
Iowa	2,266,934	2,244,265	2,241,318	(2,947)
Kansas	1,937,158	1,917,882	1,919,931	2,049
Kentucky	3,071,207	3,040,495	3,041,246	751
Louisiana	3,001,832	2,984,883	2,988,072	3,189
Maine	1,134,584	1,123,238	1,123,498	260
Maryland	3,881,311	3,861,726	3,865,852	4,126
Massachusetts	4,720,820	4,684,145	4,689,149	5,004
Michigan	7,184,232	7,112,390	7,118,344	5,954
Minnesota	3,676,612	3,657,687	3,661,595	3,908
Mississippi	1,998,933	1,978,944	1,978,411	(533)
Missouri	4,309,755	4,266,657	4,263,612	(3,045)
Montana	1,123,369	1,118,263	1,118,264	1
Nebraska	1,264,078	1,252,464	1,253,802	1,338
Nevada	1,878,072	1,891,463	1,893,484	2,021
New Hampshire	1,123,369	1,118,263	1,118,264	1

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	6,078,857	6,018,068	6,016,631	(1,437)
New Mexico.....	1,459,002	1,449,295	1,450,843	1,548
New York.....	13,431,294	13,296,981	13,261,932	(35,049)
North Carolina.....	6,798,671	6,778,260	6,785,502	7,242
North Dakota.....	1,123,369	1,118,263	1,118,264	1
Ohio.....	8,391,051	8,307,140	8,298,061	(9,079)
Oklahoma.....	2,601,402	2,575,388	2,574,365	(1,023)
Oregon.....	2,988,113	2,984,012	2,987,200	3,188
Pennsylvania.....	9,807,313	9,709,240	9,682,808	(26,432)
Rhode Island.....	1,123,369	1,118,263	1,118,264	1
South Carolina.....	3,537,560	3,542,790	3,546,575	3,785
South Dakota.....	1,123,369	1,118,263	1,118,264	1
Tennessee.....	4,585,533	4,550,140	4,555,001	4,861
Texas.....	14,749,298	14,788,461	14,804,260	15,799
Utah.....	1,397,753	1,404,924	1,406,425	1,501
Vermont.....	1,123,369	1,118,263	1,118,264	1
Virginia.....	5,389,225	5,370,990	5,376,728	5,738
Washington.....	4,722,553	4,735,318	4,740,377	5,059
West Virginia.....	1,527,374	1,512,100	1,499,924	(12,176)
Wisconsin.....	4,107,261	4,077,922	4,082,279	4,357
Wyoming.....	1,123,369	1,118,263	1,118,264	1
Subtotal, States.....	220,525,790	219,538,397	219,565,834	27,437
American Samoa.....	140,421	139,783	139,783	-
Guam.....	561,685	559,132	559,132	-
Northern Mariana Islands...	140,421	139,783	139,783	-
Puerto Rico.....	2,743,818	2,716,380	2,689,216	(27,164)
Virgin Islands.....	561,685	559,132	559,132	-
Subtotal, States and Territories	224,673,820	223,652,607	223,652,880	273
Program Support 1/.....	1,668,180	2,259,117	2,259,120	3
TOTAL.....	**226,342,000**	**225,911,724**	**225,912,000**	**276**

1/ 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	3,343,062	3,382,845	3,382,851	6
Alaska	482,319	488,059	488,060	1
Arizona	1,850,582	1,872,604	1,872,608	4
Arkansas	2,547,704	2,578,021	2,578,026	5
California	13,100,197	13,256,090	13,256,114	24
Colorado	1,381,206	1,397,642	1,397,645	3
Connecticut	1,538,793	1,557,105	1,557,107	2
Delaware	500,490	505,072	505,073	1
District of Columbia	795,581	805,048	805,050	2
Florida	6,300,064	6,375,035	6,375,047	12
Georgia	2,758,744	2,791,573	2,791,578	5
Hawaii	409,291	414,162	414,163	1
Idaho	737,226	746,209	746,211	2
Illinois	6,134,768	6,207,772	6,207,783	11
Indiana	1,467,482	1,484,945	1,484,948	3
Iowa	1,758,186	1,779,109	1,779,112	3
Kansas	2,036,030	2,092,222	2,092,226	4
Kentucky	1,670,281	1,690,158	1,690,161	3
Louisiana	3,472,592	3,513,916	3,513,923	7
Maine	596,374	603,471	603,472	1
Maryland	1,617,398	1,636,645	1,636,648	3
Massachusetts	5,123,191	4,999,895	4,999,907	12
Michigan	7,535,532	7,625,206	7,625,220	14
Minnesota	1,813,004	1,834,579	1,834,582	3
Mississippi	1,544,079	1,562,454	1,562,457	3
Missouri	4,000,525	4,048,131	4,048,139	8
Montana	952,920	824,681	824,683	2
Nebraska	1,121,363	1,134,707	1,134,709	2
Nevada	1,262,846	1,291,947	1,291,950	3
New Hampshire	1,183,758	1,197,845	1,197,847	2

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	3,697,546	3,741,547	3,741,554	7
New Mexico.....	2,322,927	2,350,570	2,350,575	5
New York.....	16,626,262	16,824,117	16,824,143	26
North Carolina.....	3,271,673	3,310,606	3,310,612	6
North Dakota.....	808,445	818,065	818,067	2
Ohio.....	5,511,975	5,577,568	5,577,578	10
Oklahoma.....	2,079,523	2,104,270	2,104,274	4
Oregon.....	1,904,526	1,927,190	1,927,194	4
Pennsylvania.....	6,322,179	6,397,413	6,397,425	12
Rhode Island.....	399,849	404,607	404,608	1
South Carolina.....	1,690,316	1,710,431	1,710,434	3
South Dakota.....	877,494	887,936	887,937	1
Tennessee.....	1,544,863	1,563,247	1,563,250	3
Texas.....	11,187,189	11,320,317	11,320,338	21
Utah.....	1,366,184	1,382,441	1,382,444	3
Vermont.....	840,508	850,510	850,512	2
Virginia.....	2,140,665	2,166,139	2,166,143	4
Washington.....	2,263,353	2,290,288	2,290,292	4
West Virginia.....	1,580,090	1,598,893	1,598,896	3
Wisconsin.....	2,796,955	2,830,239	2,830,245	6
Wyoming.....	860,761	871,004	871,006	2
Subtotal, States.....	149,128,871	150,624,546	150,624,827	281
American Samoa.....	120,587	122,022	122,022	-
Guam.....	406,456	411,293	411,294	1
Northern Mariana Islands...	53,085	53,717	53,717	-
Puerto Rico.....	2,998,875	3,034,561	3,034,567	6
Virgin Islands.....	184,443	186,638	186,638	-
Subtotal, States and Territories	152,892,317	154,432,777	154,433,065	288
Grants to Tribes	3,734,285	3,734,285	3,734,285	-
Program Support 1/.....	3,442,398	1,597,647	1,597,650	3
TOTAL.....	**160,069,000**	**159,764,709**	**159,765,000**	**291**

1/ 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.

Preventive Health Services

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Preventive Health Services……	$19,848	$19,810	$19,810	--

Authorizing Legislation: Section 361 of the Older Americans Act of 1965, as amended

FY 2018 Older Americans Act Authorization.....$20,803,107

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 to prevent or delay chronic disease and disability, thereby reducing the need for more costly medical interventions. Preventive Health Services funding is allocated to gives States and Territories based on their share of the population age 60 and over and provide flexibility to allocate resources among evidence-based preventive health activities to best meet local needs. Priority has been given to providing access to programs for elders living in medically underserved areas of their state or who have 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.[33] The population of older Americans is also growing, particularly the population age 85 and over, which is growing very rapidly, totaling 6.3 million in 2015 and projected to reach 9.1 million by the year 2030.[34] One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, and

[33] Xu JQ, Murphy SL, Kochanek KD, Arias E. Mortality in the United States, 2015. NCHS data brief, no 267. Hyattsville, MD: National Center for Health Statistics. 2016. Accessed 29 March 2017.

[34] U.S. Census Bureau, "2014 National Population Projections," Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060. Released December 2014. Accessed 08 January 2015. 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, 2015: Released June 2016. Accessed 29 March 2017.

depression, as well as the greater probability of injury from a fall, which quickly limits physical activity.

To help address the increase in multiple chronic conditions and ensure the best use of limited funds, in FY 2012 ACL requested and Congress 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. Other health services, such as health screenings, can be funded under the Home and Community-Based Supportive Services program.

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, evidence-based 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 shown repeatedly, through multiple studies, to be effective at helping participants adopt healthy behaviors and improve their psychological and physical health status. Some evidence suggests that CDSME programs may also significantly reduce the use of hospital care and physician services, as well as reduce health care costs.

- *Physical Activity Programs*: Physical activity programs are multi-component group exercise programs designed for community-based organizations and intended 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.

- *Falls Prevention Programs:* Falls prevention programs help participants achieve improved strength, balance, and mobility; provide education on how to avoid falls and reduce 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. Many people limit their activity after a fall, which can reduce strength, physical fitness, and mobility.

- *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 2014 .....$19,848,000
FY 2015 .....$19,848,000
FY 2016 .....$19,848,000
FY 2017 Annualized CR $19,810,269
FY 2018 President's Budget $19,810,000

Budget Request:

The FY 2018 request for Preventive Health Services is $19,810,000, maintaining the FY 2017 annualized Continuing Resolution level. ACL is continuing to request appropriations language that requires states to use their Preventive Health Services funds to support proven evidence-based models that enhance the wellness and fitness of the aging community. Recognizing that the development of evidence-based programs is ongoing, ACL is working to improve access to information on evaluated interventions and reduce the lag time between the creation of scientific knowledge and its practical application in the field.

ACL will continue to provide guidance regarding what meets the evidence-based requirement. 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.[35] Grantees can use the Title III-D Highest-Tier Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart[36] on the site to search the 45+ highest-level criteria programs listed.

Underscoring the need for these programs, the 2015 National Survey of OAA Participants found that between 67 and 90 percent of clients across OAA services take three or more different prescription medications every day. In addition, between 20 and 43 percent of clients across OAA services reported having stayed overnight in a hospital in the past 12 months. Preventive Health Services funding has enabled the Aging Services Network to help older adults control their medications and health through the implementation of evidence-based DPHP programs. Over 65% of clients across OAA services report learning how to take care of a chronic illness or medical condition during the past year. Five to sixteen percent of respondents, representing over 200,000 OAA clients, reported that they learned through a group class.[37]

Each of the evidence-based programs for which states could use these funds has been rigorously evaluated and found to be effective. By requiring states to use funding for one or more of these proven 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 would 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.

[35] http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

[36] http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Title-IIID-Highest-Tier-Evidence-FINAL.pdf

[37] 2014 National Survey of Older Americans Act Participants.

Output Table:

Preventive Health Services

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
Output AB: The number of people served with health and disease prevention programs. *(Output)*	FY 2015: 1.5 M	1.4 M	1.4 M	Maintain

Grant Awards Tables:

Preventive Health Services Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	56	56	56
Average Award	$351,660	$350,217	$350,213
Range of Awards	$12,308 - $1,996,859	$12,258 - $1,976,890	$12,257 - $1,957,121

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	312,046	308,926	305,837	(3,089)
Alaska	98,465	98,061	98,060	(1)
Arizona	379,579	387,121	400,585	13,464
Arkansas	198,170	196,188	194,226	(1,962)
California	1,996,859	1,976,890	1,957,121	(19,769)
Colorado	239,931	263,029	272,215	9,186
Connecticut	244,616	242,170	239,748	(2,422)
Delaware	98,465	98,061	98,060	(1)
District of Columbia	98,465	98,061	98,060	(1)
Florida	1,458,822	1,444,234	1,429,792	(14,442)
Georgia	456,742	474,121	490,679	16,558
Hawaii	98,465	98,061	98,060	(1)
Idaho	98,465	98,061	98,060	(1)
Illinois	787,832	779,954	772,154	(7,800)
Indiana	400,043	396,043	392,083	(3,960)
Iowa	217,527	215,352	213,198	(2,154)
Kansas	179,543	177,748	175,971	(1,777)
Kentucky	273,799	271,061	268,350	(2,711)
Louisiana	276,954	274,184	271,442	(2,742)
Maine	98,655	98,061	98,060	(1)
Maryland	338,256	334,873	331,524	(3,349)
Massachusetts	435,955	431,595	427,279	(4,316)
Michigan	649,995	643,495	637,060	(6,435)
Minnesota	317,595	314,419	311,275	(3,144)
Mississippi	183,809	181,971	180,151	(1,820)
Missouri	396,418	392,454	388,529	(3,925)
Montana	98,465	98,061	98,060	(1)
Nebraska	116,982	115,812	114,654	(1,158)
Nevada	142,140	150,449	155,703	5,254
New Hampshire	98,465	98,061	98,060	(1)

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	581,578	575,762	570,004	(5,758)
New Mexico.....	119,318	118,125	119,304	1,179
New York.....	1,289,327	1,276,434	1,263,670	(12,764)
North Carolina.....	541,037	539,150	557,979	18,829
North Dakota.....	98,465	98,061	98,060	(1)
Ohio.....	782,885	775,056	767,305	(7,751)
Oklahoma.....	241,108	238,697	236,310	(2,387)
Oregon.....	238,752	237,352	245,641	8,289
Pennsylvania.....	953,977	944,437	934,993	(9,444)
Rhode Island.....	98,465	98,061	98,060	(1)
South Carolina.....	276,703	281,797	291,639	9,842
South Dakota.....	98,465	98,061	98,060	(1)
Tennessee.....	390,389	386,485	382,620	(3,865)
Texas.....	1,173,791	1,176,290	1,217,371	41,081
Utah.....	107,803	111,749	115,652	3,903
Vermont.....	98,465	98,061	98,060	(1)
Virginia.....	454,186	449,644	445,148	(4,496)
Washington.....	372,478	376,652	389,807	13,155
West Virginia.....	143,428	141,994	140,574	(1,420)
Wisconsin.....	366,631	362,965	359,335	(3,630)
Wyoming.....	98,465	98,061	98,060	(1)
Subtotal, States.....	19,317,239	19,239,471	19,241,708	2,237
American Samoa.....	12,308	12,258	12,257	(1)
Guam.....	49,232	49,030	49,030	-
Northern Mariana Islands...	12,308	12,258	12,257	(1)
Puerto Rico.....	252,645	250,119	247,618	(2,501)
Virgin Islands.....	49,232	49,030	49,030	-
Subtotal, States and Territories	19,692,964	19,612,166	19,611,900	(266)
Program Support 1/.....	155,036	198,103	198,100	(3)
TOTAL.....	**19,848,000**	**19,810,269**	**19,810,000**	**(269)**

1/ 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.

Chronic Disease Self-Management Education

	FY 2016 Final	FY 2017 Enacted	FY 2018 President's Budget	FY 2017 +/- FY 2016
CDSME - PPHF……....	$8,000	$8,000	$0	-$8,000
CDSME – Discretionary…..	$0	$0	$5,000	+$5,000
Total CDSME……..	$8,000	$8,000	$5,000	-$3,000

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended

FY 2018 Older Americans Act ..... No specific amount authorized

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.

In the United States, over 76 percent of Medicare beneficiaries have multiple (2 or more) chronic conditions,[38] placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement.[39] Chronic conditions also impact health care costs, as 93 percent of Medicare expenditures are for beneficiaries with chronic conditions.[40]

CDSME programs have been shown repeatedly, to be effective at helping participants adopt healthy behaviors and improve their psychological and physical health status.[41] Some evidence

[38] Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [data tables 2.5a]. Accessed 10 January 2016.

[39] 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.

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

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

suggests that CDSME programs may also significantly reduce the use of hospital care and physician services and reduce health care costs.[42] These in-person community-based programs emphasize an individual's role in managing their health though a series of short workshops. Core topics covered include: techniques to deal with problems such as frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with health professionals; and nutrition.

Funding History:

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

FY 2014 .....$8,000,000
FY 2015 .....$8,000,000
FY 2016 .....$8,000,000
FY 2017 Annualized CR.....$8,000,000
FY 2018 President's Budget $5,000,000

Budget Request:

The FY 2018 request for CDSME is $5,000,000 which is -$3,000,000 below the FY 2017 program level of $8,000,000. Funds support competitive grants to States, as well as related technical assistance and evaluation activities, including a National Resource Center.

CDSME programs, by emphasizing an individual's role in managing his/her illness, help participants to reduce their pain and depression, improve mobility and exercise, increase energy, and boost confidence in their ability to manage their conditions.[43] A recent national study indicated that the program can also help participants achieve better care, better health, and lower health care costs. Participants reported significant improvements in aspects of their care (communication with their physicians, medication compliance, and health literacy), better health outcomes (self-assessed health, reduction in depression and quality of life), and reduced health

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

[43] Brady, TJ, Murphy, L: Sorting through the Evidence: Executive Summary of Arthritis Self-Management Program and the Chronic Disease Self-Management Program Meta-Analyses, May 2011, Centers for Disease Control and Prevention.

care utilization (lower emergency room visits and hospitalizations), resulting in potential cost savings.[44]

Older Americans are disproportionately affected by a vast array of chronic diseases and conditions. For example, over 11 million adults over the age of 65 have diabetes.[45] Minority elders – the fastest growing segment of the elderly population – are especially at risk of chronic illnesses and conditions. In FY 2016, nearly 25,000 individuals with chronic conditions completed the CDSME program through ACL's network (Output CD1). Fifty-seven percent of participants reporting relevant data indicate that they have multiple chronic conditions, with the most common conditions being hypertension (38.5 percent), arthritis (33 percent), and diabetes (32.4 percent). Over one-third of the participants are minority elders, including 22.2 percent African-Americans and over 17 percent Hispanics.

CDSME programs are also especially well-suited for delivery through ACL's network of community based organizations, including senior centers, congregate meal programs, faith-based organizations and senior housing communities. At the community level, aging services provider organizations work in collaboration with public health agencies and health care providers.

[44] Whitelaw, N., Lorig, K., Smith, M. L., & Ory, M. G. (March 19, 2013). National Study of Chronic Disease Self-Management Programs (CDSMP). Retrieved May 3, 2013.

[45] Centers for Disease Control and Prevention. National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014. Atlanta, GA: U.S. Department of Health and Human Services; 2014. Accessed on 29 March 2017.

Outcomes and Outputs Table:

Chronic Disease Self-Management Education

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 Target
CD2 Increase the percentage of individuals who complete the CDSME program. (Outcome)	FY 2015: 73% Target: 75% (Target Not Met)	75%	75%	Maintain

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
Output CD1: Total number of individuals with chronic conditions completing the CDSME program. *(Output)*	FY 2015: 35,975	20,000	7,500	-12,500

Grant Awards Table:

Chronic Disease Self-Management Education Grant Awards

	FY 2016 Final	FY 2017 Annualized	FY 2018 President's Budget
Number of Awards	13	9	9
Average Award	$574,742	$830,111	$830,111
Range of Awards	$135,598 - $1000,000	$150,000 - $1,200,000	$150,000 - $1,200,000

Resource and Program Data:

Chronic Disease Self-Management Education
(Dollars in Thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	--	--	--
New Discretionary Grants	12	6,471	8	6,471	8	6,471
Continuations Grants	1	1,000	1	1,000	1	1,000
Contracts	2	289	2	291	2	291
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	240		238		238
Total Resources		8,000		8,000		8,000

1/Program Support – Includes funds for overhead, grant systems and review costs, and technology support costs.

Falls Prevention

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Falls Prevention – PPHF…..	$5,000	$5,000	$0	-$5,000
Falls Prevention – Discretionary	$0	$0	$5,000	+$5,000
Falls Prevention Total:	$5,000	$,5000	$,5000	--

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended

FY 2018 Older Americans Act Authorization ..... No specific amount authorized

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.[46] In 2014, 29% of older adults reported an estimated 29 million falls. In 2014 fall-related injuries resulted in 2.8 million emergency room visits, over 800,000 hospitalizations, and about 24,000 deaths.[47] Of those who fall, 20 to 30 percent will experience serious injuries, such as brain trauma, broken bones, or hip fractures.[48] The average hospital stay for a hip fracture is one week, and about one-third of those with hip fractures stay in a nursing home for a year or more.[49] These injuries may limit the ability of older adults to get around or live independently. Those who are not injured may develop a fear of falling, which may increase their actual risk of falling.[50] Many people limit their activity after a fall, which may reduce strength, physical fitness, and mobility.[51] The importance of preventing falls is underscored by the inclusion of falls prevention screening in annual Medicare wellness visit.

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[46] 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.

[47] Burns ER, Stevens JA, Lee R. The direct costs of fatal and non-fatal falls among older adults—United States. J Safety Res 2016;58:99–103. Accessed 29 March 2017.

[48] Stevens JA. Fatalities and injuries from falls among older adults – United States, 1993–2003 and 2001–2005. MMWR 2006b;55.45:1222–24.

[49] Centers for Disease Control and Prevention, Hip Fractures Among Older Adults: An Overview. Retrieved on February 5, 2014.

[50] Bell AJ, Talbot-Stern JK, Hennessy A. Characteristics and outcomes of older patients presenting to the emergency department after a fall: a retrospective analysis. Medical Journal of Australia 2000;173(4):176–7.

[51] 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.

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.[52] 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 to achieve improved strength, balance, and mobility and provide education on how to avoid falls and reduce fall risk factors. These programs may also 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 2006, more than 35,000 older adults in 38 states have been served via ACL-supported Falls Prevention/Management programs, including A Matter of Balance, Stepping On, and Tai Chi: Moving for Better Balance.

Evidence-based, community Falls Prevention/Management programs have clearly 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;[53] and the Stepping On program reduction was 31 percent.[54] Matter of Balance is an evidence-based program designed to reduce the fear of falling and increase activity levels among older adults. Research has shown significant improvements for participants regarding their level of falls management (the degree of confidence participants perceive concerning their ability to manage the risk of falls and of actual falls); falls control (the degree to which participants perceive their ability to prevent falls); level of exercise; and social limitations with regard to concern about falling.[55]

In addition to reducing falls; these community-based interventions are proven to be cost-effective. Matter of Balance participation has been associated with total medical cost savings, and cost savings in the unplanned inpatient, skilled nursing facility, and home health settings. Participation was associated with a -$938 per participant decrease in total medical costs per year. This finding includes a -$517 reduction in unplanned hospitalization costs, a -$234 reduction in skilled nursing facility costs, and an -$81 reduction in home health costs.[56]

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

[53] 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.

[54] 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.

[55] Healy, T.C., Peng, C., Haynes, P., McMahon, E., Botler, J., & Gross, L. (2008). The feasibility and effectiveness of translating A Matter of Balance into a volunteer lay leader model. Journal of Applied Gerontology, 27(1): 34-51.

[56] Report to Congress: The Centers for Medicare & Medicaid Services' Evaluation of Community-based Wellness and Prevention Programs

Additionally, a 2014 cost-benefit analysis found that the benefits from community-based falls prevention interventions covered their implementation costs and exceeded direct medical costs, resulting in a return on investment (ROI) of 64% for Stepping On, and an ROI of 509% for Tai Chi: Moving for Better Balance.[57]

Funding History:

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

FY 2014 .....$5,000,000
FY 2015 .....$5,000,000
FY 2016 .....$5,000,000
FY 2017 Annualized CR.....$5,000,000
FY 2018 President's Budget $5,000,000

Budget Request:

ACL maintains funding for the Falls Prevention Program at $5,000,000, the same as the annualized FY 2017 Continuing Resolution level. Falls Prevention activities received their first dedicated funding in FY 2014, which was used to fund a national resource center and provide grants to States, Tribes, and other applicants to implement evidence-based falls prevention programs through ACL's network of community-based provider organizations.

Grants for Falls Prevention programs are used to:

- Promote and disseminate fall prevention tools, including education and evidence-based falls prevention material that can be delivered in community settings.

- Align with the annual Medicare wellness visits that include screening for falls prevention and referrals to community-based interventions, as well as care transitions programs to reduce hospital readmissions due to falls.

- Utilize and expand the local evidence-based program infrastructure for falls prevention programs started in the ACL Evidence-Based Disease and Disability Prevention Program.

- Increase the number of older adults and adults with disabilities at risk for falls who attend an evidence-based falls prevention program in their communities.

[57] Carande-Kulis, V., et al., A cost–benefit analysis of three older adult fall prevention interventions, Journal of Safety Research (2015). Accessed March 23, 2015.

- Gather and promote best practices for development, implementation, and sustainability of evidence-based falls prevention programs appropriate for a community setting, including innovative collaborations with integrated health care systems and large employer groups.

Grantees are expected to implement at least one evidence-based falls prevention/management program; establish partnerships/coalitions with Falls Prevention coalitions, healthcare providers, public health officials, and Aging Disability Resource Centers; and cooperate with federal research efforts. Funds may also be used to fund other program support activities, such as a falls prevention resource center which will promote education on falls prevention and best practices for development, implementation, and sustainability of falls prevention/management programs.

Grant Awards Table:

Falls Prevention Program Grant Awards

	FY 2016 Final	FY 2017 Annualized	FY 2018 President's Budget
Number of Awards	9	10	9
Average Award	$529,946	$476,214	$529,127
Range of Awards	$85,000 - $600,000	$150,000 - $600,000	$150,000 - $600,000

Resource and Program Data:

Falls Prevention
(Dollars in Thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	--	--	--
New Discretionary Grants	2	700	10	4,762	9	4,162
Continuations Grants	7	4,070	--	-	--	600
Contracts	2	223	--	200	--	200
Interagency Agreements	--	--	--	--	--	--
Program Support /1		7		38		38
Total Resources		5,000		5,000		5,000

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Native American Nutrition and Supportive Services

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Native American Nutrition and Supportive Services……..	$31,158	$31,099	$31,099	--

Authorizing Legislation: Sections 201, 613, and 623 of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization.....$32,601,843

Allocation Method .....Formula Grant

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 849,000 persons age 60 and over identify themselves as Native American or Alaska Native alone or in combination with another racial group.[58] Over 492,000 of those elders identify as Native American or Alaskan Native with no other racial group.[59]

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. Currently ACL's congregate meal program reaches 43 percent of eligible Native American seniors in participating Tribal organizations, home-delivered meals reach 19 percent of such persons, and supportive services reach 65 percent of such persons. These programs, which help to reduce the need for costly nursing home care and medical interventions, are responsive to the cultural diversity of Native American communities and represent an important part of each community's comprehensive services.

[58] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origen for the United States: April 1, 2010 to July 1 2015 Released June 2016. Accessed 29 March 2017.

[59] 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, 2015. Released June 2016. Accessed 29 March 2017.

Services provided by this program in FY 2014 (the most recent year for which data are available) include:

- *Transportation Services*, which provided nearly 788,000 rides to meal sites, medical appointments, pharmacies, grocery stores, and other critical daily activities (Output L).

- *Home-Delivered Nutrition Services,* under which 2.6 million meals were provided to 29,000 homebound Native American elders. The program also provides critical social contacts that help to reduce the risk of depression and isolation experienced by many home-bound Native American elders (Output M).

- *Congregate Nutrition Services*, which provided 2.4 million meals to over 66,000 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 (Output N).

- *Information, Referral and Outreach Services*, which provided over 859,000 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 (Output O).

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 2015, grants were awarded to 264 Tribal organizations (representing 400 Tribes), including one organization serving Native Hawaiian elders.

Funding History:

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

FY 2014 .....$26,158,000
FY 2015 .....$26,158,000
FY 2016 .....$31,158,000
FY 2017 Annualized CR.....$31,098,769
FY 2018 President's Budget $31,099,000

Budget Request:

The FY 2018 request for Native American Nutrition and Supportive Services is $31,099,000, maintaining the annualized FY 2017 Continuing Resolution level. Native American Nutrition and Supportive Services, like the same services that Home and Community-Based Supportive Services and Nutrition Services fund for States, help to postpone the need for much more expensive institutional services. The services provided using these funds, particularly adult day care, personal care, chore services, and home-delivered meals, also aid Native American caregivers, who might otherwise have to be even more intensively involved with the care of their loved ones, at the risk of their own health and careers.

At the FY 2018 request level, these services will provide 900,000 rides (Output L), 3.0 million meals at home (Output M), and 2.8 million meals at congregate sites (Output N) to over 100,000 Native American seniors. 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.

In FY 2018, 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 303, a 38 percent increase over the FY 2002 base of 220 (Outcome 1.3). 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.

Outcomes and Outputs Table:

Native American Nutrition and Supportive Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 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 2015: 301 Target: 300 (Target Exceeded)	305	303	-2

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
Output L: Transportation Services units *(Output)*	FY 2015: 787,751	900,000	900,000	Maintain
Output M: Home-Delivered Nutrition meals *(Output)*	FY 2015: 2.6 M	3.0 M	3.0 M	Maintain
Output N: Congregate Nutrition meals *(Output)*	FY 2015: 2.4 M	2.8 M	2.8 M	Maintain
Output O: Information, Referral and Outreach units *(Output)*	FY 2015: 859,524	1.1 M	1.1 M	Maintain

Grant Awards Table:

Native American Nutrition and Supportive Services Formula Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	264	270	270
Average Award	$112,777	$111,998	$111,998
Range of Awards	$75,540 - $1,505,000	$75,540 - $1,505,000	$75,540 - $1,505,000

Resource and Program Data:

Native American Nutrition and Supportive Services
(Dollars in Thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	264	29,773	270	30,240	270	30,240
New Discretionary Grants	6	236	1	150	1	150
Continuations Grants	1	150	--	--	--	--
Contracts	2	872	1	601	1	601
Interagency Agreements	--	--	--	--	--	--
Program Support 1/		127		109		109
Total Resources		31,158		31,099		31,099

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

Aging Network Support Activities

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Aging Network Support Activities	$9,961	$9,942	$9,942	--

Authorizing Legislation: Section 202, 215, and 411 of the Older Americans Act of 1965, as amended.

FY 2017 Older Americans Act Authorization ..... Multiple—See Titles II and IV

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 ongoing activities of national significance that help seniors and their families to obtain information about their care options and benefits; and provide technical assistance to help States, Tribes, and community providers of aging services to develop service systems that help older people remain independent and able to live in their own homes and communities. These activities provide critical and ongoing support for the national aging services network and help 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 project awards are made for periods of one to five years. In FY 2016, Aging Network Support Activities funded 28 grants with an average award of $350,000. These activities are described below.

National Eldercare Locator and Engagement

Older Americans and their caregivers face a complicated array of choices and decisions about 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 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 tool for older adults and their caregivers, serving 871,362 individuals in 2016. This service is supplemented by and Information and Referral (I&R) Support Center which provides technical assistance and standards for the development of effective information and assistance systems.

A growing body of research also suggests there is a correlation between social engagement and positive mental and physical outcomes in older adults. ACL is interested in expanding the reach of the Aging Services network to more effectively assist older adults to remain 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 diverse needs of older adults.

National Alzheimer's Call Center

The National Alzheimer's Call Center is a national information and counseling service for persons with Alzheimer's disease, their family members, and informal caregivers. In the 12-month period ending January 31, 2017, the National Alzheimer's Call Center handled over 305,000 calls through its national and local partners, and its on-line message board community recorded over 5.7 million page views. The National Alzheimer's Call Center is available to people in all States, 24 hours a day, 7 days a week, 365 days a year to provide expert advice, care consultation, and information and referrals at the national and local levels regarding Alzheimer's disease. Trained professional customer service staff and Master's degree social workers are available at all times. The Call Center is accessible by telephone, website, or e-mail at no cost to the caller. Information provided may include basic information on caregiving, handling legal issues, resources for long-distance caregiving, and tips for working with the medical community. Local community-based organizations are directly involved to ensure local, on-the-ground capacity to respond to emergencies and on-going needs of individuals with Alzheimer's, their families, and informal caregivers. The Call Center has multilingual capacity and responds to inquiries in at least 140 languages through its own bilingual staff and with the use of a language interpretation service.

Pension Counseling and Retirement Information

The Pension Counseling program, first funded in 1993, 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 2015, data for the program show that:

- Pension Counseling projects have successfully recovered over $216 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 55,000 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.

By producing fact sheets and other publications, hosting websites, and conducting outreach, education and awareness efforts, Pension Counseling projects also provide indirect services to tens of thousands of seniors and their families.

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 for health and long-term care. This project has 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 in 1998, the Center has conducted approximately 200 workshops per year on strategies to access financial and retirement planning information. It has developed and published over 175 Fact Sheets tailored to the specific needs of hard-to-reach women and maintains an interactive website.

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 them. 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. Resource centers have 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 developed 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 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 focusing on barriers due to language and low literacy as well as those directly related to cultural diversity. 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 series of bilingual Influenza Vaccination Promotion materials, a referral database of Chronic Disease Self-Management Education (CDSME) workshops, 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. It also supports 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.

Funding History:

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

FY 2014 .....$7,406,000
FY 2015 .....$9,961,000
FY 2016 .....$9,961,000
FY 2017 Annualized CR.....$9,942,064
FY 2018 President's Budget $9,942,000

Budget Request:

The FY 2018 request for Aging Network Support Activities is $9,442,000, maintaining the annualized FY 2017 Continuing Resolution level. Programs funded by this request provide ongoing support for the national aging services network and are needed to support the activities of ACL's core service delivery programs. Not only do they provide a variety of unique services, – such as the National Alzheimer's Call Center and the National Eldercare Locator – these programs also considerably strengthen and streamline ACL's core services, and are critical to our continuing success.

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

Aging Network Support Activities includes funding for the following projects (dollars in thousands):

Aging Network Support Activity	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
National Eldercare Locator and Engagement	$2,038	$2,035	$2,035
National Alzheimer's Call Center	946	944	944
Pension Counseling and Retirement Information	1,858	1,854	1,854
National Resource Centers on Native Americans	655	653	653
National Minority Aging Organizations	1,165	1,163	1,163
Holocaust Survivor Assistance	2,500	2,495	2,495
Program Performance and Technical Assistance	799	798	798
Total, Aging Network Support Activities	**$9,961**	**$9,942**	**$9,942**

Grant Awards Table:

Aging Network Support Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	28	28	25
Average Award	$349,951	$346,082	$387,612
Range of Awards	$50,000 - $2,467,500	$20,000 - $2,467,500	$20,000 - $2,467,500

Resource and Program Data:

Aging Network Support Activities
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	-	--	--
New Discretionary Grants	5	846	5	578	10	4,022
Continuations Grants	23	8,953	23	9,113	15	5,669
Contracts	1	10	--	-	--	--
Interagency Agreements	--	--	--	-	--	--
Program Support 1/		152		271		271
Total Resources		9,961	28	9,961	25	9,961

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

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 determine whether an older person can remain in his or her home. In 2013, approximately 34.2 million adult caregivers provided uncompensated care to those 50 years of age and older.[60] The economic cost of replacing unpaid caregiving of elderly adults is estimated to be between $470 billion[61] and $522 billion annually,[62] higher than that of *all* Medicaid spending in FY 2014 (Federal and State: $476 billion).[63]

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.[64] 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-three percent of the caregivers served by OAA programs report that these services allow them to provide care longer than they otherwise could have.[65]

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[60] National Alliance for Caregiving, and AARP Public Policy Institute. Caregiving in the US, 2015 report. *June 2015 Washington DC.*

[61] S. C. Reinhard, L. Feinberg, R. Choula, and A. Houser, Valuing the Invaluable: 2015 Update, Undeniable Progress, but Big Gaps Remain (Washington, DC: AARP Public Policy Institute, July 2015). Accessed 01/13/2016

[62] The Opportunity Costs of Informal Elder-Care in the United States. Rand Corporation. Also Valuing the Invaluable: 2011 Update, The Growing Contributions and Costs of Family Caregiving. AARP Public Policy Institute. July 2011.

[63] "Total Medicaid Spending," The Henry J. Kaiser Family Foundation, 2014.

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

[65] 2016 National Survey of Older Americans Act Participants.

At the same time, ACL recognizes that the need for more caregivers is growing every day. By 2020, it is projected that there will be 16.4 million non-institutionalized seniors age 65 and over with 1+ ADL deficits, an increase of 2.5 million older adults (or an 18 percent increase between 2015 and 2020) needing caregiver assistance.[66] To address these caregiver-related needs, ACL requests a total of $180,661,000, an increase of +$4,199,125 above the annualized FY 2017 Continuing Resolution level. The request includes:

- $150,300,000 for Family Caregiver Support Services, maintaining the annualized FY 2017 Continuing Resolution 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.

- $7,517,000 for Native American Caregiver Support Services, maintaining the annualized FY 2017 Continuing Resolution 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.

- $19,491,000 for a consolidated Alzheimer's Disease Program. This is the first year funding is being requested for this program which consolidates three existing ACL Alzheimer's programs into a single, more flexible program while maintaining the total level of funding available. Separate funding streams for the Alzheimer's Disease Supportive Services program (ADSSP) and the Alzheimer's Disease Initiative--Specialized Services Program (ADI-SSS) are eliminated.

- $3,354,000 for Lifespan Respite Care, maintaining the annualized FY 2017 Continuing Resolution 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.

[66] U.S. Census Bureau, "2014 National Population Projections," Table 1. Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060. Released December 2014. Accessed 08 January 2015. Centers for Medicare & Medicaid Services, The characteristics and perceptions of the Medicare population. Data from the 2013 Medicare Current Beneficiary Survey. [data tables 2.5a]. Accessed 10 January 2016.

As a group, these programs support caregivers, elders, and people of all ages with disabilities by providing critical respite care and other support services for family caregivers, training and recruitment of care workers and volunteers, information and outreach, counseling, and other supplemental services.

Family Caregiver Support Services

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Family Caregiver Support Services	$150,586	$150,300	$150,300	--

Authorizing Legislation: Section 371 of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization.....$157,564,066

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. Based on FY 2015 data, the most recent available, services included:

- *Access Assistance Services* provided nearly 1.2 million contacts to caregivers assisting them in locating services from a variety of public and private agencies (Output I).

- *Counseling and Training Services* provided over 116,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).

- *Respite Care Services* provided over 67,000 caregivers with approximately 6.3 million hours of temporary relief, at home or in an adult day care or nursing home setting, from their caregiving responsibilities (Output K).

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[67] and $522 billion annually, which is roughly equivalent to the cost of *all* Medicaid spending in FY 2014 (Federal and state: $476 billion).[68] The cost to replace that care with unskilled paid care at minimum wage was estimated at $221 billion, while replacing it with skilled nursing care could cost $642 billion annually.

Research has also shown that caregiving exacts a heavy emotional, physical, and financial toll. Caregivers often experience conflicts between work and caregiving, with 25 percent reporting that they have had to make adjustments such as retiring or taking time away from work due to their caregiving responsibilities. As reported in ACL's National Survey of OAA Participants, over 25 percent of caregivers are assisting two or more individuals. Over 70 percent of Title III caregivers are 60 or older, making them more susceptible to a decline in their own health, and 29 percent describe their own health as fair to poor.[69] 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.[70]

Additionally, data from ACL's National Surveys of caregivers of elderly clients also shows that OAA services, including those provided through the Family Caregiver Support Services Program, are effective in helping caregivers keep their loved ones at home. Approximately 73 percent of caregivers of program clients reported that services enabled them to provide care longer than otherwise would have been possible.[71] 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. Nearly 40 percent of caregivers indicated that the care recipient would be unable to remain at home without the support services. Those respondents were then asked to identify where the care recipient would be living without services. A significant majority of

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[67] S. C. Reinhard, L. Feinberg, R. Choula, and A. Houser, Valuing the Invaluable: 2015 Update, Undeniable Progress, but Big Gaps Remain (Washington, DC: AARP Public Policy Institute, July 2015). Accessed 01/13/2016

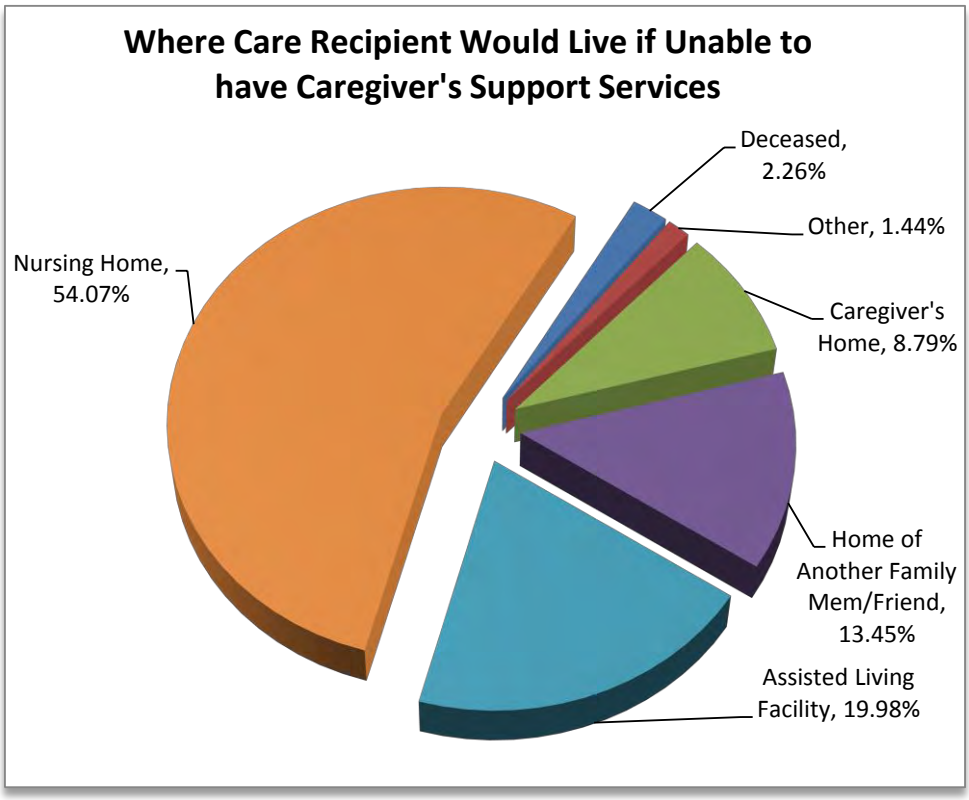
[68] "Total Medicaid Spending," The Henry J. Kaiser Family Foundation, 2013.

[69] 2016 National Survey of Older Americans Act Participants.

[70] *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.

[71] 2014 National Survey of Older Americans Act Participants.

those caregivers, 74 percent, indicated that the care recipient would most likely be living in a nursing home or assisted living (see below).



Funding History:

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

FY 2014 .....$145,586,000
FY 2015 .....$145,586,000
FY 2016 .....$150,586,000
FY 2017 Annualized CR.....$150,299,736
FY 2018 President's Budget $150,300,000

Budget Request:

The FY 2018 request for Family Caregiver Support Services is $150,300,000, maintaining the annualized FY 2017 Continuing Resolution level. Funding for Family Caregiver Support Services will allow ACL to maintain 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.

Funding at this level will allow 850,000 caregivers (Outcome 3.1) to receive supportive services, including respite care or other temporary relief from their caregiving responsibilities that will assist them to continue providing care for their loved ones. As many as 120,000 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 2018, ACL expects the aging services network 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 2015, that rate had been reduced to 33 percent of caregivers reporting difficulty getting services.

For FY 2018, 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.

Outcomes and Outputs Table:

Family Caregiver Support Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 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 2015: 8,789 clients Target: 9,250 clients (Target Not Met)	9,000 clients	8,800 clients	-200 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 2015: 33.25% Target: 27% (Target Not Met but Improved)	26.8%	30%	+3.2
2.9c Maintain at 90% or higher the percentage of National Family Caregiver Support Program clients who rate services good to excellent. (Outcome)	FY 2015: 93.4% 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 2015: 62.7 weighted average Target: 62.5 weighted average (Target Exceeded)	63.25 weighted average	63.25 weighted average	Maintain
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2015: 757,403 caregivers Target: 790,000 caregivers (Target Not Met)	900,000 caregivers	850,000 caregivers	-50,000 caregivers

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
Output I: Caregivers access assistance units of service. *(Output)*	FY 2015: 1.2 M	1.30 M	1.35 M	+500,000
Output J: Caregivers receiving counseling and training. *(Output)*	FY 2015: 116,542	123,000	120,000	-3,000
Output K: Caregivers receiving respite care services. *(Output)*	FY 2015: 67,305	66,000	66,000	Maintain

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

Grant Awards Table:

Family Caregiver Supportive Services Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	56	56	56
Average Award	$2,669,169	$2,657,084	$2,657,089
Range of Awards	$93,421 - $15,390,530	$92,998 - $15,443,745	$92,998 - $15,433,775

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	2,279,069	2,259,498	2,259,502	4
Alaska	747,367	743,983	743,985	2
Arizona	3,346,118	3,394,917	3,394,922	5
Arkansas	1,446,132	1,432,369	1,432,371	2
California	15,390,530	15,433,749	15,433,775	26
Colorado	2,005,562	2,021,363	2,021,366	3
Connecticut	1,751,433	1,725,321	1,725,324	3
Delaware	747,367	743,983	743,985	2
District of Columbia	747,367	743,983	743,985	2
Florida	12,175,645	12,248,919	12,248,940	21
Georgia	3,691,256	3,727,264	3,727,270	6
Hawaii	747,367	743,983	743,985	2
Idaho	747,367	743,983	743,985	2
Illinois	5,579,518	5,483,451	5,483,460	9
Indiana	2,913,777	2,876,664	2,876,669	5
Iowa	1,579,568	1,548,662	1,548,664	2
Kansas	1,313,589	1,294,568	1,294,570	2
Kentucky	1,989,094	1,969,851	1,969,854	3
Louisiana	1,925,518	1,913,480	1,913,484	4
Maine	747,367	743,983	743,985	2
Maryland	2,503,548	2,499,421	2,499,425	4
Massachusetts	3,168,410	3,136,653	3,136,659	6
Michigan	4,738,888	4,671,130	4,671,138	8
Minnesota	2,448,987	2,428,170	2,428,174	4
Mississippi	1,314,791	1,299,152	1,299,155	3
Missouri	2,922,404	2,883,893	2,883,898	5
Montana	747,367	743,983	743,985	2
Nebraska	862,082	848,723	848,724	1
Nevada	1,185,340	1,205,266	1,205,268	2
New Hampshire	747,367	743,983	743,985	2

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	4,121,143	4,062,716	4,062,723	7
New Mexico.....	952,990	953,090	953,092	2
New York.....	9,085,852	8,943,406	8,943,421	15
North Carolina.....	4,428,714	4,445,119	4,445,126	7
North Dakota.....	747,367	743,983	743,985	2
Ohio.....	5,613,283	5,507,406	5,507,416	10
Oklahoma.....	1,748,862	1,731,823	1,731,826	3
Oregon.....	1,912,618	1,919,084	1,919,087	3
Pennsylvania.....	6,797,425	6,658,471	6,658,482	11
Rhode Island.....	747,367	743,983	743,985	2
South Carolina.....	2,270,483	2,290,849	2,290,853	4
South Dakota.....	747,367	743,983	743,985	2
Tennessee.....	2,984,205	2,976,486	2,976,491	5
Texas.....	9,354,202	9,406,435	9,406,451	16
Utah.....	900,695	903,231	903,233	2
Vermont.....	747,367	743,983	743,985	2
Virginia.....	3,467,798	3,477,346	3,477,352	6
Washington.....	2,972,693	2,995,494	2,995,499	5
West Virginia.....	1,004,589	987,750	987,751	1
Wisconsin.....	2,746,803	2,712,604	2,712,609	5
Wyoming.....	747,367	743,983	743,985	2
Subtotal, States.....	146,609,385	145,945,573	145,945,829	256
American Samoa.....	93,421	92,998	92,998	-
Guam.....	373,684	371,992	371,993	1
Northern Mariana Islands...	93,421	92,998	92,998	-
Puerto Rico.....	1,929,864	1,921,186	1,921,189	3
Virgin Islands.....	373,684	371,992	371,993	1
Subtotal, States and Territories	149,473,459	148,796,739	148,797,000	261
Program Support 1/.....	1,112,541	1,502,997	1,503,000	3
TOTAL.....	**150,586,000**	**150,299,736**	**150,300,000**	**264**

1/ 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

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Native American Caregiver Support Services	$7,531	$7,517	$7,517	--

Authorizing Legislation: Section 631 of the Older Americans Act of 1965, as amended.

FY 2018 Authorization $7,879,982

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, which helps to reduce the need for costly nursing home care and medical interventions, is responsive to the cultural diversity 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. Tribal 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 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. Tribal 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 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 2014 .....$6,031,000
FY 2015 .....$6,031,000
FY 2016 .....$7,531,000
FY 2017 Annualized CR.....$7,516,684
FY 2018 President's Budget $7,517,000

Budget Request:

The FY 2018 request for Native American Caregiver Support Services is $7,517,000, maintaining the annualized FY 2017 Continuing Resolution level. Continued support for caregivers is critical since often it is their availability – 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.

An estimated 849,000 persons age 60 and over identify themselves as Native American or Alaska Native alone or in combination with another racial group.[72] Over 492,000 of those elders identify as Native American or Alaskan Native with no other racial group[73]. 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 2018, funding for the Native American

[72] 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, 2015 Released June 2016, accessed 30 March 2017.

[73] 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, 2015. Release Date: June 2016. Accessed on 29 March 2017.

Caregiver Support Program will continue to assist 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. It is estimated that in FY 2018 more than 500,000 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 2017 Target**	**FY 2018 Target**	**FY 2018 Target +/-FY 2017 Target**
3.1 Increase the number of caregivers served through the National Family Caregiver Support Program. (Outcome)	FY 2015: 757,403 caregivers Target: 790,000 caregivers (Target Not Met)	900,000 caregivers	850,000 caregivers	-50,000 caregivers

Grant Awards Table:

Native American Caregivers Supportive Services Grant Awards

	FY 2016 Final	**FY 2017 Annualized CR**	**FY 2018 President's Budget**
Number of Awards	233	231	231
Average Award	$25,882	$32,430	$32,430
Range of Awards	$14,270 - $57,120	$14,270 - $57,120	$14,270 - $57,120

Resource and Program Data:

Native American Caregiver Support Services
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	231	6,016	231	7,491	231	7,491
New Discretionary Grants	2	14	--	--	--	--
Continuations Grants	--	--	--	--	--	--
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support 1/		1		40		40
Total Resources		6,031		7,531		7,531

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

Alzheimer's Disease Program

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
Alzheimer's Disease Program	$0	$0	$19,490	+$19,490

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization ..... No specific amount authorized

Allocation Method .....Competitive Grants/Co-operative 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 health care as well as the provision of person-centered, dementia-capable home and community-based services (HCBS). Of the community dwelling individuals with ADRD, approximately one-third live alone, exposing them to numerous risks, including unmet needs, malnutrition and injury and various forms of neglect and exploitation.[74] As the number of people with ADRD is projected to grow by almost 300% by 2050[75] from an estimated 5.3 million individuals, it is increasingly important to develop effective and coordinated service delivery and health care systems that are responsive to these individuals and their caregivers.

Three ACL programs--Alzheimer's Disease Supportive Services, Alzheimer's Disease Initiative--Specialized Supportive Services, and Alzheimer's Disease Initiative--Communications Campaign--currently address the needs of individuals living with ADRD and their caregivers. Two of these programs fund demonstration grants and/or direct services and have some degree of overlap as well as significantly different requirements for grantees:

- The Alzheimer's Disease Supportive Services Program (ADSSP) funds competitive grants limited to States to expand the availability of evidence-based services that support persons with Alzheimer's disease and related dementias (ADRD) and their family

[74] Gould, E., Maslow, K., Yuen, P., Wiener, J. Providing Services for People with Dementia Who Live Alone: Issue Brief. Accessed April 14, 2014.

[75] Alzheimer's Association. 2017 Alzheimer's Disease Facts and Figures. Accessed May 9, 2017.

caregivers; and to create state-wide, person-centered, dementia-capable home and community-based service (HCBS) systems. Half of the funding must be used to provide direct services. The program's primary components include the translation and implementation of evidence-based supportive services at the community level; development and delivery of statewide person-centered, dementia-capable HCBS systems; and incorporation of evidence-based research in the formulation of innovative projects.

- The Alzheimer's Disease Initiative - Specialized Supportive Services (ADI-SSS) program was designed to fill gaps in existing dementia-capable home and community-based service (HCBS) systems. The ADI-SSS currently provides funding to develop and implement specialized, person-centered services that help individuals remain independent and safe in their communities, while providing much needed supports to their caregivers.

The third program funds public awareness efforts, including support for two websites: Brainhealth.gov and Alzheimers.gov.

In addition to these three programs, ACL also funds, and will continue to support within its Aging Network Support Activities line item, a single grant for the National Alzheimer's Call Center, a national information and counseling service for persons with Alzheimer's Disease, their family members and informal caregivers.

Funding History:

This is the first year funding is requested:

FY 2014 .....$0
FY 2015 .....$0
FY 2016 .....$0
FY 2017 Annualized CR.....$0
FY 2018 President's Budget/1 .....$19,490,000

Budget Request:

In FY 2018 ACL is requesting $19,490,000 to fund a new consolidated Alzheimer's Disease Program that replaces three existing ACL Alzheimer's programs: Alzheimer's Disease Supportive Services, Alzheimer's Disease Initiative--Specialized Supportive Services, and Alzheimer's Disease Initiative--Communications Campaign.

The need for cutting edge approaches that serve those with Alzheimer's and their caregivers continues to grow as the incidence of and population with the disease increase. One study estimates that there were 454,000 new cases of Alzheimer's disease in 2010. The annual number of new cases is projected to be 615,000 by 2030, and 959,000 by 2050.[76]

Facing a growing population, at a time of tight budgetary constraints, ACL must be able to maximize the use of its funding. Consolidating similar Alzheimer's Disease activities into a single grant program will provide greater flexibility to States, territories, Tribes and localities to meet the needs of their communities.

Programmatically, combining the three programs into a single, more flexible program will give ACL the greatest ability to assist individuals with ADRC and their caregivers without changing funding levels. Under the Alzheimer's Disease program, ACL will continue to support:

- Creating state-wide, person-centered, dementia-capable home and community-based service (HCBS) systems.
- Translating and implementing evidence-based supportive services for persons with ADRD and their caregivers at the community level.
- Working with public and private entities to identify and address the special needs of persons with ADRD and their caregivers.
- Offering direct services and other supports to thousands of persons with ADRD and their caregivers.

[76] Alzheimer's Association, (2014). "2014 Alzheimer's Disease Facts and Figures". Accessed August 08, 2014.

Grant Awards Tables:

Alzheimer's Disease Program/1

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	NA	NA	35
Average Award	NA	NA	$492,919
Range of Awards	NA	NA	$276,127 - $1,000,000

1/The number of awards is an estimate and may change.

Resource and Program Data:

Alzheimer's Disease Program

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	--	--	--
New Discretionary Grants/1	--	--	--	--	35	17,252
Continuations Grants	--	--	--	--	--	--
Contracts	--	--	--	--	1	2,000
Interagency Agreements	--	--	--	--	--	--
Program Support /2		--	--	--		238
Total Resources		--	--	--		19,490

1/The number of awards is an estimate and may change.

2/ Program Support -- Includes funds for statutory requirements, grant systems and review costs.

Alzheimer's Disease Supportive Services Program

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
ADSSP……	$4,800	$4,791	$0	-$4,791

Authorizing Legislation: Section 398 of the Public Health Services Act, as amended

FY 2018 Authorization .....Expired

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

Program Description and Accomplishments:

The Alzheimer's Disease Supportive Services Program (ADSSP) funds competitive grants to States to expand the availability of evidence-based services that support persons with Alzheimer's disease and related dementias (ADRD) and their family caregivers; and to create state-wide, person-centered, dementia-capable home and community-based service (HCBS) systems.

These systems have been able to identify persons with ADRD and their family caregivers, understand their unique circumstances, communicate appropriately with them, help them identify and choose services that meet their needs, and provide supports to ease caregiver stress. Dementia-capable systems also help persons with dementia and their family caregivers remain independent and in the community. The primary components of the ADSSP program include the translation and implementation of evidence-based supportive services for persons with ADRD and their caregivers at the community level; development and delivery of statewide person-centered, dementia-capable HCBS systems; and incorporation of evidence-based research in the formulation of innovative projects.

Twelve states funded in prior program years continue to offer seven dementia specific evidence-based interventions. One example of an evidence-based intervention implemented through the ADSSP program is the New York University Caregiver Intervention (NYUCI), a spousal caregiver support program that in a randomized-control trial delayed institutionalization of

persons with Alzheimer's Disease by an average of 557 days.[77] The state of Minnesota has translated this intervention and results are consistent with the original study.[78] Due to the success of the translation of the NYUCI program in their states, Minnesota, California, and Georgia continue to offer it well beyond the program funding period.

Funding History:

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

FY 2014 .....$3,772,000
FY 2015 .....$3,800,000
FY 2016 .....$4,800,000
FY 2017 Annualized CR.....$4,790,875
FY 2018 President's Budget $0

Budget Request:

The FY 2018 Budget Request is $.0.0, a decrease of $4,790,875 from the FY 2017 Annualized Continuing Resolution level. No funding is requested in FY 2018 for the Alzheimer's Disease Supportive Services Program as funding for this and other Alzheimer's programs is being consolidated into one program, the Alzheimer's Disease Program.

[77] Mittleman M, et al. (1996). "A Family Intervention to Delay Nursing Home Placement of Patients with Alzheimer's Disease: a randomized, controlled trial," Journal of the American Medical Association, 276; 1725-1731.

[78] Mittelman, M.S., Bartels, S.J. "Translating Research into Practice: Case Study of a Community-based Dementia Caregiver Intervention," Health Affairs. April 2014 vol. 33 no. 4 587-595.

Outcome and Outputs Table:

Alzheimer's Disease Supportive Services Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target
ALZ.2 Increase number of individuals served with evidence-based interventions - cumulative. (Outcome)	FY 2016: 22,754 Target: 21,957 (Target Exceeded)	Discontinued

Indicator	Year and Most Recent Result /	FY 2017 Projection
Output AC: Number of individuals served – cumulative[79] *(Output)*	FY 2016: 61,066	69,930
Output AD: Percent of individuals served that are of a racial/ethnic minority *(Output)*	FY 2016: 23%	Discontinued

Grant Awards Table:

Alzheimer's Disease Supportive Services Grant Awards

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards	9	5
Average Award	$335,414	$751,787
Range of Awards	$276,127-$600,000	$276,127-$600,000

[79] Cumulative count began in 2008.

Resource and Program Data:

Alzheimer's Disease Supportive Services Program
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $
Formula Grants	--	--	--	-
New Discretionary Grants	9	3,019	5	3,759
Continuations Grants	--	--	--	-
Contracts	1	1,565	1	881
Interagency Agreements	--	--	--	-
Program Support /1		216		160
Total Resources		4,800		4,800

1/ Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

Alzheimer's Disease Initiative - Specialized Supportive Services

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alzheimer's Disease Initiative – Services --Prevention Fund	$10,500	$10,500	$0	-$10,500

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended, and the Patient Protection and Affordable Care Act (ACA), Section 4002 [42 U.S.C. 300u-11]

FY 2018 Older Americans Act Authorization ..... No specific authorization

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

Program Description and Accomplishments:

The Alzheimer's Disease Initiative - Specialized Supportive Services (ADI-SSS) was designed to fill gaps in existing dementia-capable home and community-based service (HCBS) systems for persons living with ADRD and their family caregivers. The complexity of care of persons with advanced dementia is defined by the severity of functional and cognitive impairment, reliance on surrogate decision-making, and inability to live alone. This results in tremendous family/caregiver burden.[80] Behavioral symptoms such as repetitive speech, wandering, and sleep disturbances are core clinical features 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.[81]

Enhanced dementia capable HCBS systems designed to meet the needs of formal and informal caregivers of individuals with ADRD is critical to helping these individuals continue to provide care. The ADI-SSS has provided funding for the development and implementation of specialized, person-centered services that help individuals remain independent and safe in their communities, while providing much needed supports to their caregivers. Through this program, ACL has worked with public and private entities to identify and address the special needs of persons with ADRD and their caregivers.

[80] 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*.

[81] 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.

In an effort to fill some of the identified gaps in systems that service people with ADRD and their family caregivers, the ADI-SSS program dedicates resources toward the provision of both services and training to targeted special populations. Specifically, the program required that funded programs do at least one of the following:

- Develop and deliver supportive services to persons living alone with ADRD in communities;
- Prepare individuals living with moderate to severe impairment and their caregivers for the future;
- Improve the quality and effectiveness of programs and services provided to aging individuals with intellectual disabilities who have ADRD or who are at high risk of developing ADRD; and
- Deliver behavioral symptom management training and expert consultation to family caregivers.

Funding History:

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

FY 2014 .....$10,500,000
FY 2015 .....$10,500,000
FY 2016 .....$10,500,000
FY 2017 Annualized CR.....$10,500,000
FY 2018 President's Budget $0

Budget Request:

The FY 2018 Budget Request is $0, a decrease of $10,500,000 from the FY 2017 annualized Continuing Resolution level. No funding is requested in FY 2018 for the Alzheimer's Disease Initiative—Specialized Supportive Services (ADI-SSS) program as funding for this and other Alzheimer's programs is being consolidated into one program, the Alzheimer's Disease Program.

Grant Awards Table:

Alzheimer's Disease Initiative – Specialized Supportive Services

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards	11	10
Average Award	$939,167	$995,499
Range of Awards	$800,240 - $1,000,000	$800,240 - $1,000,000

Resource and Program Data:

Alzheimer's Disease Initiative – Specialized Supportive Services
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $
Formula Grants	--	--	--	--
New Discretionary Grants	11	10,331	10	9,955
Continuations Grants	--	--	--	--
Contracts	1	100	2	500
Interagency Agreements	--	--	--	--
Program Support /1		69		45
Total Resources		10,500		10,500

1/ Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

Lifespan Respite Care

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Lifespan Respite Care	$3,360	$3,354	$3,354	--

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

FY 2018 Authorization ..... Expired

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, often for long periods of time and for many years. 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.[82] 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.[83] Respite is second only to direct financial assistance as a key policy priority of surveyed family caregivers.[84] Even though respite services are often the preferred mode of family caregiver support, they are often under-used, difficult to find and access, unaffordable, or in short supply. As a result, nearly 90 percent of family caregivers

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

[83] 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

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

receive no respite at all.[85] 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. [86]

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 of any age with special needs. In particular, this program provides ACL with another 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 lifespan respite care; provide training and support to grantees and state, community, and nonprofit respite care programs; and conduct public information, referral, and education programs on respite care. Since 2009, the Lifespan Respite Care Program has made grants to States to develop, expand, integrate and sustain their respite care systems, and funded a National Technical Assistance Resource Center as follows:

- Three Technical Assistance Resource Center cooperative agreements (the first awarded in FY 2009, the second awarded in FY 2012, and the third awarded in FY 2015) have also afforded the opportunity to provide basic and advanced technical assistance to grantees.

Examples of grantee accomplishments to date include:

- Creation and adoption of statewide respite plans and/or policies to guide further development of respite and caregiver support programs;

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

- 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;

- 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;

- Convening focus groups of respite consumers to inform project activities;

- 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.

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 2014 .....$2,342,000
FY 2015 .....$2,360,000
FY 2016 .....$3,360,000
FY 2017 Annualized CR.....$3,353,613
FY 2018 President's Budget $3,354,000

Budget Request:

The FY 2018 request for Lifespan Respite is $3,354,000, maintaining the annualized FY 2017 Continuing Resolution level. At this level, ACL will continue to make competitive grants available to support a range of possible activities to build or enhance Lifespan Respite Care Programs; further integrate and sustain Lifespan Respite activities into broader long-term services and supports in the State; and/or to 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 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.[87] The resources requested for FY 2018 will be used to address these issues by:

- Expanding and enhancing respite care services to family members;

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

- 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.

ACL will add an additional State to those that we have already worked with to date to continue and expand infrastructure development, recruitment, and training of respite providers and volunteers, thus reducing the percentages of caregivers who do not have access to or use respite.

Output Table:

Lifespan Respite Care

Indicator	**Year and Most Recent Result /**	**FY 2017 Projection**	**FY 2018 Projection**	**FY 2018 Projection +/-FY 2017 Projection**
Output AJ: The number of states that have participated in the Lifespan Respite Care program. *(Output)*	FY 2016: 36	37	38	+1

Grant Awards Table:

Lifespan Respite Care Grant Awards

	FY 2016 Final	**FY 2017 Annualized CR**	**FY 2018 President's Budget**
Number of Awards	25	18	18
Average Award	$130,312	$180,530	$180,530
Range of Awards	$73,668 - $243,042	$73,638 - $243,042	$73,638 - $243,042

Resource and Program Data:

Lifespan Respite Care Program
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	--	--	--
New Discretionary Grants	8	1,156	17	3,011	2	400
Continuations Grants	17	2,101	1	239	16	2,850
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1		102		104		104
Total Resources		3,360		3,354		3,354

1/ Program Support -- Includes funds for statutory requirements, grant systems and review costs, overhead and information technology support costs.

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. While there is no single set of national elder abuse prevalence data, evidence indicates that the number of reported cases of elder abuse, neglect, and exploitation are on the rise. A 2004 national survey of State Adult Protective Services (APS) programs conducted by AoA's National Center on Elder Abuse showed a 16 percent increase in the number of elder abuse cases from an identical study conducted in 2000.[88] 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.[89] Consistent with these earlier findings, 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.[90]

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.[91] Additional adverse health impacts include an increased likelihood of heart attacks, dementia, depression, chronic diseases, and psychological distress. The result of these unnecessary health problems is a growing number of seniors who access the healthcare system more frequently (including emergency room visits and hospital admissions), and are ultimately forced to leave their homes and communities prematurely.[92] 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.

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[88] Teaster, Pamela, et al. The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older.

[89] Tatara, Toshio, et al. The National Elder Abuse Incidence Study Final Report. 1998.

[90] Beach SR, Schulz R, Castle NG, Rosen J. Financial Exploitation and Psychological Mistreatment Among Older Adults: Differences Between African Americans and Non-African Americans in a Population-Based Survey. Gerontologist 2010.

Acierno R, Hernandez MA, Amstadter AB, Resnick HS, Steve K, Muzzy W et al. 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 2010; 100(2):292-297

[91] Lachs, M.S., Williams, C.S., O'Brien, S., Pillemer, K.A., & Charlson, M.E. (1998). "The Mortality of Elder Mistreatment." JAMA. 280: 428-432. and Baker, M.W. (2007). "Elder Mistreatment: Risk, Vulnerability, and Early Mortality." Journal of the American Psychiatric Nurses Association, Vol. 12, No. 6, 313-321.

[92] Lachs M. S., Williams C., O'Brien S., Hurst L., Kossack A., Siegal A., et al. (1997). "ED use by older victims of family violence." Annals of Emergency Medicine. 30:448-454.

The total FY 2018 program level request for Protection of Vulnerable Adults is $50,470,000, maintaining the annualized 2017 Continuing Resolution level. For FY 2018, specific program requests include:

- $15,855,000 for the Long-Term Care Ombudsman Program, maintaining the annualized FY 2017 Continuing Resolution level. This consumer advocacy program improves the quality of care for the residents of long-term care facilities in all states.

- $4,764,000 for Prevention of Elder Abuse and Neglect, maintaining the annualized FY 2017 Continuing Resolution level. This program provides formula grants to states to train, educate, and promote public awareness of elder abuse prevention efforts.

- $18,000,000 for the Health Care Fraud and Abuse Control/Senior Medicare Patrol Program (HCFAC/SMP), the same level of funding that was available in FY 2017. 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.

- $11,851,000 for Elder Rights Support Activities, maintaining the annualized FY 2017 Continuing Resolution level. Funds will support the implementation of a nationwide Adult Protective Services data system, and fund research and evaluation activities. This program also provides funding for resource centers and activities that provide information, training, and technical assistance on elder rights issues to the national Aging Services Network.

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

Long-Term Care Ombudsman Program

	FY 2016 Final	FY 2017 Enacted	FY 2018 President's Budget	FY 2018 +/- FY 2017
Long-Term Care Ombudsman Program	$15,885	$15,855	$15,855	--

Authorizing Legislation: Section 712 of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization.....$16,621,101

Allocation Method ..... Formula Grants

Program Description and Accomplishments:

The Long-Term Care (LTC) Ombudsman Program is a consumer advocacy program that improves the quality of life and quality of care for the estimated 3 million individuals who reside in over 71,000 long-term care facilities.[93] Formula grants to states and territories based on the number of individuals age 60 and older provide funding for the training, travel, and other operating costs of nearly 9,500 ombudsmen (both staff and designated volunteers) who resolve complaints with and on behalf of these residents, advocate for systemic improvement of long-term services and supports, and routinely monitor 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, 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.

Much of the efficiency of the ombudsman program is due to a strong reliance on volunteers who make up the bulk of those who resolve resident issues.[94] All but three states have volunteer ombudsman programs. These trained and designated volunteer ombudsmen donated over 786,861 hours in FY 2014. In FY 2015, output data for the Long-Term Care Ombudsman

[93] National Ombudsman Reporting System (NORS) – Federal Fiscal 2014.
[94] 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.

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:

- 1,294 paid and 8,155 designated volunteer ombudsmen regularly visited residents in over 27,500 facilities, more than 69 percent of all nursing home facilities and nearly 29 percent of all licensed board and care facilities (Output S). At least another 4,000 volunteers support these paid staff and volunteer ombudsmen.

- Ombudsmen investigated and worked to resolve over 199,000 complaints (Output Q).

- Ombudsmen provided 520,000 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).

Today's landscape is changing, however, as individuals in need of long-term services and supports are increasingly choosing to live in community settings. Encouraging community living has been supported by a number of Federal and State policies promoting alternatives to nursing homes and other institutional settings that recognize the value of consumer preference and the potential fiscal savings that can result.

The move to re-balance and thereby give consumers more community living options has been driven by a variety of Federal laws and initiatives, including 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.

Funding History:

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

FY 2014 .....$15,885,000
FY 2015 .....$15,885,000
FY 2016 .....$15,885,000
FY 2017 Annualized CR.....$15,854,803
FY 2018 President's Budget $15,855,000

Budget Request:

The FY 2018 request for the LTC Ombudsman Program is $15,855,000, maintaining the FY 2017 Annualized Continuing Resolution level. Funds will continue to support the existing infrastructure and activities of the Ombudsman program. With the senior population continuing to grow, the need for safe, high-quality long-term care services (including non-nursing home alternatives) continues to increase, 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 has consistently remained near 75 percent,[95] demonstrating both the efficiency of the program and its ability to produce positive outcomes for residents. The FY 2015 average number of complaints per facility, at 2.6, exceeds the target of 2.8. Outcome 2.14 targets a decrease in complaints that the program was unable to resolve to the satisfaction of the resident.

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

[95] National Ombudsman Reporting System (NORS) 2014 – Complaint resolution: 11% needing no further action; 4% withdrawn; 4.5% not resolved to the satisfaction of the resident; 5% referred to other agency for resolution.

Outcomes and Outputs Table:

Long-Term Care Ombudsman Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 Target
2.12 Decrease the average number of complaints per LTC facility. (Outcome)	FY 2015: 2.6 Target: 2.8 (Target Exceeded)	2.8	2.6	-0.2
2.14 Decrease the number of complaints not resolved to the satisfaction of the resident. (Outcome)	FY 2015: 8,968 Target: 9,700 (Target Exceeded)	9,000	9,000	Maintain

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
Output Q: The Number of Complaints *(Output)*	FY 2015: 199,238	190,000	190,000	Maintain
Output R: Number of Ombudsman Consultations *(Output)*	FY 2015: 520,270	480,000	470,000	-10,000
Output S: Facilities regularly visited not in response to a complaint *(Output)*	FY 2015: 27,559	27,500	27,500	Maintain

Grant Awards Table:

Long-Term Care Ombudsman Program Formula Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	56	56	56
Average Award	$282,815	$280,290	$280,294
Range of Awards	$9,899 - $1,652,022	$9,810 - $1,646,421	$9,810 - $1,646,438

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING
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FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY2017
Alabama	242,979	239,577	239,580	3
Alaska	79,188	78,481	78,482	1
Arizona	341,592	341,910	341,915	5
Arkansas	150,054	147,456	147,458	2
California	1,652,022	1,646,421	1,646,438	17
Colorado	232,138	232,343	232,346	3
Connecticut	181,295	178,270	178,273	3
Delaware	79,188	78,481	78,482	1
District of Columbia	79,188	78,481	78,482	1
Florida	1,174,335	1,172,212	1,172,227	15
Georgia	419,583	418,808	418,813	5
Hawaii	79,188	78,481	78,482	1
Idaho	79,188	78,481	78,482	1
Illinois	591,835	582,547	582,555	8
Indiana	311,457	307,221	307,225	4
Iowa	159,800	157,310	157,312	2
Kansas	136,554	134,753	134,755	2
Kentucky	216,495	213,455	213,457	2
Louisiana	211,605	209,723	209,725	2
Maine	79,979	78,855	78,855	-
Maryland	273,601	271,331	271,334	3
Massachusetts	332,779	329,115	329,120	5
Michigan	506,430	499,612	499,619	7
Minnesota	259,171	256,995	256,998	3
Mississippi	140,908	138,858	138,860	2
Missouri	303,802	299,248	299,252	4
Montana	79,188	78,481	78,482	1
Nebraska	89,107	88,000	88,001	1
Nevada	132,389	132,897	132,899	2
New Hampshire	79,188	78,481	78,482	1

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	428,510	422,287	422,292	5
New Mexico.....	102,848	101,830	101,831	1
New York.....	946,796	930,810	930,822	12
North Carolina.....	479,251	476,251	476,257	6
North Dakota.....	79,188	78,481	78,482	1
Ohio.....	591,501	582,413	582,420	7
Oklahoma.....	183,378	180,686	180,688	2
Oregon.....	210,638	209,661	209,664	3
Pennsylvania.....	691,335	679,603	679,612	9
Rhode Island.....	79,188	78,481	78,482	1
South Carolina.....	249,369	248,922	248,925	3
South Dakota.....	79,188	78,481	78,482	1
Tennessee.....	323,243	319,700	319,704	4
Texas.....	1,039,705	1,039,061	1,039,074	13
Utah.....	98,530	98,713	98,714	1
Vermont.....	79,188	78,481	78,482	1
Virginia.....	379,896	377,374	377,379	5
Washington.....	332,901	332,711	332,715	4
West Virginia.....	107,667	105,275	105,276	1
Wisconsin.....	289,528	286,521	286,525	4
Wyoming.....	79,188	78,481	78,482	1
Subtotal, States.....	15,545,262	15,410,507	15,410,699	192
American Samoa.....	9,899	9,810	9,810	-
Guam.....	39,594	39,241	39,241	-
Northern Mariana Islands...	9,899	9,810	9,810	-
Puerto Rico.....	193,417	187,646	187,649	3
Virgin Islands.....	39,594	39,241	39,241	-
Subtotal, States and Territories	15,837,665	15,696,255	15,696,450	195
Program Support 1/.....	47,335	158,548	158,550	2
TOTAL.....	**15,885,000**	**15,854,803**	**15,855,000**	**197**

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

Prevention of Elder Abuse and Neglect

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Prevention of Elder Abuse & Neglect…..	$4,773	$4,764	$4,764	--

Authorizing Legislation: Section 702 (b) of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization.....$4,994,178

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 for training State and local officials and promoting 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 2014, over $30 million of the Elder Abuse Prevention services expenditures was leveraged from non-OAA funds, a ratio of approximately $6.50 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 utilizes 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 2014	$4,773,000
FY 2015	$4,773,000
FY 2016	$4,773,000
FY 2017 Annualized CR	$4,763,927
FY 2018 President's Budget	$4,764,000

Budget Request:

The FY 2018 request for the Prevention of Elder Abuse and Neglect program is $4,764,000, maintaining the FY 2017 Annualized Continuing Resolution level. The FY 2018 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 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 which seek to improve upon ACL's successful elder rights programs, including the Prevention of Elder Abuse and Neglect program. These programs support a full array of services to protect elder rights and prevent, detect, and respond to elder abuse, neglect, and exploitation. Prevention of Elder Abuse and Neglect programs complement Adult Protective Services by funding the infrastructure on which best practices may be developed and evaluated. Past examples of efforts undertaken by states include creation of informational cards for law enforcement officers to provide crucial resource information to victims of elder abuse, training to

first responders, and community-based multidisciplinary teams that serve in a technical advisory role to elder abuse prevention agencies throughout a state.

Output Table:

Prevention of Elder Abuse and Neglect

Indicator	**Year and Most Recent Result /**	**FY 2017 Projection**	**FY 2018 Projection**	**FY 2018 Projection +/-FY 2017 Projection**
Output U: Elder Abuse prevention non-OAA service expenditures *(Output, dollars in thousands)*	FY 2015: $31,749	$32,400	$32,700	+300

Grant Awards Table:

Prevention of Elder Abuse, Neglect, and Exploitation Grant Awards

	FY 2016 Final	**FY 2017 Annualized CR**	**FY 2018 Request**
Number of Awards	56	56	56
Average Award	$84,855	$84,500	$84,500
Range of Awards	$2,970 - $471,073	$2,958 - $471,073	$2,958 - $471,073

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	76,215	76,215	76,215	-
Alaska	23,759	23,660	23,660	-
Arizona	86,912	81,500	81,500	-
Arkansas	48,157	48,157	48,157	-
California	471,073	471,073	471,073	-
Colorado	59,061	56,082	56,082	-
Connecticut	59,907	59,907	59,907	-
Delaware	23,759	23,660	23,660	-
District of Columbia	23,759	23,660	23,660	-
Florida	344,252	344,252	344,252	-
Georgia	106,751	103,321	103,321	-
Hawaii	23,759	23,660	23,660	-
Idaho	23,759	23,660	23,660	-
Illinois	197,384	197,384	197,384	-
Indiana	98,224	98,224	98,224	-
Iowa	55,927	55,927	55,927	-
Kansas	45,843	45,843	45,843	-
Kentucky	66,595	66,595	66,595	-
Louisiana	68,518	68,518	68,518	-
Maine	23,759	23,660	23,660	-
Maryland	78,087	78,087	78,087	-
Massachusetts	109,606	109,606	109,606	-
Michigan	160,862	160,862	160,862	-
Minnesota	76,347	76,347	76,347	-
Mississippi	45,198	45,198	45,198	-
Missouri	97,643	97,643	97,643	-
Montana	23,759	23,660	23,660	-
Nebraska	29,770	29,770	29,770	-
Nevada	33,682	27,629	27,629	-
New Hampshire	23,759	23,660	23,660	-

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	143,950	143,950	143,950	-
New Mexico.....	26,393	26,393	26,393	-
New York.....	318,066	318,066	318,066	-
North Carolina.....	126,782	126,782	126,782	-
North Dakota.....	23,759	23,660	23,660	-
Ohio.....	197,185	197,185	197,185	-
Oklahoma.....	60,208	60,208	60,208	-
Oregon.....	56,795	56,795	56,795	-
Pennsylvania.....	242,944	242,944	242,944	-
Rhode Island.....	23,759	23,660	23,660	-
South Carolina.....	63,445	63,080	63,080	-
South Dakota.....	23,759	23,660	23,660	-
Tennessee.....	91,810	91,810	91,810	-
Texas.....	274,281	274,281	274,281	-
Utah.....	25,068	24,837	24,837	-
Vermont.....	23,759	23,660	23,660	-
Virginia.....	102,820	102,820	102,820	-
Washington.....	86,291	86,291	86,291	-
West Virginia.....	36,736	36,736	36,736	-
Wisconsin.....	90,309	90,309	90,309	-
Wyoming.....	23,759	23,660	23,660	-
Subtotal, States.....	4,667,964	4,648,207	4,648,207	-
American Samoa.....	2,970	2,958	2,958	-
Guam.....	11,880	11,830	11,830	-
Northern Mariana Islands...	2,970	2,958	2,958	-
Puerto Rico.....	54,217	54,217	54,217	-
Virgin Islands.....	11,880	11,830	11,830	-
Subtotal, States and Territories	4,751,881	4,732,000	4,732,000	-
Program Support 1/.....	21,119	31,927	32,000	73
TOTAL.....	**4,773,000**	**4,763,927**	**4,764,000**	**73**

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

Health Care Fraud and Abuse Control/Senior Medicare Patrol Program

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
Senior Medicare Patrol Program 1/.	$18,000	$18,000	$18,000	--
FTE 2/……	6	5	7	+2

Authorizing Legislation: Sections 201, 202, and 411 of the Older Americans Act of 1965, as amended.

FY 2018 Older Americans Act Authorization ..... Authorized—No Specific Amount

Allocation Method .....Competitive Grant

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 beneficiaries of Medicare and Medicaid 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 2016 shows that the 53 Senior Medicare Patrol projects:

- Maintained 6,157 active SMP team members who worked over 413,395 hours to educate beneficiaries about how to prevent Medicare fraud, errors and abuse;
- Educated 1,498,213 individuals during 26,307 group outreach and education events; and,
- Responded to 187,705 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 35.6 million beneficiaries through 360,973 group outreach and education events and assisted approximately 2.5 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 $124 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 $3.4 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 Consumer Protection Technical Resource Center.

Funding History:

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

FY 2014 .....$15,479,000
FY 2015 .....$17,620,000
FY 2016 .....…….$18,000,000
FY 2017 ..... $18,000,000
FY 2018 President's Budget $18,000,000

Budget Request:

The FY 2018 Budget includes a place holder of $18 million for the HCFAC/SMP program pending a final decision by the Secretary. Since FY 2016, appropriations language has charged the Secretary to fully fund the program at a level determined by the Secretary out of discretionary appropriations from the HCFAC account within the Centers for Medicare & Medicaid Services (CMS). In FY 2018, CMS plans to continue to support the SMP program and is requesting to change the appropriations language to provide the Secretary of HHS with greater flexibility in determining the funding amount and sources of funding (e.g. HCFAC mandatory or discretionary account) that this activity can be funded from.

Since the Senior Medicare Patrol program's inception, SMP projects have received more than 35,000 complex issues (complaints) from Medicare beneficiaries who have detected billing errors, potential fraud, or other discrepancies. SMPs also have educated over 6.6 million beneficiaries in group or one-on-one counseling sessions and have reached more than 30 million people through 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.

However, the impact of these education and prevention activities is extremely difficult to quantify in dollars and cents. As HHS-OIG indicated in their June 2016 report on the SMP program:

> *"We continue to emphasize 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 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 the Centers for Medicare & Medicaid Services (CMS) and the HHS Office of Inspector General (HHS-OIG), it is difficult to track the actions (investigation, prosecution, collection) required to calculate the full savings to the government as a result of SMP referrals. All of these factors hinder the program's ability to measure the extent and cost of fraud and abuse.

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.

Despite the factors that have limited ACL's ability to quantify the value of the SMP program in preventing, identifying, and reporting health care fraud, HHS-OIG has documented over $124.6 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 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
Output W: Beneficiaries Educated and Served *(Output)*	CY 2016: 703,482	740,000	775,000	+35,000

Grant Awards Table:

Senior Medicare Patrol Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	54	56	56
Average Award	$284,902	$277,015	$277,015
Range of Awards	$95,831-$640,000	$95,831-$640,000	$95,831-$640,000

Resource and Program Data:

Senior Medicare Patrols
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	--	--	--
New Discretionary Grants	--	--	3	768	53	14,745
Continuations Grants	54	15,385	53	14,745	3	768
Contracts	2	729	3	821	3	821
Interagency Agreements	--	--	--	--	--	--
Program Support 1/		1,886		1,666		1,666
Total Resources 2/		18,000		18,000		18,000

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

2/ No discretionary budget authority funding is requested by ACL for the Senior Medicare Patrol program in FY 2018. Since FY 2016, based on FY 2016 appropriations language, SMP funding levels are determined by the Secretary of HHS, and made available from discretionary appropriations for the HCFAC account within the Centers for Medicare & Medicaid Services (CMS).

Elder Rights Support Activities

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
Elder Rights Support Activities	$11,784	$11,851	$11,851	--

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

FY 2018 Older Americans Act Authorization.....$11,083,873

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

Program Description and Accomplishments:

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

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

To combat the rising scourge of elder abuse, neglect, and exploitation in America, ACL's goal is to put in place, in coordination with the Elder Justice Coordinating Council, a comprehensive system to provide a coordinated and seamless response for helping adult victims of abuse, to prevent abuse before it happens, and to develop new and innovative approaches to preventing, detecting, and responding to abuse, neglect, and exploitation. 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 just beginning. Historically, an absence of federal stewardship in APS has led to inconsistent data systems and non-uniform reporting requirements at the national level, and prevented APS programs from evaluating their services or conducting meaningful program evaluations. 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 chronic underfunding, unprecedented budget reductions, and increasing caseloads and have impaired States' ability to assess client outcomes and the effectiveness of the services they are providing.[96] 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 FY 2016, states 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. The APS program supports states by providing significant, on-going technical assistance to identify promising and best practices, participate in national APS data collection efforts; and conduct research and evaluations to increase the knowledge base about effective APS programming and 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.

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:

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[96] 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 three 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; and furthering Federal efforts to support consumer choice and access to alternatives to nursing home care. 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 utilization (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 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/disability and elder rights networks. These linkages include Areas 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/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 new projects support outreach efforts and implement legal data collection/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/disability services networks. Through this funding, the National Legal Resource Center (NLRC) supports the leadership, knowledge, and systems capacity development of legal and aging provider organizations. The NLRC 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 NLRC includes a broad range of legal, elder rights, and aging/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:

FY 2014 .....$3,845,000
FY 2015 .....$7,874,000
FY 2016 .....$11,874,000
FY 2017 Annualized CR.....$11,851,428
FY 2018 President's Budget $11,851,000

Budget Request:

The FY 2018 request for the four Elder Rights Support Activities is $11,851,000, maintaining the 2017 Annualized Continuing Resolution level.

Elder Justice/Adult Protective Services:

The FY 2018 request for Elder Justice/Adult Protective Services is $7,985,000, maintaining the FY 2017 Annualized Continuing Resolution level. This request reflects ACL's continuing commitment to supporting and integrating State APS systems, as well as coordinating services related to elder abuse, neglect, and exploitation across the Federal government. With the FY 2018 request ACL will:

Provide Demonstration Grants to Enhance State APS Systems: As recommended by the GAO, ACL, in partnership with ASPE, created a technology infrastructure for a national APS data collection system, the National Adult Maltreatment Reporting System (NAMRS). The NAMRS tool is a process where all states can voluntarily report data collected through APS investigations. In FY 2018 ACL will continue to provide grants to support State's efforts to participate in NAMRS.

Operate and Maintain NAMRS and Provide Technical Assistance: GAO recommended significant, on-going technical assistance to states to facilitate their participation in a national APS data collection effort. In FY 2018 ACL will continue to support the operations and maintenance of the NAMRS system as well provide technical assistance to State's in their use of the NAMRS system.

Advance Research on Elder Abuse: Research in the area of elder abuse, neglect, and exploitation is still in its infancy, with little known about risk and protective factors for being a victim or perpetrator, nor about effective and evidence-based prevention, intervention, and remediation practices. Further research is also needed regarding the impacts of elder abuse on health and long-term care systems and on the costs of care. This fundamental research work is needed to develop credible benchmarks for elder abuse, neglect, and exploitation prevention or control. In FY 2018 ACL will continue to invest in areas that build the foundational knowledge essential for understanding the problem and the best ways to prevent and address it.

Program Implementation and Oversight: support salaries and overhead costs for staff totaling 2.7 FTE carrying out the Elder Justice initiative and supporting the ongoing work of the EJCC.

Other Elder Rights Support Activities:

The FY 2018 request for the remaining three Elder Rights Support Activities is $3,866,000 in total, maintaining the annualized FY 2017 Continuing Resolution levels for these activities. This

would essentially maintain current funding levels for Legal Assistance and Support activities (Statewide Model Approaches and Legal Assistance programs), the National Center on Elder Abuse, and the National Long-Term Care Ombudsman Resource Center.

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 a critical component 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. Continued support for these programs and resource centers will provide the best and most efficient services and supports possible to support 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 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Elder Justice & APS	$8,000	$7,985	$7,985
Legal Assistance and Support	$2,593	$2,587	$2,587
National Center on Elder Abuse	$765	$764	$764
LTC Ombudsman Resource Center	$516	$515	$515
Total, Elder Rights Support Activities	$11,874	$11,851	$11,851

Grant Awards Table:

Elder Rights Support Activities Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	35	31	31
Average Award	$265,142	$270,490	$270,490
Range of Awards	$70,312 - $723,752	$70,312 - $723,752	$70,312 - $723,752

Resource and Program Data:

Elder Rights Support Activities
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	--	--	--
New Discretionary Grants	11	2,253	2	1,266	21	5,870
Continuations Grants	24	7,027	29	7,119	10	2,515
Contracts	5	2,297	4	2,635	4	2,635
Interagency Agreements	--	--	--	--	--	--
Program Support 1/	--	297		831		831
Total Resources		11,874		11,851		11,851

1/ Program Support -- Includes funds for grant systems and review and information technology support costs.

Disability Programs, Research, and Services

SUMMARY OF REQUEST

Disability Programs, Research, 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 increased self-determination, independence, productivity, integration, and inclusion of such individuals in all facets of community life.

The total FY 2018 request for Disability Programs, Research, and Services is $306,251,000, a reduction of -$78,353,474 below the annualized FY 2017 Continuing Resolution level. For FY 2018, specific program requests include:

- $45,000,000 in first-time funding for a new grant program, Partnerships for Innovation, Inclusion and Independence (PIII). This program would align three existing programs – State Councils on Developmental Disabilities, Independent Living State Grants that support State Independent Living Councils, and State Advisory Boards on Traumatic Brain Injury which support TBI State Implementation Partnership Grants – which have similar features and functions into one program with the primary function of serving as the statewide cross-disability partnership with members appointed by the Governor. The new Cross-Disability State Councils established under the PIII program will continue to engage in advocacy, capacity building and systems change to enhance the availability, quality and coordination of services and supports for persons with all types of significant disabilities and their families, while placing greater emphasis on supporting delivery of services that help to achieve independence, productivity, integration, self-determination and inclusion in the community.

- No funding is requested for State Councils on Developmental Disabilities (SCDD), whose functions would be folded into the proposed new Partnerships for Innovation, Inclusion and Independence to provide a statewide cross-disability partnership supporting individuals with all types of significant disabilities in each state and territory.

- $38,660,000 for Developmental Disability Protection and Advocacy systems, maintaining the annualized FY 2017 Continuing Resolution level. Protection and Advocacy systems in each state and territory protect the legal and human rights of all people with developmental disabilities, and have the authority to pursue legal, administrative and other appropriate remedies or approaches, including the authority to investigate incidents of abuse and neglect.

- $38,546,000 for University Centers for Excellence in Developmental Disabilities (UCEDDs), maintaining the annualized FY 2017 Continuing Resolution level. UCEDDs in each state and territory undertake interdisciplinary pre-service training, community services, research, and information dissemination activities that promote opportunities for people with developmental disabilities to exercise self-determination and to be independent, productive, integrated, and included in the community.

- $7,600,000 for Projects of National Significance, a reduction of -$2,380,990 below the annualized FY 2017 Continuing Resolution level. Projects of National Significance fund grants, cooperative agreements, and contracts to explore innovative opportunities for individuals with developmental disabilities to directly and fully contribute to, and participate in, all facets of community life.

- $78,156,000 for Independent Living, a reduction of -$22,834,651 below the annualized FY 2017 Continuing Resolution level. No funding is requested for Independent Living State Grants that support State Independent Living Councils (SILC), whose functions would be folded into the proposed new Partnerships for Innovation, Inclusion and Independence to provide a statewide cross-disability partnership supporting individuals with all types of significant disabilities in each state and territory. The request maintains the current funding level for Centers for Independent Living, which provides 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.

- No funding is requested for the Limb Loss Resource Center. Resources for individuals affected by limb loss will continue to be available through other ACL programs, such as Centers for Independent Living and Assistive Technology, which provide resources to people with all types of significant disabilities.

- No funding is requested for the Paralysis Resource Center. Resources for individuals living with paralysis will continue to be available through other ACL programs, such as Centers for Independent Living and Assistive Technology, which provide resources to people with all types of significant disabilities.

- $3,162,000 for the Traumatic Brain Injury (TBI) program, a reduction of -$6,141,281 below the annualized FY 2017 Continuing Resolution level. No funding is requested for the State Advisory Boards, the State Implementation Partnership Grants they support or for related administrative expenses. These functions would be folded into the proposed new Partnerships for Innovation, Inclusion and Independence to provide a statewide

cross-disability partnership supporting individuals with all types of significant disabilities in each state and territory. TBI Protection and Advocacy activities will continue to be maintained at the annualized FY 2017 Continuing Resolution level.

- $95,127,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), a reduction of -$8,645,353 below the annualized FY 2017 Continuing Resolution level.

Partnerships for Innovation, Inclusion and Independence

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
Partnerships for Innovation, Inclusion and Independence	$0	$0	$45,000	+$45,000

Authorizing Legislation:

FY 2018 .....$45,000,000

Allocation Method .....Formula Grant

Program Description and Accomplishments:

The Partnerships for Innovation Inclusion and Independence is a new program that consolidates: State Councils on Developmental Disabilities, Independent Living State Grants and Traumatic Brain Injury-State Implementation Partnership Grants. The consolidation would allow States, on behalf of all persons with any type of significant disability, to create a single cross-disability State Council to engage in capacity building, advocacy and systems change to enhance the availability, quality and coordination of services and supports that these individuals and their families use to achieve independence, productivity, integration, self-determination and inclusion in the community.

The PIII program would align similar features and functions from the consolidated State council activities into one program. Each State council would include:

- Members appointed by the Governor
- Strategic priority setting based on data driven planning
- Implementing change based on the strategic priority setting
- Meaningful engagement with individuals with disabilities and their families
- Seeding innovation to promote systems change and build capacity
- Enhancing the availability, quality and coordination of services and supports persons with significant disabilities and their families rely on to lead full lives in the community.

Implementation activities would include: independent and other community living services and supports to individuals with significant disabilities; leadership development; system change; training and technical assistance; and outreach to unserved and underserved populations.

Funding History:

This is the first year funding is requested for Partnerships for Innovation, Inclusion and Independence:

FY 2014 .....$0
FY 2015 .....$0
FY 2016 .....$0
FY 2017 Annualized CR.....$0
FY 2018 President's Budget $45,000,000

Budget Request:

The budget request for FY 2018 includes $45,000,000 in first-time funding for a new grant program, Partnerships for Innovation, Inclusion and Independence (PIII). This program would align three existing programs with similar features and functions into one program.

The Partnership Grants will allow ACL to reduce duplication and overlap, and to more efficiently serve individuals with developmental disabilities, traumatic brain injury and other significant disabilities. Under Partnerships for Innovation, Inclusion and Independence, a single grant will be made to one primary designated entity to support a single Statewide Cross-Disability Council appointed by the State's Governor. The new Cross-Disability State Councils established under the PIII program will continue to engage in advocacy, capacity building and systems change to enhance the availability, quality and coordination of services and supports that persons with all types of significant disabilities and their families use to achieve independence, productivity, integration, self-determination and inclusion in the community.

By funding a single entity, the PIII program will support states and territories in building and organizing systems change efforts aimed at turning fragmented approaches into innovative and cost-effective strategies that lead to greater independence and integration within the community--for people with all types of significant disabilities and their families. The grants will also seek to enhance current services and supports available in the State.

ACL looks forward to working with Congress on the development of authorization language for this new program.

Grant Awards Tables:

Partnerships for Innovation, Inclusion, and Independence

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	NA	NA	56
Average Award	NA	NA	$803,571
Range of Awards	NA	NA	$250,000 - $4,510,381

State Councils on Developmental Disabilities

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
State Councils on Developmental Disabilities	$73,000	$72,861	$0	-$72,861

Authorizing Legislation: Section 129(a) of the Developmental Disabilities Assistance and Bill of Rights Act

FY 2018 Developmental Disabilities Assistance and Bill of Rights Act Authorization .....Expired

Allocation Method .....Formula Grant

Program Description and Accomplishments:

State Councils on Developmental Disabilities (SCDD) are charged with identifying the most pressing needs of people with developmental disabilities in their state and territory. Established in 1970, SCDDs work to set priorities and pursue systems change efforts designed to turn fragmented approaches into a comprehensive and effective statewide, person-centered and family-centered system that provides a coordinated array of culturally-competent services and other forms of assistance for people with developmental disabilities and their families.

SCDDs do not provide services directly, but rather examine and conduct in-depth analysis of the quantity and quality of services and supports that are provided at the state and local level. Each SCDD develops a strategic state plan based on their analysis, 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.

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 2014 .....$70,692,000
FY 2015 .....$71,692,000
FY 2016 .....$73,000,000
FY 2017 Annualized CR.....$72,861,227
FY 2018 President's Budget $0

Budget Request:
The FY 2018 Budget Request is $0, a decrease of -$72,861,227 from the FY 2017 Annualized Continuing Resolution level. ACL proposes to consolidate State Councils on Developmental Disabilities and the parts of the other ACL programs that provide support for these separate Councils and Boards and to replace them with one, new cross-disability council which would operate in each state and territory. Please refer to the Partnerships for Innovation, Inclusion and Independence section for more information.

Outputs and Outcomes Table:

State Councils on Developmental Disabilities

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2017 Target**
8.1LT and 8A Increase the percentage of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community. (Outcome)	FY 2015: 14.88% Target: 14.59% (Target Exceeded)	Prior Result + 0.1%
8E Increase the number of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community per $1,000 of federal funding to the Councils. (Efficiency)	FY 2015: 9.92 Target: 9.83 (Target Exceeded)	Prior Result + 1%

Indicator	Year and Most Recent Result /	FY 2017 Projection
8i: Number of individuals with developmental disabilities reached by the Councils who are independent, self-sufficient and integrated into the community. *(Output)*	FY 2015: 743,763	N/A
8ii: Number of all individuals trained by the Councils. *(Output)*	FY 2015: 390,068	N/A

Grant Awards Tables:

State Councils on Developmental Disabilities Grant Awards

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards	56	56
Average Award	$1,303,571	$1,301,093
Range of Awards	$253,882 - $6,543,380	$253,352 - $6,529,688

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR
Alabama	1,294,230	1,291,524
Alaska	487,511	486,491
Arizona	1,415,169	1,412,210
Arkansas	772,804	771,188
California	6,543,380	6,529,688
Colorado	882,984	881,156
Connecticut	688,823	687,384
Delaware	487,511	486,491
District of Columbia	487,511	486,491
Florida	3,664,684	3,657,026
Georgia	2,070,716	2,066,386
Hawaii	487,511	486,491
Idaho	487,511	486,491
Illinois	2,624,831	2,619,340
Indiana	1,488,546	1,485,432
Iowa	774,177	772,556
Kansas	614,589	613,304
Kentucky	1,201,176	1,198,664
Louisiana	1,375,723	1,372,848
Maine	487,511	486,491
Maryland	1,008,160	1,006,052
Massachusetts	1,365,884	1,363,028
Michigan	2,543,752	2,538,432
Minnesota	1,025,295	1,023,152
Mississippi	914,238	912,326
Missouri	1,367,975	1,365,116
Montana	487,511	486,491
Nebraska	487,511	486,491
Nevada	541,498	540,366
New Hampshire	487,511	486,491

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR
New Jersey.....	1,553,320	1,550,072
New Mexico.....	490,241	489,214
New York.....	4,101,074	4,092,498
North Carolina.....	2,020,953	2,016,728
North Dakota.....	487,511	486,491
Ohio.....	2,846,721	2,840,766
Oklahoma.....	897,250	895,374
Oregon.....	781,292	779,658
Pennsylvania.....	3,026,521	3,020,190
Rhode Island.....	487,511	486,491
South Carolina.....	1,097,001	1,094,706
South Dakota.....	487,511	486,491
Tennessee.....	1,461,395	1,458,340
Texas.....	4,813,917	4,803,850
Utah.....	635,274	633,944
Vermont.....	487,511	486,491
Virginia.....	1,501,929	1,498,790
Washington.....	1,170,579	1,168,132
West Virginia.....	739,342	737,796
Wisconsin.....	1,311,944	1,309,200
Wyoming.....	487,511	486,491
Subtotal, States.....	69,452,541	69,307,310
American Samoa.....	253,882	253,352
Guam.....	253,882	253,352
Northern Mariana Islands...	253,882	253,352
Puerto Rico.....	2,506,931	2,501,688
Virgin Islands.....	253,882	253,352
Subtotal, States and Territories	72,975,000	72,822,406
Program Support 1/.....	25,000	38,821
TOTAL.....	**73,000,000**	**72,861,227**

1/ Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

Developmental Disabilities – Protection and Advocacy

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
DD – Protection and Advocacy	$38,734	$38,660	$38,660	--

Authorizing Legislation: Section 145 of the Developmental Disabilities Assistance and Bill of Rights Act

FY 2018 Developmental Disabilities Assistance and Bill of Rights Act Authorization .....Expired

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Established in 1975, Developmental Disabilities Protection and Advocacy (P&As) programs provide a range of legal services to traditionally unserved or underserved individuals with developmental disabilities to ensure 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 in support of community living. The number of people with intellectual and developmental disabilities receiving Home and Community-Based waiver services has steadily

increased.[97] 86 percent of the P&A clients 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) that is also supported by ACL. There is also a growing federal awareness and response to the uncharted area of abuse, neglect and exploitation of older adults, and persons with disabilities. P&As and LTCOP's will increasingly need to have the capacity to address this issue at the same time that 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 2014 .....$38,634,000
FY 2015 .....$38,734,000
FY 2016 .....$38,734,000
FY 2017 Annualized CR.....$38,660,367
FY 2018 President's Budget $38,660,000

Budget Request:

The FY 2018 request for the Developmental Disabilities Protection and Advocacy program is $38,660,000, maintaining the annualized FY 2017 Continuing Resolution 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 critical role in ensuring that people with developmental disabilities are free of abuse and neglect. People with developmental disabilities,

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

including children, are at increased risk of experiencing abuse and neglect.[98] The 57 P&As stay at the forefront of these issues. P&As maintain a presence in facilities that care for people with disabilities, where they monitor, investigate, and attempt to remedy adverse conditions. In FY 2015, 42 percent of the 57 P&As cases remedied complaints of abuse and neglect.

Without the P&A presence, people with developmental disabilities and their families would have limited to no access to cost-effective, low level advocacy and legal interventions. Of the inquiries and issues received by the P&As in FY 2015:

- 39 percent were resolved using short-term assistance strategies;
- 29 percent were addressed through technical assistance in self-advocacy;
- 10 percent involved investigation and monitoring; and
- 13 percent were addressed through negotiation.

[98] 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

Outputs and Outcomes Table:

Developmental Disabilities Protection and Advocacy

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 Target
8B Increase the percentage of individuals who have their complaint of abuse, neglect, discrimination, or other human or civil rights corrected compared to the total assisted. *(Outcome)*	FY 2015: 86.93% Target: 86.67% (Target Exceeded)	Prior Result + 0.5%	Prior Result + 0.5%	N/A

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
8iii: Number of clients receiving professional individual legal advocacy for the Protection and Advocacy program. *(Output)*	FY 2015: 17,495	N/A	N/A	N/A
8iv: Number of people receiving information and referral from the Protection and Advocacy program. *(Output)*	FY 2015: 44,600	N/A	N/A	N/A

Grant Awards Tables:

Developmental Disabilities – Protection and Advocacy Formula Grant Awards/1

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	57	57	57
Average Award	$665,638	$664,214	$664,208
Range of Awards	$205,808 - $3,239,698	$205,808 - $3,370,139	$205,808 - $3,538,527

1/ Excludes grants to tribal organizations.

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS 2/

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	612,842	581,642	551,293	(30,349)
Alaska	384,693	384,693	384,694	1
Arizona	679,160	694,007	700,141	6,134
Arkansas	396,365	393,107	390,302	(2,805)
California	3,239,698	3,370,139	3,538,527	168,388
Colorado	455,700	463,433	469,709	6,276
Connecticut	384,693	387,066	389,436	2,370
Delaware	384,693	384,693	384,694	1
District of Columbia	384,693	384,693	384,694	1
Florida	1,911,812	1,955,727	1,970,417	14,690
Georgia	1,051,072	1,054,712	1,051,285	(3,427)
Hawaii	384,693	384,693	384,694	1
Idaho	384,693	384,693	384,694	1
Illinois	1,234,045	1,227,475	1,233,879	6,404
Indiana	743,896	713,533	686,489	(27,044)
Iowa	384,693	384,693	384,694	1
Kansas	384,693	384,693	384,694	1
Kentucky	565,714	535,486	508,446	(27,040)
Louisiana	553,812	537,531	524,601	(12,930)
Maine	384,693	384,693	384,694	1
Maryland	468,162	487,728	503,818	16,090
Massachusetts	601,031	603,266	609,268	6,002
Michigan	1,200,501	1,121,786	1,055,934	(65,852)
Minnesota	507,870	502,630	498,663	(3,967)
Mississippi	417,111	409,127	401,669	(7,458)
Missouri	677,427	643,530	614,001	(29,529)
Montana	384,693	384,693	384,694	1
Nebraska	384,693	384,693	384,694	1
Nevada	384,693	384,693	384,694	1
New Hampshire	384,693	384,693	384,694	1

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	732,670	759,096	790,011	30,915
New Mexico.....	384,693	384,693	384,694	1
New York.....	1,779,591	1,802,944	1,836,388	33,444
North Carolina.....	1,088,462	1,063,325	1,034,041	(29,284)
North Dakota.....	384,693	384,693	384,694	1
Ohio.....	1,287,080	1,236,865	1,196,087	(40,778)
Oklahoma.....	400,908	395,437	391,980	(3,457)
Oregon.....	414,158	409,932	405,428	(4,504)
Pennsylvania.....	1,317,038	1,293,555	1,280,064	(13,491)
Rhode Island.....	384,693	384,693	384,694	1
South Carolina.....	573,200	551,223	526,434	(24,789)
South Dakota.....	384,693	384,693	384,694	1
Tennessee.....	735,507	706,189	679,672	(26,517)
Texas.....	2,394,954	2,464,777	2,526,194	61,417
Utah.....	384,693	384,693	384,694	1
Vermont.....	384,693	384,693	384,694	1
Virginia.....	725,629	728,803	731,815	3,012
Washington.....	620,334	640,873	660,379	19,506
West Virginia.....	384,693	384,693	384,694	1
Wisconsin.....	622,558	596,913	574,927	(21,986)
Wyoming.....	384,693	384,693	384,694	1
Subtotal, States.....	36,086,860	36,025,717	36,025,178	(539)
American Samoa.....	205,808	205,808	205,808	-
Guam.....	205,808	205,808	205,808	-
Northern Mariana Islands...	205,808	205,808	205,808	-
Puerto Rico.....	825,493	805,489	805,668	179
Virgin Islands.....	205,808	205,808	205,808	-
Subtotal, States and Territories	37,735,585	37,654,438	37,654,078	(360)
Native American Organization	$205,808	$205,808	$205,808	-
Program Support 1/.....	$792,607	$800,121	$800,114	(7)
TOTAL.....	**38,734,000**	**38,660,367**	**38,660,000**	**(367)**

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

University Centers for Excellence in Developmental Disabilities

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
University Centers of Excellence in Developmental Disabilities	$38,619	$38,546	$38,546	--

Authorizing Legislation: Section 156 of the Developmental Disabilities Assistance and Bill of Rights Act

FY 2018 Developmental Disabilities Assistance and Bill of Rights Act Authorization .....Expired

Allocation Method .....Competitive Grant

Program Description and Accomplishments:

University Centers for Excellence in Developmental Disabilities (UCEDDs), first established in 1963, are interdisciplinary education, research and public service units of a university or not-for-profit entities associated with universities. UCEDDs provide leadership, advising 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.

UCEDDs have played a key role in a significant number of advances in the disability field over the past four 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.

In FY 2016, 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.

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 addresses 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 work to bridge the gap between research and practice by developing a variety of products and resources that promotes improvement in knowledge and practice.

UCEDDs conduct national training and other 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.

UCEDDs also lead 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 research 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.

Funding History:

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

FY 2014 .....$36,674,000
FY 2015 .....$37,674,000
FY 2016 ... .$38,619,000
FY 2017 Annualized CR.....$38,545,585
FY 2018 President's Budget $38,546,000

Budget Request:

The FY 2018 request for UCEDDs is $38,546,000, maintaining the annualized FY 2017 Continuing Resolution 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 are vital to the training of 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:

- 1 percent in academic leadership;
- 16 percent in clinical leadership;
- 2 percent in public health leadership; and
- 28 percent in public policy and advocacy leadership.

42 percent of people with developmental disabilities are receiving services from former UCEDD trainees.

Funding for UCEDDs is important in that it 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.

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 2017 Target	FY 2018 Target	FY 2018 Target +/-FY 2017 Target
8D Increase the percentage of individuals with developmental disabilities receiving the benefit of services through activities in which professionals were involved who completed University Centers of Excellence in Developmental Disabilities (UCEDDs) state-of-the-art training within the past 10 years. (Outcome)	FY 2015: 42.2% Target: 41.88% (Target Exceeded)	Prior Result + 1%	Prior Result + 1%	N/A

Indicator	Year and Most Recent Result /	FY 2017 Projection	FY 2018 Projection	FY 2018 Projection +/-FY 2017 Projection
8viii: Number of professionals trained by UCEDDs. (Output)	FY 2015: 5,546	N/A	N/A	N/A
8ix: Number of people reached through UCEDD community training and technical assistance activities. (Output)	FY 2015: 770,149	N/A	N/A	N/A
8x: Number of people receiving direct or model demonstration services from UCEDDs. (Output)	FY 2015: 100,607	N/A	N/A	N/A

Grant Awards Tables:

University Centers of Excellence in Developmental Disabilities Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	88	82	82
Average Award	$429,205	$460,890	$460,878
Range of Awards	$31,504 - $547,000	$31,504,- $550,000	$31,504,- $550,000

Resource and Program Data:

University Centers of Excellence in Developmental Disabilities

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	--	--	--
New Discretionary Grants	23	2,216	57	24,119	32	10,442
Continuations Grants	65	35,554	25	13,674	50	27,350
Contracts	1	813	1	717	1	717
Interagency Agreements	--	--	--	--	--	--
Program Support /1	--	36	--	36	--	37
Total Resources	--	38,619	--	38,546	--	38,546

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Developmental Disabilities – Projects of National Significance

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Developmental Disabilities—Projects of National Significance	$10,000	$9,981	$7,600	-$2,381

Authorizing Legislation: Section 163 of the Developmental Disabilities Assistance and Bill of Rights Act

FY 2018 Developmental Disabilities Assistance and Bill of Rights Act Authorization .....Expired

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 fund innovative and emerging promising practice demonstrations to 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, with a particular focus on youth and young adults, as well as the evaluation of such efforts and technical assistance to the states 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 increase diversity among the current leaders within the DD Network and to enhance the cultural linguistic competence and leaderships skills of those leaders.

- 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 2014 .....$8,821,000
FY 2015 .....$8,857,000
FY 2016... .....$10,000,000
FY 2017 Annualized CR.....$9,980,990
FY 2018 President's Budget $7,600,000

Budget Request:

The FY 2018 request for the Projects of National Significance program is $7,600,000, a reduction of -$2,380,990 below the FY 2017 Annualized Continuing Resolution level. Reductions to achieve this lower funding level will include elimination of the current grant related to inclusive transportation for those with disabilities, since transportation issues can more appropriately be addressed with funding from the Department of Transportation, and elimination of technical assistance for the State Councils on Developmental Disabilities.

Funds will continue to support the Partnerships in Employment Systems Change projects as they continue to work toward a current need of the intellectual and developmental disabilities community. For example, in Wisconsin, individuals with intellectual and developmental disabilities enrolled in adult long-term care systems have community-based employment rates of only 9 to 14 percent. One of the project's goals is to implement changes that will increase the number of students in Wisconsin, and ultimately nationally, who are employed in integrated, community-based settings after leaving high school or a post-secondary institution and who become economically self-sufficient.

Consistent with the purpose of the Developmental Disabilities Act, including the promotion of self-determination, ACL has worked collaboratively to explore supported decision-making as an

alternative to guardianship, in order to maximize the opportunity for people with intellectual and developmental disabilities to live independently and to exert control and choice in their own lives. Funding will support the continuation of a joint integrated training and technical assistance/resource center on supported decision making to advance work in this area.

Grant Awards Tables:

Developmental Disabilities – Projects of National Significance Grant Awards

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	25	20	17
Average Award	$301,240	$377,150	$351,235
Range of Awards	$5,000 - $1,000,000	$209,463 - $1,050,000	$209,463 - $1,050,000

Resource and Program Data:

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

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Grants:						
Formula	--	--	--	--	--	--
New Discretionary	11	3,569	8	3,709	--	--
Continuations	14	3,962	12	3,834	17	5,971
Contracts	9	2,297	7	2,139	5	1,496
Interagency Agreements	--	--	1	150	--	--
Program Support /1		172		149		133
Total Resources		10,000	28	9,981	22	7,600

1/ Program Support -- Includes funds for grant systems, review costs, and technology support costs.

Independent Living

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	2018 +/- FY 2017
Independent Living State Grants	$22,878	$22,835	$0	-$22,835
Centers for Independent Living	$78,305	$78,156	$78,156	--
Total	$101,183	$100,991	$78,156	-$22,835

Authorizing Legislation: Rehabilitation Act of 1973, Title VII, Parts B and C, and Chapter 2, as amended by the Workforce Innovation and Opportunities Act (Rehabilitation Act)

FY 2018 Rehabilitation Act Authorizations:

Independent Living State Grants $25,156,000

Centers for Independent Living $86,104,000

Allocation Method .....Formula and Discretionary Grants

Program Description and Accomplishments:

Independent Living (IL) programs maximize the leadership, empowerment, 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; develop and support statewide networks of centers for independent living; and foster working relationships among centers for independent living, Statewide Independent Living Councils, other Rehabilitation Act programs, and other relevant Federal and non-Federal programs.

Centers for Independent Living

The Centers for Independent Living (CIL) program provides grants for consumer-controlled, community-based, cross-disability, private nonprofit agencies that are designed and operated within a local community by individuals with disabilities and provide an array of independent living services. At a minimum, centers are required to provide the core 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:

- 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. In fiscal year 2015, 354 centers and two States received funding from the CIL program. 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 addition to funding centers for independent living, the Department must annually reserve between 1.8 and 2 percent of the funds appropriated for this program to provide (through grants, contracts, or cooperative agreements) 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).

Independent Living State Grants

The Independent Living 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. 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.

Funding History:

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

Centers for Independent Living

FY 2014	$78,305,000
FY 2015	$78,305,000
FY 2016	$78,305,000
FY 2017 Annualized CR	$78,156,142
FY 2018 President's Budget	$78,156,000

Independent Living State Grants

FY 2014	$22,878,000
FY 2015	$22,878,000
FY 2016	$22,878,000
FY 2017 Annualized CR	$22,834,509
FY 2018 President's Budget	$0

Budget Request:

Centers for Independent Living

The FY 2018 request for Centers for Independent Living (CILs) is $78,156,000, which maintains the annualized FY 2017 Continuing Resolution level. CILs will continue to provide the core requirements for information and referral services, independent living skills training, peer counseling, and individual and systems advocacy, as well as continue to implement the new, fifth core service required by WIOA to facilitate the transition of individuals with significant disabilities into the community. As part of this requirement, CILs are directed to develop protocols, provide outreach and education, and provide and track activities. In 2014, CILs served about 280,000 of the estimated 38 million individuals with a significant disability living in the United States.[99]

The request for the CIL program would continue support for existing centers, including any new center grants awarded in FY 2017. Approximately 75 new centers have been funded since FY 2000 and these new and existing centers provide essential services that help individuals with disabilities to live independently and participate as productive members of their communities.

[99] ACL, 704 Report, 2014. And U.S. Census Bureau, "Americans with Disabilities 2010" issued July 2012. Accessed 12/4/14. Accessed 12/4/14.

Independent Living State Grants

The FY 2018 Budget Request is $0, a decrease of -$22,834,509 from the FY 2017 annualized Continuing Resolution level. ACL proposes to consolidate the Independent Living State Grants and the State Independent Living Councils they support into one, new cross-disability council, funded through the Partnerships for Innovation, Inclusion and Independence Program, which would operate in each state and territory. Please refer to the Partnerships for Innovation, Inclusion and Independence section for additional information.

Outcome and Output Table:

ACL has reviewed and is revising the grantee program performance reports (PPRs). These reports form the basis of performance measures. The report content is undergoing Information Collection Request (ICR) approval process required under the Paperwork Reduction Act. Once the revised PPR is approved and grantees have collected baseline data, performance measures will be developed and reported.

Grant Awards Table:

Independent Living State Grant Awards

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards 1/	56	56
Average Award	$396,714	$395,564
Range of Awards	$27,770 - $1,980,977	$27,689 - $1,970,797

1/ 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 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants /2	77	22,216	77	22,216	--	--
New Discretionary Grants	23	1,564	5	1,867	5	1,543
Continuations Grants	361	77,374	356	76,559	356	76,264
Contracts	--	--	--	--	--	--
Interagency Agreements	--	--	--	--	--	--
Program Support /1		29		349		349
Total Resources		101,183		100,991		78,156

1/ Program Support—Includes funds for statutory technical assistance and/or minority set-asides; grant systems and review, and program reporting systems costs.
2/ Independent Living State Grants are awarded to 77 entities across 56 state and territory jurisdictions because some states have separate divisions for vocational rehabilitation and services for the blind.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2017 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	305,350	305,350	-	(305,350)
Alaska	305,350	305,350	-	(305,350)
Arizona	343,661	343,768	-	(343,768)
Arkansas	305,350	305,350	-	(305,350)
California	1,980,977	1,970,797	-	(1,970,797)
Colorado	305,350	305,350	-	(305,350)
Connecticut	305,350	305,350	-	(305,350)
Delaware	305,350	305,350	-	(305,350)
District of Columbia	305,350	305,350	-	(305,350)
Florida	1,015,609	1,020,584	-	(1,020,584)
Georgia	515,498	514,281	-	(514,281)
Hawaii	305,350	305,350	-	(305,350)
Idaho	305,350	305,350	-	(305,350)
Illinois	657,590	647,453	-	(647,453)
Indiana	336,788	333,276	-	(333,276)
Iowa	305,350	305,350	-	(305,350)
Kansas	305,350	305,350	-	(305,350)
Kentucky	305,350	305,350	-	(305,350)
Louisiana	305,350	305,350	-	(305,350)
Maine	305,350	305,350	-	(305,350)
Maryland	305,350	305,350	-	(305,350)
Massachusetts	344,372	342,074	-	(342,074)
Michigan	505,927	499,565	-	(499,565)
Minnesota	305,350	305,350	-	(305,350)
Mississippi	305,350	305,350	-	(305,350)
Missouri	309,563	306,290	-	(306,290)
Montana	305,350	305,350	-	(305,350)
Nebraska	305,350	305,350	-	(305,350)
Nevada	305,350	305,350	-	(305,350)
New Hampshire	305,350	305,350	-	(305,350)

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	456,319	451,003	-	(451,003)
New Mexico.....	305,350	305,350	-	(305,350)
New York.....	1,008,100	996,645	-	(996,645)
North Carolina.....	507,667	505,618	-	(505,618)
North Dakota.....	305,350	305,350	-	(305,350)
Ohio.....	591,915	584,693	-	(584,693)
Oklahoma.....	305,350	305,350	-	(305,350)
Oregon.....	305,350	305,350	-	(305,350)
Pennsylvania.....	652,823	644,559	-	(644,559)
Rhode Island.....	305,350	305,350	-	(305,350)
South Carolina.....	305,350	305,350	-	(305,350)
South Dakota.....	305,350	305,350	-	(305,350)
Tennessee.....	334,363	332,301	-	(332,301)
Texas.....	1,376,228	1,382,969	-	(1,382,969)
Utah.....	305,350	305,350	-	(305,350)
Vermont.....	305,350	305,350	-	(305,350)
Virginia.....	425,080	422,053	-	(422,053)
Washington.....	360,511	361,001	-	(361,001)
West Virginia.....	305,350	305,350	-	(305,350)
Wisconsin.....	305,350	305,350	-	(305,350)
Wyoming.....	305,350	305,350	-	(305,350)
Subtotal, States.....	21,799,541	21,735,480	-	(21,735,480)
American Samoa.....	27,770	27,689	-	(27,689)
Guam.....	27,770	27,689	-	(27,689)
Northern Mariana Islands...	27,770	27,689	-	(27,689)
Puerto Rico.....	305,350	305,350	-	(305,350)
Virgin Islands.....	27,770	27,689	-	(27,689)
Subtotal, States and Territories	22,215,971	22,151,586	-	(22,151,586)
Program Support 1/.....	662,029	682,923	-	(682,923)
TOTAL.....	**22,878,000**	**22,834,509**	**-**	**(22,834,509)**

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

Limb Loss Resource Center

	FY 2016 Final	FY 2017 Enacted	FY 2018 President's Budget	FY 2018 +/- FY 2017
Limb Loss Resource Center	$2,810	$2,805	$0	-$2,805

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)

FY 2018 Authorization 0

Allocation Method ..... Competitive Grants

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.[100] This number is expected to double by 2050, largely due to the rise of diabetes.[101] Each year, an additional 185,000 amputations occur.[102] 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.[103] Individuals with limb loss report receiving little information about their rehabilitation from their healthcare provider either before or after their amputation.[104]

[100] 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.

[101] HCUP Nationwide Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP). Rockville, MD: Agency for Healthcare Research and Quality: 2009.

[102] 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

[103] 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.

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

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 helps pay for 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 2014/1 .....$2,810,000
FY 2015/1 .....$2,800,000
FY 2016 .....$2,810,000
FY 2017 Annualized CR.....$2,804,658
FY 2018 President's Budget $0

1/ This program was funded at CDC through FY 2014 and transferred to ACL during FY 2015.

Budget Request:

No funding is requested in FY 2018 for the Limb Loss Resource Center because the mission and activities carried out by this program are duplicative of other Federal efforts. Resources for individuals affected by limb loss will continue to be available through other ACL programs, such as Aging and Disability Resource Centers, Centers for Independent Living and Assistive Technology, that provide services to people with all types of significant disabilities, as well as through ongoing NIDILRR research focused on improving health and function, employment, and community participation.

Grant Awards Table:

Limb Loss Resource Center

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards	1	1
Average Award	$2,727,237	$2,733,665
Range of Awards	NA	NA

1/ Program Support -- Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

Resource and Program Data:

Limb Loss Resource Center
(Dollars in Thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $
Formula Grants	--	--	--	--
New Discretionary Grants	1	2,727	--	--
Continuations Grants	--	--	1	2,734
Contracts	--	--	--	--
Interagency Agreements	--	--	--	--
Program Support /1		83		71
Total Resources		2,810		2,805

Paralysis Resource Center

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Paralysis Resource Center	$7,700	$7,685	$0	-$7,685

Authorizing Legislation: Sections 311 and 317(k)(2) of the Public Health Service Act [42 U.S.C. 243 & 247b(k)(2)], as amended.

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.[105] 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 supporting integration into the physical and cultural communities in which they live.

[105] 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 2014/1 .....$6,683,000
FY 2015 .....$6,700,000
FY 2016……..…….$7,700,000
FY 2017 Annualized CR.....$7,685,362
FY 2018 President's Budget $0

1/This program was transferred to ACL from CDC in FY 2014.

Budget Request:

No funding is requested in FY 2018 for the Paralysis Resource Center (PRC). Resources for individuals living with paralysis will continue to be available through other ACL programs, such as Aging and Disability Resource Centers, Centers for Independent Living and Assistive Technology, that provide services to people with all types of disabilities, as well as through ongoing NIDILRR research focused on improving health and function, employment, and community participation, including spinal injury research conducted through NIDILRR's Spinal Cord Model Injury Systems grants.

Paralysis Resource Center

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards	2	1
Average Award	$3,747,892	$7,491,131
Range of Awards	NA	NA

Resource and Program Data:

Paralysis Resource Center
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $
Formula Grants	--	--	--	--
New Discretionary Grants	--	--	--	--
Continuations Grants	2	7,496	1	7,491
Contracts	--	--	--	--
Interagency Agreements	--	--	--	--
Program Support /1		204		194
Total Resources		7,700		7,685

1/ Program Support – Includes funds for Public Health Service Act statutory requirements, grant systems and review costs.

Traumatic Brain Injury

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Traumatic Brain Injury	$9,321	$9,303	$3,162	-$6,141

Authorizing Legislation: The Traumatic Brain Injury Reauthorization Act of 2014.

FY 2018 Authorization $8,600,000

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 for individuals at the state and community level who sustain a TBI. TBIs occur when the head suddenly or violently hits an object, or an object enters brain tissue causing disruption to normal brain activity. The majority of TBIs are considered mild although an estimated 80,000-90,000 individuals who annually sustain a TBI will experience long-term, possibly life-long, challenges due to their injury. 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.[106] In addition, these national estimates do not include individuals with TBI who are treated in military hospitals.

TBI affects all age groups and can cause a range of symptoms, which may include memory loss, difficulty concentrating, confusion, irritability, personality changes, fatigue, and headaches. In addition to health interventions including primary prevention, early management, and comprehensive approaches to rehabilitation and community reintegration, individuals with TBI may also 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 ensure enhanced service delivery.

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

The TBI Program includes two grant programs: 1) the State Protection and Advocacy (P&A) Systems Grants (formula grant), the State Implementation Partnership Grants (competitive grant).

State Protection and Advocacy Systems Grants

The P&A Program is the second component grant of the TBI Program. Grants are awarded to P&A organizations in states, territories, the District of Columbia, and one Native American Consortium to provide advocacy support for individuals with TBI and their families. Grantees use these funds to develop plans and provide P&A services--including individual and family advocacy, self-advocacy training, self-advocacy assistance, information and referral services, and legal representation—to individuals who have experienced a TBI. P&A grants are formula based, with an average award of $50,000 for state grantees and $20,000 for territory grantees.

A vital part of P&A activities is providing training and education to consumers and providers. TBI training is tailored to meet the needs of specific audiences, and is intended to increase awareness about legal concerns and individual rights around TBI, provide information on identification and funding of services, and provide support to facilitate full participation in all aspects of life. In FY 2014, P&A grantees provided training to nearly 60,000 individuals.

State Advisory Boards and State Implementation Partnership Grants

States are required to establish a State Advisory Board on Traumatic Brain Injury in order to receive funding for State Implementation Partnership Grants, which address barriers to needed services encountered by children, youth, and adults with TBI. States and Territories receive funds to assess the need for TBI services and the resources within their State or Territory. This is done through a needs and resource assessment designed to facilitate the development or expansion of a comprehensive, multidisciplinary, and easily accessible systems of care for individuals with TBI and their families.

Programs	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
State Grants for Demonstration Projects	$5,065,314	$5,055,685	$0
Protection and Advocacy Grants	$3,099,589	$3,093,697	$3,161,673

Funding History:

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

FY 2014 /1 .....$9,321,000
FY 2015 /1 .....$9,321,000
FY 2016 /1… $9,321,000
FY 2017 Annualized CR.....$9,303,281
FY 2018 President's Budget /2.....$3,162,000

1/This program was funded at HRSA through FY 2015 and transferred to ACL at the beginning of FY 2016. Funding at HRSA included both grant and administrative funds.
2/ Partnerships for Innovation, Inclusion, and Independence consolidate like activities in the State Councils on Developmental Disabilities, State Independent Living Councils, and State Partnerships for Traumatic Brain Injury.

Budget Request:

TBI Protection and Advocacy Grants

The FY 2018 request for TBI Protection and Advocacy Grants, is $3,161,673, which maintains the annualized FY 2017 Continuing Resolution Level. This funding will be awarded to 57 states and territories by formula to insure continued support and protection of the rights of individuals of all ages who have experiences a TBI.

These funds will continue to support training for groups, independent living centers, service providers, caregivers, individuals with TBI, family members, state employees, hospital staff, university staff, and community representatives to achieve greater awareness of the needs of persons with TBI and increase the availability of resources and support services.

State Implementation Partnership Grants

The FY 2018 Budget Request is $0, a decrease of -$6,141,281 from the FY 2017 annualized Continuing Resolution level. ACL proposes to consolidate the State Advisory Boards, along with the State Implementation Partnership Grants they support into one, new cross-disability council funded through the Partnerships for Innovation, Inclusion and Independence Program, which would operate in each state and territory. Please refer to the Partnerships for Innovation, Inclusion and Independence section for additional information.

Grant Awards Tables:

Traumatic Brain Injury: Protection and Advocacy

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	57	57	57
Average Award	$54,379	$54,014	$55,212
Range of Awards	$20,000 - $147,545	$20,000 - $142,888	$20,000 - $158,039

Traumatic Brain Injury: State Implementation Partnership

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards	19	19
Average Award	$249,181	$249,181
Range of Awards	$249,315 - $250,000	$249,315 - $250,000

Resource and Program Data:

Traumatic Brain Injury
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	57	3,100	57	3,100	57	3,162
New Discretionary Grants	--	--	20	4,981	--	--
Continuations Grants	18	4,784	--	--	--	--
Contracts	4	916	3	726	--	--
Interagency Agreements	1	188	1	205	--	--
Program Support /1		333		310	--	--
Total Resources	80	9,321	81	9,321	57	3,162

1/ Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2017 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	50,000	50,000	50,000	-
Alaska	50,000	50,000	50,000	-
Arizona	54,427	54,240	55,280	1,040
Arkansas	50,000	50,000	50,000	-
California	147,545	142,888	158,039	15,151
Colorado	50,433	50,478	50,919	441
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	92,643	91,117	98,025	6,908
Georgia	64,200	63,531	66,049	2,518
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	72,281	70,787	74,459	3,672
Indiana	54,036	53,669	54,617	948
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	50,000	50,000	50,000	-
Louisiana	50,000	50,000	50,000	-
Maine	50,000	50,000	50,000	-
Maryland	52,235	51,986	52,667	681
Massachusetts	54,467	54,148	55,172	1,024
Michigan	63,655	62,729	65,119	2,390
Minnesota	50,727	50,569	51,023	454
Mississippi	50,000	50,000	50,000	-
Missouri	52,488	52,198	52,912	714
Montana	50,000	50,000	50,000	-
Nebraska	50,000	50,000	50,000	-
Nevada	50,000	50,000	50,000	-
New Hampshire	50,000	50,000	50,000	-

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	60,834	60,083	62,052	1,969
New Mexico.....	50,000	50,000	50,000	-
New York.....	92,216	89,813	96,513	6,700
North Carolina.....	63,755	63,059	65,501	2,442
North Dakota.....	50,000	50,000	50,000	-
Ohio.....	68,546	67,367	70,496	3,129
Oklahoma.....	50,000	50,000	50,000	-
Oregon.....	50,000	50,000	50,000	-
Pennsylvania.....	72,010	70,629	74,276	3,647
Rhode Island.....	50,000	50,000	50,000	-
South Carolina.....	50,000	50,000	50,000	-
South Dakota.....	50,000	50,000	50,000	-
Tennessee.....	53,898	53,615	54,555	940
Texas.....	113,152	110,862	120,912	10,050
Utah.....	50,000	50,000	50,000	-
Vermont.....	50,000	50,000	50,000	-
Virginia.....	59,057	58,506	60,224	1,718
Washington.....	55,385	55,179	56,368	1,189
West Virginia.....	50,000	50,000	50,000	-
Wisconsin.....	51,599	51,342	51,920	578
Wyoming.....	50,000	50,000	50,000	-
Subtotal, States.....	2,949,589	2,928,795	2,997,098	68,303
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, States and Territories	3,079,589	3,058,795	3,127,098	68,303
Native American Organizations	$20,000	$20,000	$20,000	-
Program Support /1.....	-	14,902	14,902	-
TOTAL.....	**3,099,589**	**3,093,697**	**3,162,000**	**68,303**

1/Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

National Institute on Disability, Independent Living, and Rehabilitation Research

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
National Institute on Disability, Independent Living and Rehabilitation Research	$103,970	$103,772	$95,127	-$8,645

Authorizing Legislation: Title II of the Rehabilitation Act of 1973, as amended

FY 2018 Rehabilitation Act Authorization.....$116,860,000

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 2013-FY 2017. Work on the FY 2018-FY 2022 plan is underway.

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 toward 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 2014 .....$103,970,000
FY 2015 .....$103,970,000
FY 2016… $103,970,000
FY 2017 Annualized CR.....$103,772,353
FY 2018 President's Budget $95,127,000

Budget Request:

ACL requests $95,127,000, a reduction of -$8,645,353, for the National Institute on Disability, Independent Living, and Rehabilitation Research in FY 2018. Of the remaining funding requested for NIDILRR, about 74 percent of the funds would be used to continue previous grants. In addition, an estimated $17.4 million would be used to fund new grant awards under a potential revised long-range plan framework that NIDILRR proposes to publish for its research in FY 2018.

The HHS FY 2018 budget request also includes a new general provision (Section 224) that, while applicable to HHS as a Department, would address an area of particular concern to NIDILRR, as well as to other ACL programs. For an Operating Division (OPDIV) within HHS to be able to accept funding from another HHS OPDIV or from an outside Department for the

purpose of making grants or cooperative agreements, specific authority is required. The lack of such authority precludes collaboration. The new proposed language would provide HHS OPDIVs with statutory 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). It would also improve the operational efficiency of NIDLIRR by allowing them to transfer funds via reimbursable agreements to other OPDIVs for the purposes of making grants or cooperative agreements on their behalf.

Outcomes and Output Table:

ACL is drawing upon NIDILRR's evaluation investments and long-range plan to develop new performance measures that will be included in the FY 2019 budget proposal.

Grant Awards Tables:

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

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	227	221	221
Average Award	$429,329	$440,752	$401,185
Range of Awards	$70,000 – $1,246,000	$70,000 – $1,246,000	$70,000 – $1,246,000

Resource and Program Data:

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

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants			--	--	--	--
New Discretionary Grants	83	33,762	73	20,182	57	11,595
Continuations Grants	144	63,695	148	77,224	164	77,230
Contracts	13	5,339	11	5,234	11	5,234
Peer Review of new grant applications	1	854	1	900	1	900
Interagency Agreements			1	15	1	1
Program Support /1		185		167	--	167
Total Resources		103,970		103,722		95,127

1/ Program Support -- Includes funds for statutory requirements, grant systems and review, salaries and overhead, and information technology support costs.

Consumer Information, Access, and Outreach

SUMMARY OF REQUEST

Older Americans and Americans with disabilities face an array of choices when trying to determine the right services and supports to assist them to remain active and independent in their communities. The complexity of navigating these programs and selecting among them so as to determine which best suit the needs of each individual can create challenges for individuals, especially for consumers who have not previously utilized these services.

Consumer Information, Access and Outreach (CIAO) programs provide consumers with the information they need to make decisions about their independence and connect them with the right services. Programs such as Aging and Disability Resource Centers (ADRCs) help to address these needs by providing information, outreach, and assistance to seniors and people with disabilities, so that they can effectively access the services necessary for their independence. Through community-level "one stop shop" entry points into long-term services and supports, these programs provide access to home and community-based services that can enable people to remain in their homes.

The FY 2018 request for CIAO programs is $80,500,000, a reduction of $55,624,796 below the annualized FY 2017 Continuing Resolution level. This request would provide:

- $6,107,000 in discretionary funding for Aging and Disability Resource Centers, maintaining the annualized FY 2017 Continuing Resolution 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.

- No funding is requested for the Alzheimer's Disease Initiative Outreach Campaign, which is being consolidated along with other ACL Alzheimer's programs into a single new Alzheimer's Disease program.

- No funding is requested for State Health Insurance Assistance Programs (SHIPs). Medicare beneficiaries who are aging or have a disability will continue to have access, through CMS's 1-800-Medicare hotline and through services provided under other Federal and State programs to assistance in navigating the complexities of health and long-term care systems.

- $4,954,000 for the Help America Vote Act (HAVA), maintaining the annualized FY 2017 Continuing Resolution level. HAVA 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.

- $31,939,169 for Assistive Technology (AT), a reduction of -$1,996,198 below the annualized FY 2017 Continuing Resolution level. Assistive Technology grants financially 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.

- $37,500,000 in mandatory funding for Medicare Improvements for Patients and Providers Act (MIPPA) programs, maintaining the same pre-sequester level of funding that was provided in FY 2017. As part of its request, ACL will request a two-year extension of the Medicare Access and CHIP Reauthorization Act (MACRA) through which funding is provided to ACL.

Aging and Disability Resource Centers

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Aging and Disability Resource Centers	$6,119	$6,107	$6,107	--

Authorizing Legislation: Sections 202b and 411 of the Older Americans Act of 1965, as amended.

FY 2018 Authorization $6,402,551

Allocation Method .....Competitive Grants/Co-operative Agreements 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"[107] (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.

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

[107] 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).

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, 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 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. Accomplishments include:

- In 2014, 25 states received one year planning grants to develop plans to transform their multiple LTSS access programs and functions into a single statewide ADRC/NWD System for all populations and all payers. In 2015, 5 of the 25 state planning grantees received 3-year awards to implement their planning grants and the 8 states awarded 3-year grants in 2012 received a one-year grant to continue their work in developing their ADRC/NWD System.

- In 2015, CMS issued the "No Wrong Door System Reference Document for Medicaid Administrative Claiming Guidance" to support state efforts to develop statewide ADRC/NWD Systems. It is estimated that if all states took advantage of this guidance, it would generate over $100 million available annually to support state's operations of their NWD/ADRC systems.

- 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 VD-HCBS program is available in 31 states, the District of Columbia and Puerto Rico.

Funding History:

Comparable total five year funding for Aging and Disability Resource Centers is as follows:

FY 2014/1 .....$15,347,000
FY 2015 .....$6,119,000
FY 2016 .....$6,119,000
FY 2017 Annualized CR.....$6,107,368
FY 2018 President's Budget $6,107,000

1/Mandatory appropriations of $10 million for FY 2010 through FY 2014 for ADRCs also were made under Section 2405 of P.L. 111-148, the Affordable Care Act of 2010.

Budget Request:

ACL's FY 2018 request for ADRCs is $6,107,000 maintaining the annualized FY 2017 Continuing Resolution level. 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 the 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.

Activities funded by this proposal 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:

- Funded states will show progress towards guidelines established by ACL, CMS, and VHA for ADRC/NWD Systems and be required to report on its progress and performance.

- Funded states will commit to using Medicaid administrative funding to support the ADRC/NWD system infrastructure on an on-going basis; and

- Funded states will ensure that local ADRC/NWD system sites:

    - Include a full range of organizations that play a formal reimbursable role in carrying out the ADRC/NWD system functions they have been designated by the

state to perform to ensure the state's ADRC/NWD system can effectively serve all LTSS populations;
- Use nationally certified person-centered counselors to provide one-on-one assistance to consumers; and
- Conduct formal functional and financial assessments that are required to determine an individual's eligibility for the public LTSS programs that are administered by the state, including Medicaid.

Finally, funded states' ADRC/NWD systems, including local sites, will use the Federally-prescribed reporting data to continually evaluate performance and make improvements in ADRC/NWD systems at the state and local site level. Funded states will actively involve consumer stakeholders in this process.

Grant Awards Tables:

Aging and Disability Resource Centers
(Dollars in Thousands)

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	15	15	15
Average Award	$341,049	$336,508	$336,508
Range of Awards	$837,485 - $1,000,000	$837,485 - $1,000,000	$837,485 - $1,000,000

Resource and Program Data:

Aging and Disability Resource Centers
(Dollars in Thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	--	--	--	--	--	--
New Discretionary Grants	10	1,203	--	--	15	5,048
Continuations Grants	5	3,913	15	5,048	--	--
Contracts	1	933	1	947	1	947
Interagency Agreements	--	--	--	--	--	--
Program Support /1		70		113		113
Total Resources		6,119		6,107		6,107

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

State Health Insurance Assistance Programs

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
State Health Insurance Assistance Programs (SHIP)	$52,115	$52,016	$0	-$52,016

Authorizing Legislation: Section 4360 of the Omnibus Budget Reconciliation Act of 1990 (42 U.S.C. 1395b-4).

FY 2018 Authorization ..... Expired

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

Program Description and Accomplishments:

The State Health Insurance Assistance Program (SHIP) provides grants to States to fund infrastructure, training, and outreach support to over 14,000 (mostly volunteer) counselors in over 1,300 community-based organizations in all 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

SHIPs provide counseling and assistance to help aging and disabled Medicare and Medicaid beneficiaries as well as coming-of-agers understand and use of their Medicare benefits. Services are provided via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. In CY 2015, SHIPs had over 3.4 million one-on-one client contacts and more than 100,000 public and media events.

Nearly two-thirds of the 54 state SHIP programs are already 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, which is also administered by ACL.

Funding History:

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

FY 2014 ..... $52,115,000
FY 2015 ..... $52,115,000
FY 2016 … $52,115,000
FY 2017 Annualized CR..... $52,015,929
FY 2018 President’s Budget ..... ……$0

Budget Request:

The FY 2018 discretionary Budget Request for SHIPs is $0, a decrease of -$52,015,929 from the FY 2017 annualized Continuing Resolution level. While ACL will reduce the scale of its one-on-one person assistance through the State Health Insurance Assistance Program, Medicare beneficiaries will continue to have access to online tools such as Plan Finder and phone assistance such as CMS's 1-800-MEDICARE helpline. Some states also support SHIP programs. The FY 2018 Budget reduces funding for SHIPs by $52 million, but proposes to continue $12 million in mandatory funding for this purpose specifically targeted to low-income seniors and seniors living in rural areas.

Outputs Table:

State Health Insurance Assistance Programs

Indicator	Year and Most Recent Result /	FY 2017 Projection
Output AH: Number of SHIP Public Media Events *(Output)*	CY 2016: 101,427	Discontinued
Output AI: Number of SHIP Client Contacts *(Output)*	CY 2016: 3.4 M	Discontinued

Grant Awards Table:

State Health Insurance Assistance Programs Grant Awards

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards	56	55
Average Award	$874,453	$892,324
Range of Awards	$40,870 - $5,028,121	$40,870 - $5,028,121

Resource and Program Data:

State Health Insurance Assistance Program
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $
Formula Grants	--	--	--	-
New Discretionary Grants	--	--	55	49,078
Continuations Grants	56	48,969	--	-
Contracts	3	1,619	5	1,327
Interagency Agreements	1	157	1	157
Program Support /1		1,369		1,553
Total Resources		52,115		52,115

1/ Program Support -- Reflects the amount used from the SHIP 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
CENTER FOR INTEGRATED PROGRAMS
FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR
Alabama	881,268	890,068
Alaska	251,057	238,504
Arizona	840,395	882,416
Arkansas	599,446	629,418
California	4,776,715	4,537,879
Colorado	601,830	631,922
Connecticut	547,823	566,901
Delaware	200,984	211,033
District of Columbia	152,732	160,369
Florida	2,815,107	2,901,082
Georgia	1,145,384	1,202,653
Hawaii	248,387	260,806
Idaho	384,430	403,652
Illinois	1,515,119	1,590,875
Indiana	868,219	911,630
Iowa	756,340	718,523
Kansas	565,264	576,778
Kentucky	839,320	881,635
Louisiana	659,339	692,306
Maine	431,762	453,350
Maryland	756,515	772,326
Massachusetts	1,035,978	984,179
Michigan	1,595,545	1,515,768
Minnesota	1,021,318	970,252
Mississippi	592,115	621,721
Missouri	914,939	960,686
Montana	611,568	580,990
Nebraska	456,409	433,589
Nevada	408,886	429,330
New Hampshire	283,540	297,717

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR
New Jersey	1,039,285	1,091,249
New Mexico	433,907	450,327
New York	2,538,553	2,462,096
North Carolina	1,493,209	1,546,292
North Dakota	268,186	261,644
Ohio	1,927,772	1,831,383
Oklahoma	604,983	635,232
Oregon	577,601	606,481
Pennsylvania	2,169,481	2,061,007
Rhode Island	267,489	280,863
South Carolina	761,186	799,245
South Dakota	343,932	326,735
Tennessee	1,069,586	1,123,065
Texas	2,613,306	2,743,941
Utah	352,016	369,617
Vermont	239,358	251,326
Virginia	999,295	1,049,260
Washington	880,099	924,104
West Virginia	466,745	490,082
Wisconsin	1,000,455	950,432
Wyoming	318,717	302,781
Subtotal, States	47,122,895	47,465,520
Guam	42,914	50,000
Puerto Rico	822,324	863,440
Virgin Islands	45,887	50,000
Subtotal, States and Territories	48,034,020	48,428,960
Program Management 1/	4,080,980	3,586,969
TOTAL	**48,034,020**	**48,428,960**

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

Voting Access for Individuals with Disabilities

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018+/- FY 2017
Voting Access for People with Disabilities	$4,963	$4,954	$4,954	--

Authorizing Legislation: Section 291 of the Help America Vote Act

FY 2018 Authorization ..... Expired

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 to ensure 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, training and technical assistance grants to assist the P&As in their promotion of full participation in the electoral process are provided through competitive two-year awards.

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 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 2014 .....$4,963,000
FY 2015 .....$4,963,000
FY 2016 .....$4,963,000
FY 2017 Annualized CR.....$4,953,565
FY 2018 President's Budget $4,954,000

Budget Request:

The FY 2018 request for Voting Access for Individuals with Disabilities is $4,954,000, maintaining the FY 2017 annualized Continuing Resolution level., An example of the activities undertaken with HAVA funding, in Charleston, SC the P&A sponsored a site used by an Election Protection (EP) volunteer attorney to staff a hotline and train law student volunteers to canvass polling places in Charleston for accessibility issues. Accessibility in voting continues to be an ongoing challenge throughout the country. A 2013 report by the National Council on Disability identified a 2012 incident in Arizona where a voter who used a wheelchair could not get through the front door of her polling place to deliver an early ballot. The same report details a complaint from Bladensburg, MD, where voters with disabilities were told that they had to "prove their disability" in order to be seated in line. Additionally, the Maryland P&A had to notify a Montgomery County judge to unlock the assigned accessible door to a polling place so that voters with disabilities could enter the building.

Funding for this activity 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

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	55	55	55
Average Award	$83,735	$83,351	$83,358
Range of Awards	$35,000 - $347,490	$35,000 - $343,306	$35,000 - $343,389

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	70,000	70,000	70,000	-
Alaska	70,000	70,000	70,000	-
Arizona	70,000	70,000	70,000	-
Arkansas	70,000	70,000	70,000	-
California	347,490	343,306	343,389	83
Colorado	70,000	70,000	70,000	-
Connecticut	70,000	70,000	70,000	-
Delaware	70,000	70,000	70,000	-
District of Columbia	70,000	70,000	70,000	-
Florida	178,151	177,782	177,825	43
Georgia	90,425	89,586	89,607	21
Hawaii	70,000	70,000	70,000	-
Idaho	70,000	70,000	70,000	-
Illinois	115,350	112,784	112,811	27
Indiana	70,000	70,000	70,000	-
Iowa	70,000	70,000	70,000	-
Kansas	70,000	70,000	70,000	-
Kentucky	70,000	70,000	70,000	-
Louisiana	70,000	70,000	70,000	-
Maine	70,000	70,000	70,000	-
Maryland	70,000	70,000	70,000	-
Massachusetts	70,000	70,000	70,000	-
Michigan	88,746	87,022	87,043	21
Minnesota	70,000	70,000	70,000	-
Mississippi	70,000	70,000	70,000	-
Missouri	70,000	70,000	70,000	-
Montana	70,000	70,000	70,000	-
Nebraska	70,000	70,000	70,000	-
Nevada	70,000	70,000	70,000	-
New Hampshire	70,000	70,000	70,000	-

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey	80,044	78,563	78,582	19
New Mexico	70,000	70,000	70,000	-
New York	176,834	173,612	173,654	42
North Carolina	89,051	88,077	88,098	21
North Dakota	70,000	70,000	70,000	-
Ohio	103,830	101,851	101,876	25
Oklahoma	70,000	70,000	70,000	-
Oregon	70,000	70,000	70,000	-
Pennsylvania	114,514	112,280	112,307	27
Rhode Island	70,000	70,000	70,000	-
South Carolina	70,000	70,000	70,000	-
South Dakota	70,000	70,000	70,000	-
Tennessee	70,000	70,000	70,000	-
Texas	241,409	240,908	240,966	58
Utah	70,000	70,000	70,000	-
Vermont	70,000	70,000	70,000	-
Virginia	74,565	73,520	73,538	18
Washington	70,000	70,000	70,000	-
West Virginia	70,000	70,000	70,000	-
Wisconsin	70,000	70,000	70,000	-
Wyoming	70,000	70,000	70,000	-
Subtotal, States	4,430,409	4,409,291	4,409,696	405
American Samoa	35,000	35,000	35,000	-
Guam	35,000	35,000	35,000	-
Puerto Rico	70,000	70,000	70,000	-
Virgin Islands	35,000	35,000	35,000	-
Subtotal, States and Territories	4,605,409	4,584,291	4,584,696	405
Program Support 1/	357,591	369,274	369,304	30
TOTAL	**4,963,000**	**4,953,565**	**4,954,000**	**435**

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

Assistive Technology

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	2018 +/- FY 2017
Assistive Technology ACT……	$32,000	$31,939	$31,939	--
Alternative Financing Program.....	$2,000	$1,996	--	-$1,996
Total……..	$34,000	$33,395	$31,939	-$1,996

Authorizing Legislation: Assistive Technology Act of 1998 as amended

FY 2018 Authorization .....Expired

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

Program Description and Accomplishments:

Assistive Technology (AT) Act funding supports programs 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 Grant program

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 2018 state distributions are based on the July 1, 2016 estimates published in December 2016.

The state 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.

Protection and Advocacy for Assistive Technology

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, utilization, 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. The estimated FY 2018 distributions will be based on the July 1, 2016 estimates published in December 2016.

National Activities

Section 6 of the AT Act provides authority for the provision of technical assistance and the development of 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 grant program grantees, and to protection and advocacy systems. The AT Act also requires the Secretary to make an award to renovate, update, and maintain a national public AT Internet site.

- *AT Data Analysis and Reporting Assistance*: The National AT Data Analysis and Reporting grantee maintains and updates data collection and reporting systems for use by AT State Grants; provide ongoing review, training, and TA to entities submitting annual performance reports and State Plans for AT; work with ACL and states to use the systems to meet state and federal reporting requirements, including analyzing data, identifying trends, and developing reports regarding AT program performance and opportunities for program improvement.

Alternative Financing Program

ACL awarded three grants in FY 2015 and three grants in FY 2016. These grants were used to establish new financial loan programs in Indiana and Oregon and to expand existing financial

loan programs in Georgia, Minnesota, Nebraska, and Pennsylvania. All six grantees fully drew down their grant awards and obligated the funds in a restricted account to be used for the alternative financing program. Both the Indiana and Oregon grantees successfully launched their new loan programs and are processing applications and making loans. The other four grantees are implementing activities as outlined in the grant proposals to expand and improve their alternative financing programs.

Funding History:

Funding for the Assistive Technology Act Programs over the past five years is as follows:

FY2014 .....$31,000,000
FY2015 .....$31,000,000
FY2016 .....$32,000,000
FY2017 Annualized CR.....$31,939,169
FY2018 President's Budget $31,939,000

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

FY2014 .....$2,000,000
FY2015 .....$2,000,000
FY2016 .....$2,000,000
FY2017 Annualized CR.....$1,966,198
FY2018 President's Budget .....…..…..$0

Budget Request:

ACL's FY 2018 request for Assistive Technology Act programs is $31,939,000, maintaining the annualized FY 2017 Continuing Resolution level.

The request includes $26,503,360 for the AT State Grant program, maintaining the annualized FY 2017 Continuing Resolution level. These funds will be used to carry out the first 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 $4,441,534 for the Protection and Advocacy for Assistive Technology (PAAT) program, maintaining the annualized FY 2017 Continuing Resolution level. At this 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, utilization, or maintenance of AT services or devices.

The request would also provide $994,105 for National Activities, maintaining the annualized FY 2017 Continuing Resolution level. 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 2018, 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 Program

The FY 2018 Budget Request is $0, a decrease of $1,996,198 below the annualized FY 2017 Continuing Resolution level. In FY 2005, Congress amended the AT Act to eliminate the separate AFP authorization and instead authorized an AT State grant program that is inclusive of financing activities, including alternative financing loan programs. Since there is no separate AFP discretionary grant program authorization in the AT Act, ACL is not requesting such funding within the AT Act appropriations request for FY 2018.

Outcomes and Outputs Table:

The State AT Programs continue to be a benefit to 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 and durable medical equipment. State AT Program data continues to show increased program use and performance. In fiscal year 2015, the State AT Programs, achieved the following:

- 66,571 individuals participated in assistive technology device demonstrations;
- 48,626 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; and
- 64, 617 AT devices were reutilized, saving consumers $28,020,737 by obtaining a gently used or refurbished AT device rather than a new one.

Grant Awards Tables:

Assistive Technology - State Grants

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	56	56	56
Average Award	$473,852	$472,874	$472,871
Range of Awards	$125,498 - $1,091,874	$125,498 - $1,088,464	$125,498- $1,088,448

Assistive Technology - Protection and Advocacy Grants

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	57	57	57
Average Award	$77,927	$77,652	$77,652
Range of Awards	$30,000 - $428,326	$30,000 - $426,252	$30,000- $426,253

Assistive Technology - Alternative Financing Program

	FY 2016 Final	FY 2017 Annualized CR
Number of Awards	3	3
Average Award	$661,742	$661,742
Range of Awards	$661,742 - $661,742	$661,742 $661,742

Resource and Program Data:

Assistive Technology
(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	112	30,978	112	30,916	112	30,916
New Discretionary Grants	4	2,558	4	2,294	--	--
Continuations Grants	1	319	1	575	2	888
Contracts	--	99	1	98	1	98
Interagency Agreements	--	--	--	- -	--	--
Program Support /1		47		52		38
Total Resources		34,000		33,935		31,939

1/Program Support – Includes funds for grant systems and review, and program reporting systems costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2017 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: Assistive Technology State Grants (CFDA 84.224A)

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	449,771	448,569	448,566	(3)
Alaska	431,469	430,842	430,841	(1)
Arizona	614,250	613,578	613,574	(4)
Arkansas	473,712	472,830	472,828	(2)
California	1,091,874	1,088,464	1,088,448	(16)
Colorado	471,379	470,964	470,962	(2)
Connecticut	408,305	407,155	407,153	(2)
Delaware	415,498	414,922	414,921	(1)
District of Columbia	372,978	372,475	372,474	(1)
Florida	701,384	701,307	701,299	(8)
Georgia	600,656	599,651	599,646	(5)
Hawaii	449,746	449,109	449,108	(1)
Idaho	423,587	422,997	422,996	(1)
Illinois	610,511	607,751	607,746	(5)
Indiana	477,809	476,456	476,453	(3)
Iowa	447,790	446,932	446,930	(2)
Kansas	408,621	407,708	407,706	(2)
Kentucky	471,516	470,403	470,400	(3)
Louisiana	499,264	498,203	498,200	(3)
Maine	462,506	461,762	461,760	(2)
Maryland	498,213	497,026	497,023	(3)
Massachusetts	518,603	517,476	517,473	(3)
Michigan	660,694	658,720	658,716	(4)
Minnesota	490,874	489,793	489,790	(3)
Mississippi	393,205	392,188	392,186	(2)
Missouri	556,320	555,026	555,023	(3)
Montana	444,639	444,041	444,039	(2)
Nebraska	456,271	455,587	455,585	(2)
Nevada	417,447	416,964	416,962	(2)
New Hampshire	430,278	429,578	429,577	(1)

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	489,504	487,752	487,748	(4)
New Mexico.....	444,847	443,986	443,985	(1)
New York.....	708,323	705,144	705,136	(8)
North Carolina.....	553,294	552,135	552,131	(4)
North Dakota.....	371,524	371,047	371,046	(1)
Ohio.....	567,860	565,683	565,678	(5)
Oklahoma.....	432,964	432,141	432,139	(2)
Oregon.....	426,057	425,462	425,460	(2)
Pennsylvania.....	696,350	693,946	693,940	(6)
Rhode Island.....	370,261	369,579	369,578	(1)
South Carolina.....	520,063	519,379	519,376	(3)
South Dakota.....	420,122	419,512	419,511	(1)
Tennessee.....	448,702	447,625	447,621	(4)
Texas.....	892,445	892,528	892,518	(10)
Utah.....	457,285	456,798	456,796	(2)
Vermont.....	407,585	406,955	406,954	(1)
Virginia.....	502,926	501,622	501,618	(4)
Washington.....	485,973	485,365	485,362	(3)
West Virginia.....	423,756	422,878	422,877	(1)
Wisconsin.....	471,125	469,819	469,816	(3)
Wyoming.....	363,720	363,120	363,119	(1)
Subtotal, States.....	25,603,856	25,550,953	25,550,794	(159)
American Samoa.....	125,528	125,517	125,517	-
Guam.....	126,558	126,540	126,540	-
Northern Mariana Islands...	125,498	125,498	125,498	-
Puerto Rico.....	428,256	426,462	426,460	(2)
Virgin Islands.....	126,008	125,986	125,986	-
Subtotal, States and Territories	26,535,704	26,480,956	26,480,795	(161)
Program Support 1/.....	18,296	22,565	22,565	-
TOTAL.....	**26,554,000**	**26,503,521**	**26,503,360**	**(161)**

1/ Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING

FY 2017 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	53,530	52,910	52,910	-
Alaska	50,000	50,000	50,000	-
Arizona	74,306	74,352	74,352	-
Arkansas	50,000	50,000	50,000	-
California	428,326	426,252	426,253	1
Colorado	59,121	59,418	59,417	(1)
Connecticut	50,000	50,000	50,000	-
Delaware	50,000	50,000	50,000	-
District of Columbia	50,000	50,000	50,000	-
Florida	219,594	220,737	220,737	-
Georgia	111,460	111,231	111,231	-
Hawaii	50,000	50,000	50,000	-
Idaho	50,000	50,000	50,000	-
Illinois	142,183	140,035	140,034	(1)
Indiana	72,820	72,083	72,083	-
Iowa	50,000	50,000	50,000	-
Kansas	50,000	50,000	50,000	-
Kentucky	50,000	50,000	50,000	-
Louisiana	51,326	50,860	50,860	-
Maine	50,000	50,000	50,000	-
Maryland	65,971	65,405	65,405	-
Massachusetts	74,460	73,986	73,985	(1)
Michigan	109,391	108,049	108,048	(1)
Minnesota	60,239	59,777	59,777	-
Mississippi	50,000	50,000	50,000	-
Missouri	66,933	66,246	66,246	-
Montana	50,000	50,000	50,000	-
Nebraska	50,000	50,000	50,000	-
Nevada	50,000	50,000	50,000	-
New Hampshire	50,000	50,000	50,000	-

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	98,665	97,545	97,545	-
New Mexico.....	50,000	50,000	50,000	-
New York.....	217,970	215,560	215,559	(1)
North Carolina.....	109,767	109,358	109,357	(1)
North Dakota.....	50,000	50,000	50,000	-
Ohio.....	127,983	126,460	126,460	-
Oklahoma.....	50,000	50,000	50,000	-
Oregon.....	50,000	50,000	50,000	-
Pennsylvania.....	141,153	139,409	139,408	(1)
Rhode Island.....	50,000	50,000	50,000	-
South Carolina.....	53,344	53,315	53,315	-
South Dakota.....	50,000	50,000	50,000	-
Tennessee.....	72,296	71,872	71,872	-
Texas.....	297,567	299,116	299,115	(1)
Utah.....	50,000	50,000	50,000	-
Vermont.....	50,000	50,000	50,000	-
Virginia.....	91,910	91,284	91,284	-
Washington.....	77,949	78,079	78,079	-
West Virginia.....	50,000	50,000	50,000	-
Wisconsin.....	63,555	62,845	62,845	-
Wyoming.....	50,000	50,000	50,000	-
Subtotal, States.....	4,241,819	4,226,184	4,226,177	(7)
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, States and Territories	4,411,819	4,396,184	4,396,177	(7)
Native American Organizations 1/	$30,000	$30,000	$30,000	-
Program Support 2/.....	8,181	15,357	15,357	-
TOTAL.....	**4,450,000**	**4,441,541**	**4,441,534**	**(7)**

1/ The Tribal Organizations line reflects the funds provided to Native Americans in New Mexico.

2/ Program Support -- Includes funds for grant systems and review, and program reporting systems costs.

Alzheimer's Disease Initiative - Outreach Campaign

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alzheimer's Disease Initiative—Outreach (Prevention Fund)	$4,200	$4,200	$0	-$4,200

Authorizing Legislation: Section 411 of the Older Americans Act of 1965, as amended and the Patient Protection and Affordable Care Act (ACA), Section 4002 [42 U.S.C. 300u-11]

FY 2018 Authorization ..... No specific amount authorized

Allocation Method ..... Contracts

Program Description and Accomplishments:

In FY 2012, ACL received $4,000,000 in initial funding from the Prevention and Public Health Fund to begin a public awareness Alzheimer's Disease Outreach Campaign. An estimated 5.2 million individuals in the United States are living with Alzheimer's disease and related dementias (ADRD), and that number is expected to increase by 40 percent by 2025.[108] With the prevalence of this disease growing, this public awareness effort was designed to educate Americans who are at risk or who care for someone at risk of developing this disease.

During the first year of the Campaign, a new website (alzheimers.gov) was launched and a variety of outreach materials were developed in partnership with the National Institute on Aging (NIA) and other stakeholders. Going forward, ACL and NIA will continue to utilize materials already developed to inform people caring for people with Alzheimer's disease that there are federal, state, local, and nonprofit resources available to help them. The campaign highlights the alzheimers.gov website and deploys television, radio and print advertisements as well as search engine optimization and advertisements on specific websites.

[108] Alzheimer's Association. 2014 Alzheimer's Disease Facts and Figures. Accessed April 14, 2014.

Funding History:

Funding for the Alzheimer's Disease Initiative—Outreach Campaign over the last five years is as follows:

FY 2014 .....$4,200,000
FY 2015 .....$4,200,000
FY 2016… $4,200,000
FY 2017 Annualized CR.....$4,200,000
FY 2018 President's Budget $0

Budget Request:

The FY 2018 Budget Request is $0, a decrease of -$4,200,000 from the annualized FY 2017 Continuing Resolution level. No funding is requested in FY 2018 for the Alzheimer's Disease Supportive Services Program since Alzheimer's Disease activities are being consolidated into one program, the Alzheimer's Disease Program.

Resource and Program Data:

Alzheimer's Disease Initiative –Outreach Campaign

(Dollars in thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $
Formula Grants	--	--	--	-
New Discretionary Grants	--	--	--	-
Continuations Grants	--	--	--	-
Contracts	1	4,107	1	4,132
Interagency Agreements	--	--	--	-
Program Support /1		94		68
Total Resources		4,200		4,200

1/ Program Support -- Includes funds for overhead, grant systems and review costs, and information technology support costs.

Medicare Improvements for Patients and Providers Act Programs (MIPPA)

	FY 2016 Final	FY 2017 Annualized CR 1/	FY 2018 President's Budget	FY 2018 +/- FY 2017
MIPPA Programs:	$37,500	$34,913	$37,500	+$2,588
Area Agencies on Aging [Non-Add]	*$7,500*	*$6,983*	*$7,500*	*+$517*
Aging & Disability Resource Centers [Non-Add]	*$5,000*	*$4,655*	*$5.000*	*+$345*
Nat'l Ctr for Benefits & Out-reach Enrollment [Non-Add]	*$12,000*	*$11,172*	*$12,000*	*+$828*
State Health Insurance Asst. Programs [Non-Add]	*$13,000*	*12,103*	*$13,000*	*+$897*
FTEs	4	4	6	+2

1/ Funding in FY 2017 reflects a 6.9% sequester.

Authorizing Legislation: Medicare Improvements for Patients and Providers Act of 2008, Section 119 (42 U.S.C. 1395b-3 note) as amended.

FY 2018 Authorization .....Expired

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 support targeted in-person enrollment assistance specifically to hard to reach low-income and rural Medicare beneficiaries who qualify for either Medicare Savings Plans (MSP) or a Low Income Subsidy (LIS) and 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 135% of the Federal Poverty Level.

Grants to state-level provide 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 SHIP. 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 by providing 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 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 2016, the NCBOE and Benefits Enrollment Centers directly assisted with over 134,000 applications for the LIS, MSP, and other low income benefits.

Funding History:

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

FY 2014 .....$25,000,000
FY 2015 .....$25,000,000
FY 2016 .....$37,500,000
FY 2017 1/ $34,912,500
FY 2018 President's Budget $37,500,000

1/ Reflects a 6.9% sequester.

Budget Request:

Funding for MIPPA totaling $37,500,000 will be requested in FY 2018 for a two-year proposed extension of the Medicare Access and Chip Reauthorization Act (MACRA), maintaining funding at the enacted FY 2017 level.

The Budget eliminates discretionary funding for the State Health Insurance Assistance Program, but maintains funding to provide one-on-one counseling specifically targeting hard-to-reach low-income and rural 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 dollars support. To the extent that these individuals fail

to enroll, each beneficiary would lose not only an estimated $4,000 annually in LIS savings (per SSA estimates) and/or $411 per month in Medicare Part A Premium Savings and $121.80 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 qualify.

Grant Awards Tables:

MIPPA – Area Agencies on Aging

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards/1	136	321	321
Average Awards/2	$52,239	$20,502	$19,948
Range of Awards/3	$2,080 - $596,380	$1,000 - $542,797	$1,000 - $527,511

1/FY 2016 reflects the actual number of grants given including 47 States, and the District of Columbia and 89 Tribes. In FY 2017 and FY 2018 we estimate all eligible States the District of Columbia and 270 Tribes apply for grants.

2/If awards to Tribes are excluded from the "average award" calculation the average award to States and DC are FY 2016 $145,618, $123,749 in FY 2017, and $120,264 in FY 2018.

3/If the awards to Tribes are excluded from the "range of awards" calculation, the smallest award to States and DC is $5,363 in FY 2016, $4,887 in FY 2017, and $4,750 in FY 2018.

MIPPA – Aging Disability and Resource Centers

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	47	51	51
Average Award	$101,031	$86,238	$83,915
Range of Awards	$6,328 - $435,709	$2,702 - $398,179	$2,629 - $387,447

MIPPA – National Center for Benefits Outreach and Enrollment

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	1	1	1
Average Award	$11,417,383	$10,574,438	$10,290,018
Range of Awards	N/A	N/A	N/A

MIPPA –State Health Insurance Assistance Programs

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget
Number of Awards	48	51	51
Average Award	$257,687	$225,142	$218,827
Range of Awards	$0 - $1,073,060	$8,892 - $987,527	$8,642 - $959,830

Resource and Program Data:

Medicare Improvements for Patients and Providers Act Programs
(Dollars in Thousands)

Mechanism	FY 2016 Final #	FY 2016 Final $	FY 2017 CR Annualized #	FY 2017 CR Annualized $	FY 2018 President's Budget #	FY 2018 President's Budget $
Formula Grants	232	24,225	423	22,462	423	21,843.265
New Discretionary Grants	--	--	1	10,574	--	--
Continuations Grants	1	11,417	--	--	1	10,720.000
Contracts	1	692	1	524	4	2,661.864
Interagency Agreements	--	--	--	--	--	402.273
Program Support /1		1,165		1,353	--	1,872.598
Total Resources	234	37,500	425	34,913	57	37,500

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

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: MIPPA - AAA (CFDA 93.071)

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	188,860	171,798	166,959	(4,839)
Alaska	12,748	11,573	11,247	(326)
Arizona	86,308	78,498	76,287	(2,211)
Arkansas	142,299	129,346	125,703	(3,643)
California	320,240	291,583	283,370	(8,213)
Colorado	85,738	78,006	75,809	(2,197)
Connecticut	37,090	33,754	32,803	(951)
Delaware	21,178	19,247	18,705	(542)
District of Columbia	5,363	4,887	4,750	(137)
Florida	339,213	308,773	300,076	(8,697)
Georgia	279,997	254,649	247,476	(7,173)
Hawaii	-	28,779	27,968	(811)
Idaho	52,199	47,411	46,076	(1,335)
Illinois	262,703	238,989	232,257	(6,732)
Indiana	181,091	164,685	160,046	(4,639)
Iowa	101,608	92,261	89,662	(2,599)
Kansas	87,503	79,518	77,277	(2,241)
Kentucky	211,750	192,496	187,074	(5,422)
Louisiana	129,168	117,502	114,192	(3,310)
Maine	42,349	38,403	37,321	(1,082)
Maryland	100,140	91,167	88,599	(2,568)
Massachusetts	75,262	68,512	66,582	(1,930)
Michigan	231,829	210,859	204,920	(5,939)
Minnesota	106,787	96,995	94,263	(2,732)
Mississippi	144,906	131,685	127,976	(3,709)
Missouri	188,141	171,037	166,221	(4,816)
Montana	44,433	40,363	39,227	(1,136)
Nebraska	54,280	49,299	47,911	(1,388)
Nevada	49,163	44,745	43,486	(1,259)
New Hampshire	40,577	36,866	35,828	(1,038)

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	128,430	117,027	113,731	(3,296)
New Mexico.....	60,412	54,906	53,360	(1,546)
New York.....	327,115	297,781	289,393	(8,388)
North Carolina.....	327,293	297,639	289,255	(8,384)
North Dakota.....	-	22,354	21,724	(630)
Ohio.....	246,912	224,581	218,256	(6,325)
Oklahoma.....	123,675	112,414	109,247	(3,167)
Oregon.....	91,365	83,028	80,689	(2,339)
Pennsylvania.....	307,303	279,606	271,730	(7,876)
Rhode Island.....	-	18,903	18,370	(533)
South Carolina.....	178,273	162,188	157,620	(4,568)
South Dakota.....	30,321	27,533	26,758	(775)
Tennessee.....	201,010	182,730	177,584	(5,146)
Texas.....	596,380	542,797	527,511	(15,286)
Utah.....	39,384	35,798	34,789	(1,009)
Vermont.....	23,352	21,187	20,590	(597)
Virginia.....	214,778	195,348	189,846	(5,502)
Washington.....	109,523	99,568	96,763	(2,805)
West Virginia.....	100,752	91,569	88,990	(2,579)
Wisconsin.....	114,848	104,287	101,350	(2,937)
Wyoming.....	-	16,291	15,832	(459)
Subtotal, States.....	6,844,049	6,311,221	6,133,459	(177,762)
Tribes.....	260,520	270,000	270,000	-
Subtotal, States and Territories	7,104,569	6,581,221	6,403,459	(177,762)
Program Management /1.....	395,431	401,779	1,096,541	694,762
TOTAL.....	**7,500,000**	**6,983,000**	**7,500,000**	**517,000**

1/ Program Management -- Reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: MIPPA - ADRC (CFDA 93.071)

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	110,173	100,683	97,970	(2,713)
Alaska	6,328	5,783	5,627	(156)
Arizona	113,102	103,360	100,575	(2,785)
Arkansas	69,489	63,504	61,793	(1,711)
California	187,539	171,385	166,768	(4,617)
Colorado	78,820	72,031	70,090	(1,941)
Connecticut	74,187	67,797	65,970	(1,827)
Delaware	19,398	17,727	17,249	(478)
District of Columbia	10,207	9,328	9,077	(251)
Florida	435,709	398,179	387,447	(10,732)
Georgia	160,390	146,575	142,625	(3,950)
Hawaii	-	24,598	23,936	(662)
Idaho	29,724	27,164	26,432	(732)
Illinois	219,202	200,322	194,924	(5,398)
Indiana	131,386	120,069	116,834	(3,235)
Iowa	16,902	15,446	15,030	(416)
Kansas	56,685	51,802	50,407	(1,395)
Kentucky	99,200	90,655	88,212	(2,443)
Louisiana	89,357	81,660	79,460	(2,200)
Maine	34,568	31,590	30,739	(851)
Maryland	102,191	93,389	90,873	(2,516)
Massachusetts	138,308	126,395	122,990	(3,405)
Michigan	200,896	183,592	178,645	(4,947)
Minnesota	102,212	93,408	90,891	(2,517)
Mississippi	30,659	28,018	27,263	(755)
Missouri	8,068	7,373	7,175	(198)
Montana	15,716	14,362	13,975	(387)
Nebraska	7,492	6,847	6,662	(185)
Nevada	45,147	41,259	40,147	(1,112)
New Hampshire	28,352	25,910	25,212	(698)

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	173,558	158,609	154,335	(4,274)
New Mexico.....	40,680	37,176	36,175	(1,001)
New York.....	215,859	197,266	191,951	(5,315)
North Carolina.....	122,424	111,879	108,864	(3,015)
North Dakota.....	-	2,702	2,629	(73)
Ohio.....	247,990	226,629	220,522	(6,107)
Oklahoma.....	78,748	71,965	70,026	(1,939)
Oregon.....	29,553	27,007	26,280	(727)
Pennsylvania.....	298,141	272,461	265,120	(7,341)
Rhode Island.....	-	21,833	21,245	(588)
South Carolina.....	100,290	91,652	89,182	(2,470)
South Dakota.....	17,878	16,338	15,898	(440)
Tennessee.....	137,400	125,565	122,181	(3,384)
Texas.....	275,079	251,385	244,611	(6,774)
Utah.....	34,206	31,260	30,417	(843)
Vermont.....	14,501	13,252	12,895	(357)
Virginia.....	127,379	116,407	113,271	(3,136)
Washington.....	44,643	40,797	39,698	(1,099)
West Virginia.....	50,040	45,730	44,498	(1,232)
Wisconsin.....	118,683	108,460	105,538	(2,922)
Wyoming.....	-	9,567	9,309	(258)
Subtotal, States.....	4,748,459	4,398,151	4,279,643	(118,508)
Program Management 1/.....	251,541	256,849	720,357	463,508
TOTAL.....	**5,000,000**	**4,655,000**	**5,000,000**	**345,000**

1/ Program Management -- Reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

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

FY 2018 DISCRETIONARY STATE FORMULA GRANTS
PROGRAM/CFDA NUMBER: MIPPA - SHIP (CFDA 93.071)

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Alabama	339,760	312,558	303,791	(8,767)
Alaska	22,921	21,056	20,466	(590)
Arizona	155,261	142,813	138,807	(4,006)
Arkansas	255,943	235,325	228,723	(6,602)
California	576,266	530,489	515,608	(14,881)
Colorado	154,251	141,918	137,938	(3,980)
Connecticut	66,734	61,411	59,688	(1,723)
Delaware	38,089	35,017	34,034	(983)
District of Columbia	9,654	8,892	8,642	(250)
Florida	610,361	561,763	546,005	(15,758)
Georgia	503,688	463,292	450,297	(12,995)
Hawaii	56,938	52,359	50,890	(1,469)
Idaho	93,867	86,257	83,837	(2,420)
Illinois	472,616	434,803	422,606	(12,197)
Indiana	325,759	299,618	291,213	(8,405)
Iowa	182,701	167,853	163,144	(4,709)
Kansas	157,374	144,670	140,612	(4,058)
Kentucky	380,872	350,215	340,391	(9,824)
Louisiana	232,376	213,775	207,779	(5,996)
Maine	76,120	69,868	67,908	(1,960)
Maryland	180,193	165,865	161,212	(4,653)
Massachusetts	135,424	124,647	121,150	(3,497)
Michigan	417,048	383,624	372,863	(10,761)
Minnesota	192,033	176,468	171,517	(4,951)
Mississippi	260,615	239,580	232,860	(6,720)
Missouri	338,410	311,175	302,447	(8,728)
Montana	79,904	73,435	71,376	(2,059)
Nebraska	97,607	89,692	87,176	(2,516)
Nevada	88,458	81,408	79,124	(2,284)
New Hampshire	72,973	67,072	65,191	(1,881)

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

State/Territory	FY 2016 Actual	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
New Jersey.....	231,157	212,911	206,939	(5,972)
New Mexico.....	108,655	99,894	97,091	(2,803)
New York.....	588,604	541,764	526,567	(15,197)
North Carolina.....	588,755	541,505	526,315	(15,190)
North Dakota.....	-	40,669	39,528	(1,141)
Ohio.....	444,184	408,589	397,128	(11,461)
Oklahoma.....	222,443	204,518	198,781	(5,737)
Oregon.....	164,322	151,056	146,818	(4,238)
Pennsylvania.....	552,877	508,698	494,428	(14,270)
Rhode Island.....	-	34,390	33,426	(964)
South Carolina.....	320,727	295,076	286,799	(8,277)
South Dakota.....	54,522	50,092	48,688	(1,404)
Tennessee.....	361,553	332,448	323,123	(9,325)
Texas.....	1,073,060	987,527	959,830	(27,697)
Utah.....	70,838	65,129	63,302	(1,827)
Vermont.....	41,980	38,546	37,465	(1,081)
Virginia.....	386,373	355,405	345,435	(9,970)
Washington.....	196,999	181,149	176,066	(5,083)
West Virginia.....	181,208	166,594	161,920	(4,674)
Wisconsin.....	206,511	189,734	184,412	(5,322)
Wyoming.....	-	29,638	28,807	(831)
Subtotal, States.....	12,368,984	11,482,250	11,160,163	(322,087)
Program Management 1/.....	631,016	620,750	1,839,837	1,219,087
TOTAL.....	**13,000,000**	**12,103,000**	**13,000,000**	**897,000**

1/ Program Management -- Reflects the amount used from the MIPPA appropriation for staff and overhead, support contracts, training, technical assistance, data systems, grant systems, and grants review costs.

Program Administration

	FY 2016 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Program Administration	$40,063	$39,987	$37,987	-$2,000
FTE/1……	170.6	172.7	160.6	-12.1

1/ 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), the Developmental Disabilities Assistance and Bill of Rights Act (DD Act), the Help America Vote Act (HAVA), the Assistive Technology (AT) Act, the Rehabilitation Act, the Public Health Services Act (PHSA), the Elder Justice Act (EJA), and the Medicare Improvements for Patients and Providers Act (MIPPA).

FY 2018 Authorization ..... See Program Narratives

Allocation Method .....Direct Federal/Contract

Program Description and Accomplishments:

ACL's mission is to assist seniors and people of all ages with disabilities to live independently and to be able 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, Help America Vote Act (HAVA), Assistive Technology (AT) Act, Public Health Services Act (PHSA), Elder Justice Act, and the Medicare Improvements for Patients and Providers Act (MIPPA). The majority of these funds cover salaries and benefits, rent and security, and external shared services, all of which 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), as ACL's Principal Deputy Administrator also serves as the Secretary's Senior Advisor on Disability Policy.

In FY 2017, Program Administration funding will support 172.7 of ACL's 199 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 funding 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 2014	$29,802,000	135.0	FTE
FY 2015/1	$37,709,000	184.0	FTE
FY 2016	$40,063,000	170.6	FTE
FY 2017 CR	$39,986,840	172.7	FTE
FY 2018 PB	$37,987,000	160.6	FTE

1/Funding and FTEs for FY 2015 reflect annualized dollars and FTE actually transferred to ACL for program administration, based on a determination order between the Department of Education and ACL.

Budget Request:

ACL's request includes $37,987,000 for Program Administration, a net decrease of -$1,999,840 below the annualized FY 2017 Continuing Resolution level. ACL estimates that it will need to make significant reductions in funds for activities such as travel, training and key contracts. ACL believes that these reductions can be accommodated primarily through attrition and the agency anticipates only minimal, if any, new hiring through FY 2018.

Object Classification Table - Direct

Administration for Community Living

(Dollars in Thousands)

	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Personnel compensation:			
Full-time permanent (11.1)	21,820	20,929	(891)
Other than full-time permanent (11.3)	1,035	993	(42)
Other personnel compensation (11.5)	243	233	(10)
Military personnel (11.7)	-	-	-
Special personnel services payments (11.8)	-	-	-
Subtotal personnel compensation	**23,097**	**22,154**	**(943)**
Civilian benefits (12.1)	6,768	6,587	(181)
Military benefits (12.2)	-	-	-
Benefits to former personnel (13.0)	-	-	-
Total Pay Costs	**29,865**	**28,742**	**(1,123)**
Travel and transportation of persons (21.0)	584	597	12
Transportation of things (22.0)	-	-	-
Rental payments to GSA (23.1)	3,149	3,184	35
Rental payments to Others (23.2)	-	-	-
Communication, utilities, and misc. charges (23.3)	315	193	(122)
Printing and reproduction (24.0)	173	161	(11)
Other Contractual Services:			
Advisory and assistance services (25.1)	27,879	27,223	(656)
Other services (25.2)	180	183	3
Purchase of goods and services from government accounts (25.3)	10,402	10,149	- (253)
Operation and maintenance of facilities (25.4)	53	54	2
Research and Development Contracts (25.5)	-	-	-
Medical care (25.6)	-	-	-
Operation and maintenance of equipment (25.7)	10	11	1
Subsistence and support of persons (25.8)	-	-	-
Subtotal Other Contractual Services	**38,524**	**37,621**	**(903)**
Supplies and materials (26.0)	101	103	3
Equipment (31.0)	24	26	2
Land and Structures (32.0)	-	-	-
Investments and Loans (33.0)	-	-	-
Grants, subsidies, and contributions (41.0)	1,968,993	1,836,323	(132,670)
Interest and dividends (43.0)	-	-	-
Refunds (44.0)	-	-	-
Total Non-Pay Costs	**1,969,117**	**1,836,452**	**(132,665)**
Total Budget Authority by Object Class	**2,041,727**	**1,906,949**	**(134,778)**

Salaries and Expenses

Administration for Community Living
(Dollars in Thousands)

	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2018 +/- FY 2017
Personnel compensation:			
Full-time permanent (11.1)	21,820	20,929	(891)
Other than full-time permanent (11.3)	1,035	993	(42)
Other personnel compensation (11.5)	243	233	(10)
Military personnel (11.7)	-	-	-
Special personnel services payments (11.8)	-	-	-
Subtotal personnel compensation	**23,097**	**22,154**	**(943)**
Civilian benefits (12.1)	6,768	6,587	(181)
Military benefits (12.2)	-	-	-
Benefits to former personnel (13.0)	-	-	-
Total Pay Costs	**29,865**	**28,742**	**(1,123)**
Travel and transportation of persons (21.0)	584	597	12
Transportation of things (22.0)	-	-	-
Rental payments to GSA (23.1)	3,149	3,184	35
Rental payments to Others (23.2)	-	-	-
Communication, utilities, and misc. charges (23.3)	315	193	(122)
Printing and reproduction (24.0)	173	161	(11)
Other Contractual Services:			
Advisory and assistance services (25.1)	27,879	27,223	(656)
Other services (25.2)	180	183	3
Purchase of goods and services from government accounts (25.3)	10,402	10,149	- (253)
Operation and maintenance of facilities (25.4)	53	54	2
Research and Development Contracts (25.5)	-	-	-
Medical care (25.6)	-	-	-
Operation and maintenance of equipment (25.7)	10	11	1
Subsistence and support of persons (25.8)	-	-	-
Subtotal Other Contractual Services	**38,524**	**37,621**	**(903)**
Supplies and materials (26.0)	101	103	3
Equipment (31.0)	24	26	2
Total Non-Pay Costs	**125**	**129**	**4**
Total Budget Authority by Object Class	**72,734**	**70,626**	**(2,108)**
Total Salary and Expense	**29,865**	**28,742**	**(1,123)**
Direct FTE	172	171	159

Detail of Full-Time Equivalent Employment (FTE)

Administration for Community Living

	2016 Actual Civilian	2016 Actual Military	2016 Actual Total	2017 Est. Civilian	2017 Est. Military	2017 Est. Total	2018 Est. Civilian	2018 Est. Military	2018 Est. Total
Immediate Office of the Administrator									
Direct:	20		20	18		18	20		20
Reimbursable:	0		0	0		0	0		0
Total:	20	0	20	18	0	18	20	0	20
Administration on Aging									
Direct:	22		22	25		25	22		22
Reimbursable:	1		1	3		3	3		3
Total:	23	0	23	28	0	28	25	0	25
Administration on Disabilities									
Direct:	27		27	27		27	24		24
Reimbursable:	0		0	2		2	1		1
Total:	27	0	27	29	0	29	25	0	25
Center for Policy and Evaluation									
Direct:	6		6	6		6	6		6
Reimbursable:	4		4	5		5	7		7
Total:	10	0	10	11	0	11	13	0	13
Center for Management and Budget									
Direct:	31		31	33		33	29		29
Reimbursable:	0		0	1		1	1		1
Total:	31	0	31	34	0	34	30	0	30
Center for Integrated Programs									
Direct:	9		9	8		8	8		8
Reimbursable:	19		19	17		17	16		16
Total:	28	0	28	25	0	25	24	0	24
Office of Regional Operations									
Direct:	28		28	25		25	22		22
Reimbursable:	0		0	0		0	0		0
Total:	28	0	28	25	0	25	22	0	22
National Institute on Disability, Independent Living, and Rehabilitation Research									
Direct:	29		29	29		29	28		28
Reimbursable:	0		0	0		0	0		0
Total:	29	0	29	29	0	29	28	0	28
OPDIV FTE Total	**196**		**196**	**199**		**199**	**187**		**187**

Average GS Grade	
FY 2014	13
FY 2015	12.8
FY 2016	13.6
FY 2017	13.6
FY 2018	13.6

Detail of Positions

Administration for Community Living

	2016 Actual	2017 Annualized CR	2018 President's Budget
Executive level I	0	0	0
Executive level II	0	0	0
Executive level III	0	0	0
Executive level IV	0	0	1
Executive level V	0	0	0
Subtotal	0	0	1
Total - Exec. Salaries (Excludes Benefits).	$ --	$ --	$ 161,900
ES-6	0	0	0
ES-5	2	0	2
ES-4	1	0	0
ES-3	1	2	2
ES-2	2	0	0
ES-1	0	1	1
Subtotal	6	3	5
Total - ES Salary (Excludes Benefits)	$ 1,010,321	$ 541,661	$ 845,061
GS-15	32	35	33
GS-14	55	53	51
GS-13	59	64	54
GS-12	18	20	19
GS-11	15	15	15
GS-10	1	1	1
GS-9	5	4	4
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	1	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	190	196	181
Total - GS Salary (Excludes Benefits)	$ 21,043,669	$ 22,505,143	$ 21,279,162
Average ES level	0	0	3
Average ES salary	$ --	$ --	$ 169,012
Average GS grade	13.6	13.6	13.3
Average GS salary	$ 110,756	$ 114,822	$ 117,564
Average AD salary	$ 130,665	$ 135,670	$ 137,762

Programs Proposed for Elimination

Administration for Community Living

Program	FY 2017 CR	Rationale
State Councils on Developemental Disabilities	72,861	The State Councils on Developmental Disabilities; along with the State Grants component of the Independent Living programs,; and the State Implementation Partnership Grants component of the Traumatic Brain Injury program would be combined to create a single cross-disability program, Partnerships for Innovation, Inclusion and Independence (PIII), that can target resources in each State to support the development of systems and services that increase opportunities for independence, integration, productivity, inclusion, and self-determination for people with all types of significant disabilities. The proposed integration of these three programs will eliminate overlap and streamline operations.
Limb Loss Resource Center	2,805	The mission and activities carried out by the Limb Loss Resource Center are duplicative of other Federal efforts. Support for individuals affected by limb loss is also available through other ACL programs such as Aging and Disability Resource Centers, Centers for Independent Living (CILs) and Assistive Technology, which provide services to people with all types of significant disabilities.
Paralysis Resource Center	7,685	The mission and activities carried out by the Paralysis Resource Center are duplicative of other Federal efforts. Support for individuals affected by limb loss is also available through other ACL programs such as Aging and Disability Resource Centers, Centers for Independent Living (CILs) and Assistive Technology, which provide services to people with all types of significant disabilities.
State Health Insurance Assistance Programs	52,016	While ACL will reduce the scale of its one-on-one person assistance through the State Health Insurance Assistance Program, Medicare beneficiaries will continue to have access to online tools such as Plan Finder and phone assistance such as CMS's 1-800-MEDICARE helpline. Some states also support SHIP programs.

FTE Funded by the Affordable Care Act

Administration for Community Living
(Dollars in thousands)

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

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	$ 1,000	0	0	$ -	0	0	$ -	0	0
Medicare Improvements for Patients & Providers Act Programs	Section 3306	$ -	0	0	$ -	0	0	$ -	0	0
New programs authorized and funded by ACA (Mandatory)										
Aging and Disability Resource Centers	Section 2405	$ -	0	0	$ -	0	0	$ -	0	0
New programs funded from the PPHF under ACA (Discretionary)										
Adult Protective Services (Prevention & Public Health Fund)	Section 4002	$ -	0	0	$ -	0	0	$ -	0	0
Chronic Disease Self-Management Education (PPHF)	Section 4002	$ 8,000	0	0	$ 8,000	0	0	$ -	0	0
Alzheimer's Disease Initiative--Supportive Services (PPHF)	Section 4002	$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
Falls Prevention--(PPHF)	Section 4002	$ 5,000	0	0	$ 5,000	0	0	$ -	0	0
Programs authorized by ACA but funded by other sources (Discretionary)										
Elder Justice Initiative/Adult Protective Services	Subtitle H, Sections 6701-6703	$ 8,000	1	0	$ 7,985	3	0	$ 7,985	3	0

Physicians' Comparability Allowance Worksheet

Administration for Community Living

ACL does not have anything to submit for this section.

Significant Items in Appropriations Committee Reports

Administration for Community Living

Aging and Disability Services Programs (H Rept. 114-699/Page 101)

The Committee understands ACL has proposed to expand the administrative capacity of grant programs by shifting funds from grants to support new staff. The Committee recognizes this additional capacity may enhance program oversight and performance. However, the Committee's intent for appropriating these funds is to expand program dollars available for grants, not to expand ACL's administrative capacity. The Committee is concerned about the programmatic impact a shift in funds will have on grantees. The Committee directs ACL to maintain the fiscal year 2015 funding for the grants for all programs, and where there were increases provided in fiscal year 2016, the Committee directs ACL to increase grants by the same amount. The Committee requests additional detail in the fiscal year 2018 budget request under each program for any proposed reduction in the amount for grants, including the amount of the reduction for grants and the increase proposed for administrative staff.

Action Taken or To Be Taken: ACL no longer plans to expand the administrative capacity of grant programs by shifting funds from grants to support new staff. The proposal will not be implemented in FY 2017 and is not proposed in the FY 2018 President's Budget. Programs that have been historically subject to statutory set-asides and program support requirements will continue but no new programs will be subject to set-asides in FY 2017 or the FY 2018 President's Budget to fund additional staff. Existing grant costs for each program can be found in the mechanism tables included in the Congressional Justification.

Olmstead v. L.C. 527 U.S. 581 (1999) – H. Rept. 114-699/Pages 104-5

The Committee notes that the Developmental Disabilities Assistance and Bill of Rights Act of 2000 does not require closure of long-term care facilities for persons unable to care for themselves. The Committee notes that the 1999 U.S. Supreme Court decision in Olmstead v. L.C. does not mandate deinstitutionalization. ''We emphasize that nothing in the Americans with Disabilities Act or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings… Nor is there any Federal requirement that community-based treatment be imposed on patients who do not desire it.'' Olmstead v. L.C. 119 S. Ct. 2176, 2187 (1999). The Committee asks for a report on the current Olmstead enforcement activities within ACL.

Action Taken or To Be Taken: The Administration for Community Living does not have statutory authority to enforce Olmstead activities. The Department of Justice has the authority to enforce'' Olmstead v. L.C. 119 S. Ct. 2176, 2187 (1999) and ACL defers to the DOJ on any enforcement activities and decisions related to the Olmstead ruling.

A small portion of ACL grantee activities are specifically focused on Olmstead. Examples include participation on State Olmstead task forces, training for various stakeholders on Olmstead and ADA requirements, technical assistance to States in the implementation of State

Olmstead plans and State enforcement of Olmstead, and technical assistance to self-advocacy groups on Olmstead. Some grantees are given responsibility for monitoring consent decrees or other settlement agreements related to Olmstead and the ADA to ensure appropriate services and supports are in place for quality community living.

Assistive Technology - H. Rept. 114-699/Page 106

This funding is intended 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 otherwise 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.

Action Taken or To Be Taken: No funding is requested for the Assistive Technology (AT) Alternative Financing Program (AFP), a one-year competitive-grant program no longer authorized under current law, which was funded at $2 million through appropriations in FY 2017. In FY 2005, Congress amended the AT Act to eliminate the separate AFP authorization and instead authorized an AT State grant program that is inclusive of financing activities.

Training and technical assistance is provided to the entities funded under the AT Act for all required state leadership and state-level activities, including state financing. We expect State AT programs to continue to serve the unique needs of their state by conducting financing activities which can include cash loans for the purchase of assistive technology devices, credit-building activities, financial education, and information about funding resources to acquire assistive technology devices and services. Since there is no separate AFP discretionary grant program authorization in the AT Act, ACL is only requesting funding in FY 2018 for the State AT grant program, which supports state financing activities nationwide.

Medicaid Licensed Intermediate Care Facilities - H. Rept. =114-699/Page 105/Within 180 Days of enactment of this act.

There is a nationwide trend towards deinstitutionalization of patients with intellectual or developmental disabilities in favor of community based settings. The Department is strongly urged to continue to factor the needs and desire of patients, their families, caregivers, and other stakeholders, as well as the need to provide proper settings for care, into its enforcement of the Developmental Disabilities Act. The Committee maintains bill language requiring notification of affected individuals of their legal rights in this regard.

Action Taken or To Be Taken: ACL works towards maximizing the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. ACL understands that many people with intellectual and developmental disabilities need specialized, individualized services and supports to live as independently as possible.

ACL recognizes the important role of family members and caregivers in ensuring that individual preferences are honored and needs are met. We also recognize that when significant support is needed, the preferences of the individual are not the only factor in determining how to best support that person. The availability of services and supports in a variety of settings, the resources and availability of family caregivers, and other factors also must be considered.

Muscular Dystrophy – H. Rept. 114-699/Page 106

The Committee is aware that ACL is included in the Muscular Dystrophy Coordinating Committee under the Muscular Dystrophy CARE Act Amendments enacted in September 2014. The Committee supports programs and initiatives focused on the transitions of persons with Duchenne into adulthood. The Committee requests a report on ACL's plans to conduct comprehensive studies focused on demonstrating the cost-effectiveness of independent living programs and supports for persons living with various forms of muscular dystrophy.

Muscular Dystrophy – S. Rept. 114-274/Page 151

The Committee is aware that the ACL is included in the Muscular Dystrophy Coordinating Committee under the Muscular Dystrophy CARE Act Amendments enacted in September 2014. The Committee supports programs and initiatives focused on the transitions of persons with Duchenne into adulthood. The Committee requests a report within 180 days of enactment of this act on the administration's plans to conduct comprehensive studies focused on demonstrating the cost-effectiveness of independent living programs and supports for persons living with various forms of muscular dystrophy.

Action Taken or To be Taken: Developing a comprehensive report on the cost-effectiveness of independent living programs and support for persons living with various forms of muscular dystrophy would cost an estimated $4 million. No appropriations have been provided for this purpose, and as a result ACL is unable to provide the requested report.

Home and Community-Based Supportive Services - H. Rept. 114-274/Page 145

The Committee recommends an appropriation of $347,724,000 for the Home and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance such as personal care and homemaker assistance. 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. The Committee notes that NORCs, and similar settings, are a more cost-effective alternative to long-term care that enables older Americans to be more engaged in their communities while living at home.

Action Taken or To Be Taken: ACL appreciates and supports the Committee's continued interest in innovative service models that help older adults remain independent as they age. ACL continues to work with other Federal partners, states and localities to encourage livable communities and develop innovative models, such as NORCs and the World Health Organization's Age-Friendly Communities that support aging in place. In particular, ACL recognizes housing as an important social determinant of health for older adults and persons with disabilities and has worked with the Department of Housing and Urban Development (HUD) on several initiatives.

ACL is continuing to contribute to the implementation on the Department of Housing and Urban Development's Supportive Services Demonstration for Elderly Households in Assisted Multifamily Housing Program in a number of roles. This effort will support a housing-with-services demonstration project for low-income older adults to test service models that can demonstrate the potential to delay or avoid the need for institutional long-term care. In addition, the model will test and measure the benefit and impact of having on-site service provision by an Enhanced Service Coordinator and a Wellness Nurse of services provided by an Enhanced Service Coordinator and a Wellness Nurse.

Aging and Disability Resource Centers - H. Rept. 114-274/Page 148

The Committee recommendation includes $6,119,000 for Aging and Disability Resource Centers [ADRCs]. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence. The Committee urges ACL to improve coordination among ADRCs, area agencies on aging, and centers for independent living to ensure that there is ''no wrong door'' to access services.

Action Taken or To Be Taken: The ADRC program is dedicated to expanding the use of "no wrong door" modeled after the *NWD System Key Elements,* which require full participation of AAAs, ADRCs and CILs. As part of ACL's efforts, ACL has developed the first national training program for Person Centered Thinking, Planning and Practice which provides consisting training across aging and disability organizations; enhanced collaboration between HHS and the Veteran's Health Administration through the creation of the ADRC/NWD system and implementation of the Veteran Directed HCBS program; partnered with the National Council for Independent Living to provide technical assistance to States that are implementing "no wrong door" systems to ensure full participation of AAAs, ADRCs, CILs; and required in all current NWD System Funding Opportunities that each state agency that represents AAAs, ADRCs and CILs be included in any NWD System Governing Body.

State Health Insurance Assistance Program - H. Rept. 114-274/Page 148
Due to budget constraints, the Committee recommendation does not include funding for the State Health Insurance assistance Program. The Committee expects ACL, in coordination with CMS and States, to continue to provide accurate and understandable health insurance information to Medicare beneficiaries and their families through existing HHS programs that support these activities.

Action Taken or To Be Taken: While ACL will reduce the scale of its one-on-one person assistance through the State Health Insurance Assistance Program, Medicare beneficiaries will continue to have access to online tools such as Plan Finder and phone assistance such as CMS's 1-800-MEDICARE helpline. Some states also support SHIP programs. The FY 2018 Budget reduces funding for SHIPs by $52 million. Funding specifically targeted to low-income seniors and seniors living in rural areas is maintained at $12 million.