



# DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year  
**2010**

Administration  
on Aging

*Justification of  
Estimates for  
Appropriations Committees*

## **Introduction**

The FY 2010 Congressional Justification is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at <http://www.hhs.gov/asrt/ob/docbudget/index.html>.

The FY 2010 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

## ***FROM THE ADMINISTRATION ON AGING***

The Administration on Aging (AoA) FY 2010 Congressional Justification continues to demonstrate AoA's commitment to providing high-quality, efficient services to the Nation's most vulnerable elders. Through effective program management and strategic investment of grant funds, AoA is systematically advancing its mission of developing a comprehensive, coordinated and cost-effective system of home and community-based services that helps older adults maintain their independence and dignity. At the same time, the FY 2010 request will also provide the resources needed to support ongoing AoA efforts to reform health and long-term care.

AoA's three performance measurement categories of program efficiency, client outcomes and effective targeting contribute to the success of the national aging services network in achieving AoA's key goals to:

- Empower older people, their families and other consumers to make informed decisions about and to be able to easily access, existing health and long-term care options.
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The AoA national aging services network of States, Tribes, area agencies on aging and community services providers serves as the foundation and infrastructure for cost-effective, integrated health and human services that are critical to maintaining the health and independence of senior citizens and their families throughout the United States.

With this budget request, AoA will be able to continue to fund high quality, consumer-oriented services to this country's most vulnerable citizens. At the same time, AoA will also be an active contributing partner in reforming health and long-term care. Together, these efforts will continue to insure that vulnerable elders continue to have the information, access and services necessary to remain in their homes and communities for as long as they are able.

Edwin L. Walker  
Acting Assistant Secretary for Aging

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION ON AGING**

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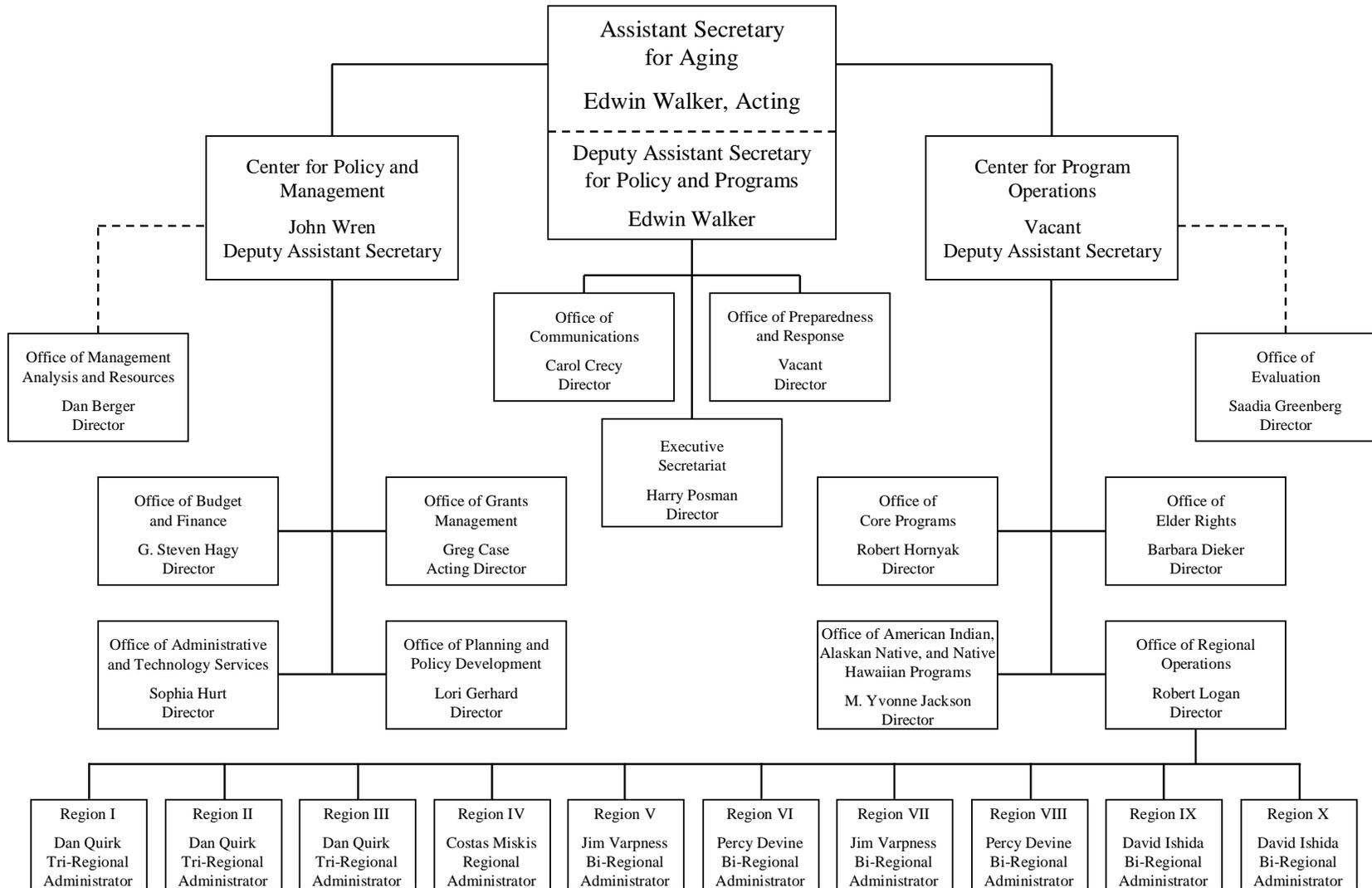
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# ADMINISTRATION ON AGING ORGANIZATIONAL CHART



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## **Executive Summary**

The mission of the Administration on Aging (AoA) is to help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care, and livable communities across the U.S. AoA does this by serving as the Federal agency responsible for advancing the concerns and interests of older people and their caregivers, and by working with and through the national aging services network to promote the development of a comprehensive and coordinated system of home and community-based long-term care that is responsive to the needs and preferences of older people and their family caregivers.

### **AoA's Core Values**

In the ongoing management of our programs and our strategic planning process, AoA is guided by a set of core values in developing and carrying the agency's mission. These values include listening to older people, their family caregivers, and AoA partners who serve them; responding to the changing needs and preferences of our increasingly diverse and rapidly growing elderly population; producing measurable outcomes that significantly impact the well-being of older people and their family caregivers; and valuing and developing our staff.

### **AoA's Strategic Goals**

Five strategic goals guide AoA in carrying out its mission under the Older Americans Act and have been instrumental in the formulation of AoA's budget request for FY 2010:

- Goal 1: Empower older people, their families and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.
- Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
- Goal 3: Empower older people to stay active and healthy through Older Americans Act prevention programs and the new prevention benefits under Medicare.
- Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.
- Goal 5: Maintain effective and responsive management.

## Overview of Budget Request

The FY 2010 President's Budget request for AoA is \$1,491,343,000 and 120 FTE – the same level of funding as the FY 2009 Omnibus, but an increase of +13 FTE above FY 2009. The majority of AoA programs will remain funded at the same level as in FY 2009.

### Program Increases

Under the request additional funding is requested in two areas:

- *Health and Long Term Care Programs (+2,589,000)*: The additional funding will be used to build on the evaluation that began in FY 2009 of AoA's health and long-term care programs—Aging and Disability Resource Centers, Evidence-Based Disease and Disability Prevention Programs and Nursing Home Diversion - which Congress has directed AoA to expand nationally. These programs were previously referred to collectively as the Choices for Independence initiative. The rigorous evaluation will both measure the impacts and outcomes of these programs and evaluate operational processes to identify opportunities to continually improve and enhance their overall operation and to assure that they are delivering the intended results.
- *Program Administration (+\$2,534,000, +13 FTE)*: The request also provides additional funding for administrative resources. This infusion of resources is necessary to allow AoA to make needed investments in human capital development, information technology and other activities that are needed to effectively reach out to citizens, promote efficiency and innovation, and provide transparency and accountability. This request will bring funding to the level that would have been achieved if funding had been increased at an average annual rate of just 2 percent over the last few years. This will position AoA to meet the twin challenges posed by an increasing aging population and growing AoA involvement within and outside the Department in reform of health and long-term care issues.

### Program Decreases

- *Program Innovations (-\$5,123,000)*: The FY 2010 request does not include funding for one-time, one-year Congressional earmarks projects whose selection was incorporated into law by reference in the FY 2009 Omnibus. There are no other programmatic funding decreases or program eliminations proposed as part of the FY 2010 President's Budget request.

**All-Purpose Table  
Administration on Aging  
(Dollars in Thousands)**

Program	FY 2008 Appropriations	FY 2009 Omnibus	FY 2009 Recovery Act	FY 2010 President's Budget Request
<b>State &amp; Community-Based Services:</b>				
Home & Community-Based Supportive Services.....	\$ 351,348	\$ 361,348	\$ --	\$ 361,348
Congregate Nutrition Services.....	410,716	434,269	65,000	434,269
Home-Delivered Nutrition Services .....	193,858	214,459	32,000	214,459
Nutrition Services Incentive Program 1/.....	153,429	161,015	--	161,015
Preventive Health Services .....	21,026	21,026	--	21,026
Family Caregiver Support Services .....	<u>153,439</u>	<u>154,220</u>	<u>--</u>	<u>154,220</u>
Subtotal, State & Community-Based Services.....	\$ 1,283,816	\$ 1,346,337	\$ 97,000	\$ 1,346,337
<b>Services for Native Americans:</b>				
Native American Nutrition & Supportive Services 2/	\$ 26,898	\$ 27,208	\$ 3,000	\$ 27,208
Native American Caregiver Support Services.....	<u>6,316</u>	<u>6,389</u>	<u>--</u>	<u>6,389</u>
Subtotal, Services for Native Americans.....	\$ 33,214	\$ 33,597	\$ 3,000	\$ 33,597
<b>Protection of Vulnerable Older Americans:</b>				
Long Term Care Ombudsmen Program .....	\$ 15,577	\$ 16,327	\$ --	\$ 16,327
Prevention of Elder Abuse & Neglect .....	<u>5,056</u>	<u>5,056</u>	<u>--</u>	<u>5,056</u>
Subtotal, Vulnerable Older Americans.....	\$ 20,633	\$ 21,383	\$ --	\$ 21,383
Program Innovations.....	\$ 14,655	\$ 18,172	\$ --	\$ 13,049
Aging Network Support Activities .....	\$ 31,589	\$ 41,694	\$ --	\$ 44,283
Health and Long-Term Care Programs (Non-Add) 3/	<u>16,212</u>	<u>28,000</u>	<u>--</u>	<u>30,589</u>
Alzheimer's Disease Demonstration Grants .....	\$ 11,464	\$ 11,464	\$ --	\$ 11,464
Program Administration .....	\$ 18,064	\$ 18,696	\$ --	\$ 21,230
<b>Total, Discretionary Budget Authority.....</b>	<b>\$ 1,413,435</b>	<b>\$ 1,491,343</b>	<b>\$ 100,000</b>	<b>\$ 1,491,343</b>
Health Care Fraud and Abuse Control 4/.....	\$ 3,128	\$ 3,200	\$ --	\$ 3,200
Medicare Enrollment Assistance 5/ .....	\$ --	\$ 17,500	\$ --	\$ --
<b>Total, Program Level.....</b>	<b>\$ 1,416,563</b>	<b>\$ 1,512,043</b>	<b>\$ 100,000</b>	<b>\$ 1,494,543</b>

1/ Includes \$2,659,000 in FY 2008 and \$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.

2/ The American Recovery and Reinvestment Act directs ARRA funding to Nutrition Services for Native Americans.

3/ Previously referred to as Choices for Independence.

4/ FY 2010 is a placeholder; the Secretary and the Attorney General will determine the final amount.

5/ The Medicare Improvements for Patients and Providers Act (P.L. 110-275) transferred \$17.5 million in funding to AoA from the Medicare Trust Fund.

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## **Appropriations Language**

### Administration on Aging Aging Services Programs

For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965, section 398 of the Public Health Service Act, and section 119 of the Medicare Improvements for Patients and Providers Act of 2008, \$1,491,343,000, of which \$5,500,000 shall be available for activities regarding medication management, screening, and education to prevent incorrect medication and adverse drug reactions[: *Provided*, That \$5,123,000 shall be used for the projects, and in the amounts, specified under the heading “Aging Services Programs” in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act)].

## Language Analysis

Administration on Aging  
Aging Services Programs

### Language Provision

[: *Provided*, That \$5,123,000 shall be used for the projects, and in the amounts, specified under the heading “Aging Services Programs” in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act)]

### Explanation

Deletes statutory language for one-year, one-time Congressional earmarks. No funding is requested for these earmarks in FY 2010.

**Amounts Available for Obligation  
Administration on Aging  
FY 2010 Budget Submission  
(Dollars in Thousands)**

	<b>FY 2008 Actual</b>	<b>FY 2009 Estimate</b>	<b>FY 2010 President's Budget</b>
<b><u>General Fund Discretionary Appropriation:</u></b>			
Appropriation (Annual).....	1,438,567	1,491,343	1,491,343
Across-the-Board Reductions (P.L. 110-161).....	(25,132)	--	--
Appropriation (American Recovery and Reinvestment Act) .....	--	100,000	--
Transfers:			
Transfer of Funds to: Department of Agriculture 1/.....	(2,659)	(2,681)	--
Subtotal, Adjusted Appropriation.....	1,410,776	1,588,662	1,491,343
<b><u>Offsetting Collections From:</u></b>			
Trust Funds: HCFAC 2/.....	3,089	3,247	3,200
Trust Funds: MIPPA. ....	--	17,500	--
Unobligated Balance: Start of Year.....	--	--	--
Recoveries of Prior Year Obligations .....	--	--	--
Unobligated Balance: End of Year.....	--	--	--
Unobligated Balance: Lapsing .....	(228)	--	--
<b>Total Obligations 3/ .....</b>	<b>1,413,637</b>	<b>1,609,409</b>	<b>1,494,543</b>

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1/ Includes FY 2008 and FY 2009 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 110-19.

2/ FY 2008 reflects obligated amount. FY 2009 includes funds carried over from the prior year.

3/ Excludes the following amounts for reimbursable activities carried out by this account: FY 2008: \$1,813,000  
FY 2009: \$903,000 FY 2009: 918,000

**Summary of Changes  
Administration on Aging  
FY 2010 Budget Submission  
(Dollars in Thousands)**

FY 2009 Enacted .....	1,491,343
FY 2010 Estimate .....	1,491,343
Net Change .....	--

	<b>FY 2009 Estimate FTE</b>	<b>FY 2009 Estimate Budget Authority</b>	<b>Change from Base FTE</b>	<b>Change From Base Budget Authority</b>
<b>Increases:</b>				
A. Built-in:				
1. Provide for January 2009 2.0% Civilian 2.9% Military pay raise and related pay costs .....	97	13,293	--	330
2. Increased costs related to GSA rent .....	--	1,568	--	16
Subtotal, Built-In Increases .....				<u>346</u>
B. Program				
1. Additional funding for Health and Long-Term Care Programs ...	--	28,000	--	2,589
2. Additional FTE and related costs .....	97	13,293	13	1,835
3. Additional costs related to general operating expenses.....	--	14,849	--	353
Subtotal, Program Increases.....				<u>4,777</u>
<b>Total, Increases .....</b>				<b>5,123</b>
<b>Decreases:</b>				
A. Built-in:				
Subtotal, Built-in Decreases .....				<u>--</u>
B. Program:				
1. Elimination of one-time project earmarks.....	--	5,123	--	<u>(5,123)</u>
Subtotal, Program Decreases .....				<u>(5,123)</u>
<b>Total, Decreases .....</b>				<b>(5,123)</b>
<b>Total, Net Change .....</b>				<b>--</b>

**Budget Authority by Activity**  
**Administration on Aging**  
**FY 2010 Budget Submission**  
(Dollars in Thousands)

Activity	FY 2008 Actual	FY 2009 Estimate	FY 2010 President's Budget Request
<b>State &amp; Community-Based Services:</b>			
Home & Community-Based Supportive Services	\$ 351,348	\$ 361,348	\$ 361,348
Congregate Nutrition Services .....	410,716	434,269	434,269
Home-Delivered Nutrition Services.....	193,858	214,459	214,459
Nutrition Services Incentive Program 1/ .....	153,429	161,015	161,015
Preventive Health Services .....	21,026	21,026	21,026
Family Caregiver Support Services.....	<u>153,439</u>	<u>154,220</u>	<u>154,220</u>
Subtotal, State & Community-Based Services	\$ 1,283,816	\$ 1,346,337	\$ 1,346,337
<b>Services for Native Americans:</b>			
Native American Nutrition & Supportive Services	\$ 26,898	\$ 27,208	\$ 27,208
Native American Caregiver Support Services.....	<u>6,316</u>	<u>6,389</u>	<u>6,389</u>
Subtotal, Services for Native Americans .....	\$ 33,214	\$ 33,597	\$ 33,597
<b>Protection of Vulnerable Older Americans:</b>			
Long Term Care Ombudsman Program .....	\$ 15,577	\$ 16,327	\$ 16,327
Prevention of Elder Abuse & Neglect.....	<u>5,056</u>	<u>5,056</u>	<u>5,056</u>
Subtotal, Vulnerable Older Americans .....	\$ 20,633	\$ 21,383	\$ 21,383
Program Innovations .....	\$ 14,655	\$ 18,172	\$ 13,049
Aging Network Support Activities.....	31,589	41,694	\$ 44,283
<i>Health and Long-Term Care Programs 2/</i> .....	16,212	28,000	30,589
Alzheimer's Disease Demonstration Grants .....	\$ 11,464	\$ 11,464	\$ 11,464
Program Administration.....	\$ 18,064	\$ 18,696	\$ 21,230
<b>Total, Discretionary Budget Authority .....</b>	<b>\$ 1,413,435</b>	<b>\$ 1,491,343</b>	<b>\$ 1,491,343</b>
Health Care Fraud and Abuse Control 3/.....	\$ 3,128	\$ 3,200	\$ 3,200
Medicare Enrollment Assistance 4/ .....	\$ --	\$ 17,500	\$ --
<b>Total, Discretionary Program Level.....</b>	<b>\$ 1,416,563</b>	<b>\$ 1,512,043</b>	<b>\$ 1,494,543</b>
<b>Total, FTE 5/ .....</b>	<b>106</b>	<b>107</b>	<b>120</b>

1/ 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.

2/ Previously referred to as Choices for Independence.

3/ FY 2010 is a placeholder; the Secretary and the Attorney General will determine the final amount.

4/ FY 2009 does not include funding appropriated under the 2009 American Recovery and Reinvestment Act (P.L. 111-5).

5/ Includes Commissioned Corps.

**Authorizing Legislation  
Administration on Aging  
FY 2010 Budget Submission**

	FY 2009 Authorized <u>Amount</u>	FY 2009 <u>Enacted</u>	FY 2010 Authorized <u>Amount</u>	FY 2010 <u>Estimate</u>
1) Home and Community- Based Supportive Services: OAA Section 321 .....	Such Sums	\$361,348,000	Such Sums	\$361,348,000
2) Congregate Nutrition Services: OAA Section 331 .....	Such Sums	\$434,269,000	Such Sums	\$434,269,000
3) Home-Delivered Nutrition Services: OAA Section 336 .....	Such Sums	\$214,459,000	Such Sums	\$214,459,000
4) Nutrition Services Incentive Program: OAA Section 311 1/.....	Such Sums	\$161,015,000	Such Sums	\$161,015,000
5) Preventive Health Services: OAA Section 361 .....	Such Sums	\$21,026,000	Such Sums	\$21,026,000
6) National Family Caregiver Support Program: OAA Section 371.....	\$173,000,000	\$154,220,000	\$180,000,000	\$154,220,000
7) Native American Nutrition and Supportive Services: OAA Sections 613 and 623.....	Such Sums	\$27,208,000	Such Sums	\$27,208,000
8) Native American Caregiver Support Program: OAA Section 631.....	\$7,200,000	\$6,389,000	\$7,500,000	\$6,389,000
9) Long-Term Care Ombudsman Program: OAA Section 712 .....	Such Sums	\$16,327,000	Such Sums	\$16,327,000
10) Prevention of Elder Abuse and Neglect: OAA Section 721.....	Such Sums	\$5,056,000	Such Sums	\$5,056,000
11) Program Innovations: OAA Section 411 .....	Such Sums	\$18,172,000	Such Sums	\$13,049,000
12) Aging Network Support Activities: OAA Sections 202, 215 and 411 .....	Such Sums	\$41,694,000	Such Sums	\$44,283,000

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1/ 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.

**Authorizing Legislation  
Administration on Aging  
FY 2010 Budget Submission**

	FY 2009 Authorized <u>Amount</u>	FY 2009 Enacted	FY 2010 Authorized <u>Amount</u>	FY 2010 <u>Estimate</u>
13) Alzheimer's Disease				
Demonstration Grants:				
PHSA Section 398.....	Expired	\$11,464,000	Expired	\$11,464,000
14) Program Administration:				
OAA Section 205 .....	Such Sums	\$18,696,000	Such Sums	\$21,230,000
 Total Request Level .....		 \$1,491,343,000		 \$1,491,343,000

Unfunded Authorizations:

1) Legal Assistance:				
OAA Section 731 .....	Such Sums	--	Such Sums	--
2) Native American Organization and Elder Justice Provisions:				
OAA Sections 751 and 752.....	Such Sums	--	Such Sums	--

**Appropriations History Table  
Administration on Aging  
FY 2010 Budget Submission**

	<b><u>Budget Estimate to Congress</u></b>	<b><u>House Allowance</u></b>	<b><u>Senate Allowance</u></b>	<b><u>Appropriation</u></b>
FY 2001	1,083,619,000	925,805,000	954,619,000	1,103,135,000
FY 2001 Rescission	--	--	--	-42,000
FY 2001 Transfer	--	--	--	-151,000
FY 2002	1,097,718,000	1,144,832,000	1,209,756,000	1,199,814,000
FY 2002 Rescission 1/	--	--	--	-143,000
FY 2003	1,341,344,000	1,355,844,000	1,369,290,000	1,376,001,000
FY 2003 Rescission	--	--	--	-8,944,007
FY 2004	1,343,701,000	1,377,421,000	1,361,193,000	1,382,189,000
FY 2004 Rescission 2 /	--	--	--	-8,271,225
FY 2005	1,376,527,000	1,403,479,000	1,395,117,000	1,404,634,000
FY 2005 Rescission 3/	--	--	--	-11,292,624
FY 2006	1,369,028,000	1,376,217,000	1,391,699,000	1,376,624,000
FY 2006 Rescission	--	--	--	-13,766,240
FY 2006 Transfer	--	--	--	-936,197
FY 2007	1,334,835,000	1,390,306,000	1,380,516,000	1,383,007,000
FY 2008 4/	1,335,146,000	1,417,189,000	1,451,585,000	1,438,567,000
FY 2008 Rescission	--	--	--	-25,131,765
FY 2009 5/	1,381,384,000	1,492,741,000	1,478,156,000	1,491,343,000
FY 2009 ARRA 6/	--	--	--	100,000,000
FY 2010	1,491,343,000	--	--	--

1/ Reflects three separate rescissions of -\$37,000, -\$17,000, and -\$89,000.

2/ Reflects two separate rescissions of - \$8,154,255 and -\$117,000.

3/ Reflects two separate rescissions of - \$11,236,624 and -\$56,000.

4/ 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. Department of Agriculture for commodities purchases pursuant to Public Law 110-19.

5/ Includes \$2,681,000 in FY 2009 budget authority appropriated to AoA and transferred to the

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

## **State and Community-Based Services**

### **Summary of Request**

The programs in the State and Community-Based Services cluster provide grants to States and Territories to support the implementation of comprehensive and coordinated service systems for older individuals and their caregivers. These programs, with prevention as their underlying principle, form an integrated whole and provide a core foundation of supports that assist older individuals to remain independent, at home, and in the community.

The FY 2010 request for State and Community-Based Services is \$1,346,337,000, the same level as the FY 2009 Omnibus, includes:

- \$361,348,000 for Home and Community-Based Supportive Services, the same as the FY 2009 Omnibus. This program provides funding for a broad array of services that help seniors to remain at home, including 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.
- \$809,743,000 for Nutrition Services, the same as the FY 2009 Omnibus. Nutrition Services includes Congregate Nutrition Services, Home-Delivered Nutrition Services and the Nutrition Services Incentive Program (NSIP). These programs provide meals and related services in a variety of settings including congregate facilities such as senior centers, or by home-delivery to seniors that are homebound due to illness, disability, or geographic isolation.
- \$21,026,000 for Preventive Health Services, the same as the FY 2009 Omnibus. States may continue to use funding provided through Home and Community-Based Supportive Services to fund health promotion and disease prevention activities that have previously been supported through Preventive Health Services.
- \$154,220,000 for Family Caregiver Support Services, the same as the FY 2009 Omnibus. This program provides funds for a range of supports to family and informal caregivers in order to help them care for their loved ones at home for as long as possible. The program includes five basic system components: information and outreach, access assistance, counseling and training, respite care, and supplemental services.

Funding for these programs is provided via formula grants to States and Territories, who distribute funds to area agencies on aging, which in turn fund local agencies and service providers. Priority for the receipt of services is given to those in greatest economic or social need with particular attention to low-income older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Within each of the programs States and

## STATE AND COMMUNITY-BASED SERVICES – SUMMARY OF REQUEST

Territories have the flexibility to allocate resources among the various authorized services in order to best meet local needs. States and Territories may also transfer up to 30 percent of their funds between Home and Community-Based Supportive Services and Home-Delivered or Congregate Nutrition Services, and up to 40 percent of their funds between Home-Delivered and Congregate Nutrition Services, in order to better meet the needs of their seniors.

These programs comprise the core of the national aging services network, which is the nation's largest provider of home and community-based long-term care for the elderly. The infrastructure of this network includes multi-purpose senior centers, adult day care providers, senior housing, and faith-based groups. Funding for State and Community-Based Services is significantly leveraged, with funding from sources other than the Older Americans Act triple the amount provided by AoA. While there are no fees or charges for these programs, older persons may contribute by volunteering or offering financial support to help defray the cost of services.

As the baby boom generation ages, the number of older Americans is increasing rapidly, particularly the population age 85 and over, which is growing faster than any other age cohort and is projected to total 9.6 million by the year 2030. Thanks to advancements in medical practices, average life expectancy has increased to more than 77 years, and on average an American turning age 65 today can expect to live an additional 18.7 years. While many seniors of advanced ages are living healthier and more active lives than ever before, they are also at increased risk of chronic disease and disability.

Performance data shows that State and Community-Based Services are an efficient and effective means of meeting the needs of Older Americans. In FY 2007, Home and Community-Based Supportive and Nutrition Services increased the number of clients served with no decline in service quality to 8,346 per million dollars of OAA funding. This is a 36 percent increase above the FY 2002 base for this measure with AoA exceeding the FY 2007 target level (Outcome 1.1). An analysis of this performance indicator demonstrates that AoA is continually improving performance without compromising services for older Americans. The number of clients served per million dollars of AoA funding increased each year since FY 1999, demonstrating improvements in program efficiency. That the improvements in efficiency have not come at the expense of quality is evidenced by the fact that clients report that these services are meeting their needs. For example, 96 percent of transportation service recipients rate the service as good to excellent (Outcome 2.9B). That the gains in efficiency and effectiveness are not the result of simply focusing on those who are easy to serve and easy to please is reflected in the fact that services are also successfully targeting the most vulnerable elders, as demonstrated by 43 percent of community-based in-home services clients having three or more limitations in activities of daily living – a level of frailty consistent with nursing home residents. Together, these positive results were reflected in a 2007 program assessment. The assessment noted that AoA had a clear purpose and was well-managed, that AoA efficiently provided high quality home and community based services, and that AoA promotes well-being and independence of the elderly.

## STATE AND COMMUNITY-BASED SERVICES – SUMMARY OF REQUEST

In FY 2009, AoA was appropriated \$100,000,000 for State and Community-Based services under the 2009 American Recovery and Reinvestment Act (ARRA). The Recovery Act provides \$65,000,000 for Congregate Nutrition services provided at senior centers and other community sites, \$32,000,000 for home delivered nutrition services delivered to frail elders at home and \$3,000,000 for Native American nutrition programs. The funding will be awarded to 56 States and territories and 246 tribes and Native Hawaiian organizations. States will award the funds to organizations that provide nutrition services in their communities. These funds will assist communities and the national aging services network hit hard by rising food costs at a time when demand for services is increasing due to the economic downturn and the growing number of older adults. The funds will provide meals to seniors in need of food, restore nutrition services that have been cut and restore positions which may have been eliminated or reduced.

AoA's FY 2010 budget for State and Community-Based Services continues support for this integrated array of cost-effective and consumer-friendly services that are enabling seniors to remain independent. FY 2010 targets for summary level measures are as follows:

- AoA is targeting to increase the number of clients served per million dollars of AoA funding for Title III services by 22 percent over the number achieved in FY 2005 (from 6,937 in FY 2005 to 8,422 by FY 2010). This continuing effort to sustain or exceed this performance target is a reflection of AoA's conviction that ongoing initiatives, including management improvements and replicable best practices will result in improved network performance.
- The target for improving wellbeing and prolonging client independence, a composite of nursing home predictors will increase from 56 in FY 2009 to 58 in FY 2010.
- Client reported indicators of service quality are expected to remain at or above 90 percent for key programs including transportation, home delivered meals, and caregivers services.
- The target for serving rural clients will remain at census +10 percent. This targeted performance level establishes the importance of effectively targeting services to rural clients without creating an overemphasis on services to rural clients (Outcome 3.3).

## STATE AND COMMUNITY-BASED SERVICES – SUMMARY OF REQUEST

### State and Community-Based Services Outcomes and Outputs

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>1.1</u> : For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding. <i>(Outcome)</i>	FY 2007: 8,346 (Target Exceeded)	8,422	8,422	Maintain
<u>2.10</u> : Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services. <i>(Outcome)</i>	FY 2007: 60.17 (Target Exceeded)	56 <sup>1</sup>	58	+2
<u>3.3</u> : The percentage of OAA clients served who live in rural areas is at least 10% greater than the percent of all US elders who live in rural areas. <i>(Outcome)</i>	FY 2007: 34.8% (Target Exceeded)	30.5%	30.5%	Maintain
<u>3.4</u> : Increase the number of States that serve more elderly living below the poverty level than the prior year. <i>(Outcome)</i>	FY 2007: 24 (Target Exceeded)	28	30	+2
<u>Output A</u> : Funding support for Title III Services from non-federal sources. <i>(Output)</i>	FY 2007: \$2.3 M (Target Met)	\$2.3 M	\$2.3 M	Maintain
<b>Program Level Funding (\$ in millions)</b>		<b>\$1,346</b>	<b>\$1,346</b>	
<b>ARRA Level Funding (\$ in millions)</b>		<b>\$97</b>	<b>\$0</b>	

Note: For presentation within the budget AoA highlighted specific measures that are most directly related to State and Community-Based Services, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome and output measures will be reviewed going forward to ensure continued effective measurement of program performance.

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<sup>1</sup>Target reflects ARRA funds.

## Home and Community-Based Supportive Services

	<u>FY 2008 Appropriation</u>	<u>FY 2009 Omnibus</u>	<u>FY 2009 Recovery Act</u>	<u>FY 2010 President's Budget Request</u>	<u>FY 2010 +/- FY 2009 Omnibus</u>
Supportive Services.....	\$351,348,000	\$361,348,000	--	\$361,348,000	--

Authorizing Legislation: Section 321 of the Older Americans Act of 1965, as amended

FY 2010 Authorization .....Such Sums

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Home and Community-Based Supportive Services, established in 1973, provides grants to States and Territories, based on their share of the population aged 60 and over, to fund a broad array of services that help seniors to remain at home for as long as possible. These services 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. The 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 use of long-term supports are highly correlated with advancing age. Among those age 85 and older, 55 percent are impaired and require long-term support. Data also shows that over 80 percent of seniors have at least one chronic condition, and that 50 percent have at least two. Providing a variety of supportive services that can meet the diverse needs of these older individuals is crucial to enabling them to remain at home and in the community, at significantly lower cost than in institutional care.

Data from AoA's national surveys of elderly clients shows that the Home and Community-Based Supportive Services are providing seniors with the services and information they need to help them remain at home. For example, 48 percent of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound, while 87 percent of clients receiving case management reported that as a result of the services arranged by the case manager that they were better able to care for themselves.

FY 2007 output data for Home and Community-Based Supportive Services highlights the accomplishments that this program has achieved in helping seniors to remain independent and in their homes and communities:

## HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

- *Transportation Services* provided over 29 million rides to doctors offices, grocery stores, pharmacies, senior centers, meal sites, and other critical daily activities (Output C).
- *Personal Care, Homemaker, and Chore Services* provided nearly 28 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 nearly 8 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 nearly 4 million hours of assistance in assessing needs, developing care plans, and arranging services for older persons or their caregivers (Output F).

### Funding History

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

FY 2000 .....	\$310,020,000	FY 2005 .....	\$354,136,000
FY 2001 .....	\$325,027,000	FY 2006 .....	\$350,354,000
FY 2002 .....	\$356,981,000	FY 2007 .....	\$350,595,000
FY 2003 .....	\$355,673,000	FY 2008 .....	\$351,348,000
FY 2004 .....	\$353,889,000	FY 2009 .....	\$361,348,000

### Budget Request

The FY 2010 request for Home and Community-Based Supportive Services is \$361,348,000, the same as the FY 2009 Omnibus. With this funding the program will continue to provide supportive services that help seniors remain in their homes at significantly less cost than would be incurred for institutional placements. In FY 2010 these programs are expected to continue to have a high percentage of transportation services clients who rate service as good to excellent (Outcome 2.9b) ensuring that clients continue to receive high quality services. In addition, we are projecting that a high percentage of transportation clients living alone will continue to be served (Outcome 2.11). Nationally, about 26 percent of individuals 60 and older are living alone, and in FY 2010 AoA projects 70 percent of the OAA transportation users will be individuals who live alone. Living alone is a key predictor of nursing home placement. Increasing this percentage, which will occur as a result of management improvements and replicable best practices, demonstrates the continued focus on helping seniors to remain in the community. For targeting purposes, efficiency and service outcome projections remain positive, but service count outputs for transportation are expected to decline as the need for in-home services increases, consistent with the funding level requested (Outcome 2.11).

## HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

### Home and Community-Based Supportive Services Outcomes and Outputs

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>2.9b</u> : 90% of transportation clients rate services good to excellent. ( <i>Outcome</i> )	FY 2007: 96.1% (Target Not In Place)	90%	90%	Maintain
<u>2.11</u> : Increase the percentage of transportation clients who live alone. ( <i>Outcome</i> )	FY 2007: 66% (Target Not In Place)	70%	70%	Maintain
<u>Output C</u> : Transportation Services units ( <i>Output</i> )	FY 2007: 29.1 M (Target Exceeded)	25.8 M	25.8 M	Maintain
<u>Output D</u> : Personal Care, Homemaker and Chore Services units ( <i>Output</i> )	FY 2007: 27.9 M (Target Not Met but Improved)	30.0 M	31.8 M	+1.8
<u>Output E</u> : Adult Day Care/Day Health units ( <i>Output</i> )	FY 2007: 7.9 M (Target Not Met)	8.5 M	8.7 M	+0.2
<u>Output F</u> : Case Management Services units ( <i>Output</i> )	FY 2007: 3.8 M (Target Not Met)	4.03 M	4.2 M	+0.17
<b>Program Level Funding (\$ in millions)</b>		<b>\$361</b>	<b>\$361</b>	

Note: For presentation within the budget AoA 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 AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome and output measures will be reviewed going forward to ensure continued effective measurement of program performance.

# HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

## DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON AGING

### FY 2010 DISCRETIONARY STATE FORMULA GRANTS

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

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/- FY 2009</u>
Alabama .....	5,405,127	5,475,695	5,475,695	--
Alaska .....	1,749,717	1,788,673	1,788,673	--
Arizona.....	6,696,181	7,139,991	7,139,991	--
Arkansas.....	3,502,011	3,509,483	3,509,483	--
California .....	34,588,913	35,225,473	35,225,473	--
Colorado.....	4,214,645	4,535,146	4,535,146	--
Connecticut .....	4,405,614	4,415,013	4,415,013	--
Delaware .....	1,749,717	1,788,673	1,788,673	--
District of Columbia.....	1,749,717	1,788,673	1,788,673	--
Florida.....	25,269,175	25,904,341	25,904,341	--
Georgia.....	8,140,739	8,695,739	8,695,739	--
Hawaii.....	1,749,717	1,788,673	1,788,673	--
Idaho .....	1,749,717	1,788,673	1,788,673	--
Illinois .....	14,529,103	14,560,099	14,560,099	--
Indiana.....	6,929,404	6,973,050	6,973,050	--
Iowa.....	4,262,114	4,271,207	4,271,207	--
Kansas .....	3,433,904	3,441,229	3,441,229	--
Kentucky.....	4,742,646	4,860,475	4,860,475	--
Louisiana.....	4,797,289	4,807,523	4,807,523	--
Maine .....	1,749,717	1,788,673	1,788,673	--
Maryland.....	5,859,137	5,940,121	5,940,121	--
Massachusetts.....	8,211,476	8,228,994	8,228,994	--
Michigan .....	11,258,980	11,303,616	11,303,616	--
Minnesota.....	5,501,262	5,573,330	5,573,330	--
Mississippi .....	3,273,660	3,280,644	3,280,644	--
Missouri .....	7,120,494	7,135,684	7,135,684	--
Montana .....	1,749,717	1,788,673	1,788,673	--
Nebraska .....	2,295,604	2,300,501	2,300,501	--
Nevada .....	2,480,939	2,640,054	2,640,054	--
New Hampshire.....	1,749,717	1,788,673	1,788,673	--

## HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

PROGRAM: Home and Community-Based Supportive Services (CFDA93.044)

<u>State/Territory</u>	FY 2008 <u>Actual</u>	FY 2009 <u>Omnibus</u>	FY 2009 <u>Estimate</u>	FY 2010 <u>+/- 2009</u>
New Jersey .....	10,265,949	10,287,850	10,287,850	--
New Mexico .....	2,066,787	2,155,932	2,155,932	--
New York.....	24,290,474	24,342,295	24,342,295	--
North Carolina.....	9,371,643	9,924,357	9,924,357	--
North Dakota.....	1,749,717	1,788,673	1,788,673	--
Ohio.....	13,820,818	13,850,302	13,850,302	--
Oklahoma .....	4,279,527	4,288,657	4,288,657	--
Oregon.....	4,135,569	4,371,082	4,371,082	--
Pennsylvania .....	17,885,163	17,923,319	17,923,319	--
Rhode Island.....	1,749,717	1,788,673	1,788,673	--
South Carolina.....	4,830,324	5,150,105	5,150,105	--
South Dakota.....	1,749,717	1,788,673	1,788,673	--
Tennessee .....	6,762,180	7,069,435	7,069,435	--
Texas .....	20,331,968	21,461,315	21,461,315	--
Utah .....	1,927,021	2,063,695	2,063,695	--
Vermont.....	1,749,717	1,788,673	1,788,673	--
Virginia .....	7,867,241	8,192,827	8,192,827	--
Washington .....	6,460,393	6,882,473	6,882,473	--
West Virginia .....	2,774,342	2,780,261	2,780,261	--
Wisconsin.....	6,392,244	6,405,881	6,405,881	--
Wyoming.....	<u>1,749,717</u>	<u>1,788,673</u>	<u>1,788,673</u>	--
Subtotal, States .....	343,126,381	350,619,943	350,619,943	--
American Samoa .....	472,454	473,462	473,462	--
Guam.....	874,859	894,336	894,336	--
Northern Mariana Islands.....	218,715	223,584	223,584	--
Puerto Rico.....	4,376,219	4,628,859	4,628,859	--
Virgin Islands .....	<u>874,859</u>	<u>894,336</u>	<u>894,336</u>	--
Subtotal, States and Territories ...	349,943,487	357,734,520	357,734,520	--
Undistributed 1/ .....	1,404,513	3,613,480	3,613,480	--
<b>TOTAL</b>	<b>351,348,000</b>	<b>361,348,000</b>	<b>361,348,000</b>	--

1/ Funds held for statutory related requirements are reflected in the undistributed line.

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## Nutrition Services

	<u>FY 2008 Appropriation</u>	<u>FY 2009 Omnibus</u>	<u>FY 2009 Recovery Act</u>	<u>FY 2010 President's Budget Request</u>	<u>FY 2010 +/- FY 2009 Omnibus</u>
Congregate Nutrition Services .....	\$410,716,000	\$434,269,000	\$65,000,000	\$434,269,000	--
Home-Delivered Nutrition Services.....	\$193,858,000	\$214,459,000	\$32,000,000	\$214,459,000	--
Nutrition Services Incentive Program..	<u>\$153,429,000</u>	<u>\$161,015,000</u>	--	<u>\$161,015,000</u>	--
Total BA .....	\$758,003,000	\$809,743,000	\$97,000,000	\$809,743,000	--

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

FY 2010 Authorization .....Such Sums

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Congregate Nutrition Services, established in 1972, and Home-Delivered Nutrition Services, established in 1978, provide meals and related services in a variety of settings including congregate facilities such as senior centers; or by home-delivery to seniors that are homebound due to illness, disability, or geographic isolation. Nutrition Services programs, which help seniors to remain independent and in their communities, include:

- Congregate Nutrition Services (Title III-C1): Provides funding for the provision of meals and related services in a variety of congregate settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. The program also presents opportunities for social engagement and meaningful volunteer roles, which contribute to overall health and well-being.
- Home-Delivered Nutrition Services (Title III-C2): Provides funding for the delivery of meals and related services to seniors that are homebound. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for the other home and community-based services. Home-delivered meals also represent an essential service for many caregivers, by helping them to maintain their own health and well-being.
- Nutrition Services Incentive Program (Title III-A): Provides additional funding to States, Territories and eligible Tribal Organizations that are used exclusively to provide meals, and may not be used to pay for other nutrition-related services or for administrative costs. Funds are awarded to existing congregate and home-delivered meal providers based on the number of meals served in the prior period. States and Tribes have the option to receive commodities in lieu of cash if they determine that doing so will enable them to better meet the needs of seniors.

## NUTRITION SERVICES

Formula grants for Congregate Nutrition Services and Home-Delivered Nutrition Services are allocated to States and Territories based on their share of the population aged 60 and over. Nutrition Services Incentive Program grants are provided to States, Territories and Indian Tribal organizations based on the number of meals served in the prior Federal fiscal year.

The meals provided through these programs comply with the Dietary Guidelines for Americans and provide a minimum of 33 percent of the Recommended Dietary Allowances, as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. While evidence shows the importance of nutrition in maintaining cognitive and physical function and reducing chronic disease and disability, many seniors have limitations with activities of daily living which make it difficult for them to care for themselves. Studies have found that half of all persons age 85 and over are in need of assistance with instrumental activities of daily living, including obtaining and preparing food.

Nutrition Services help millions of older adults to receive the meals they need to stay healthy and decrease their risk of disability. *Serving Elders at Risk*, a national evaluation of nutrition programs clients, found that recipients are seniors who are older, poorer, more likely to live alone, more likely to be minorities, are sicker, in poorer health, in poorer nutritional status, more functionally impaired, and at higher nutritional risk than those in the general population. Nutrition Services also provide an important opportunity for social interaction that helps to improve the general health status of participants, particularly homebound elders.

Data from AoA's national surveys of elderly clients shows that the Nutrition Services are effectively helping seniors to improve their nutritional intake and remain at home. For example, 73 percent of congregate and 85 percent of home-delivered meal recipients say they eat more balanced meals due to the programs, and 58 percent of congregate and 93 percent of home-delivered meal recipients say that the meals enabled them to continue living in their own homes.

Performance data shows that these programs are an efficient and effective means to help seniors remain at home and in the community. Ninety percent of home-delivered meal clients rate service good to excellent (Outcome 2.9a). Also the number of severely disabled (3+ ADL) home delivered meal recipients increased to 359,143 exceeding the FY 2007 target (Outcome 3.2). FY 2007 output data for Nutrition Services highlights the accomplishment that these programs have achieved in helping seniors to remain independent and in their homes and communities:

- *Home-Delivered Nutrition Services* provided nearly 141 million meals to over 916,000 individuals (Output G).
- *Congregate Nutrition Services* provided over 94.8 million meals to more than 1.6 million seniors in a variety of community settings (Output H).

## NUTRITION SERVICES

- Congregate Nutrition Services received \$65,000,000 in ARRA funding to support nutrition services including nutritious meals, nutrition education and other appropriate nutrition services for older Americans in order to maintain health, independence and quality of life. Meals will be served in a congregate setting. It is estimated that this funding will result in the provision of 8.4 million meals to an estimated 146,000 vulnerable older adults.
- Home-Delivered Nutrition Services received \$32,000,000 for Home-Delivered Nutrition Services grants which are allocated to States and Territories by a statutory formula that is based on their share of the population aged 60 and over. States allocate funds to area agencies on aging, which in turn fund local service providers. It is estimated that funding provided under the ARRA will result in the provision of 5.0 million meals to an estimated 33,000 homebound older adults and their caregivers.

### Funding History

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

FY 2000 .....	\$661,236,000	FY 2005 .....	\$718,696,000
FY 2001 .....	\$680,334,000	FY 2006 .....	\$714,578,000
FY 2002 .....	\$716,170,000	FY 2007 .....	\$735,070,000
FY 2003 .....	\$714,274,000	FY 2008 .....	\$758,003,000
FY 2004 .....	\$714,462,000	FY 2009* .....	\$809,743,000

\* The FY 2009 funding indicated in this table does not include ARRA funding.

Note: NSIP funding was appropriated to the Department of Agriculture prior to FY 2003.

### Budget Request

The FY 2010 request for Nutrition Services is \$809,743,000, the same as the FY 2009 Omnibus. In FY 2010 these programs are expected to continue to provide home-delivered meals that clients rate good to excellent (Outcome 2.9a) ensuring that clients continue to receive high quality services. The number of severely disabled home-delivered meal recipients will increase from 364,590 in FY 2008 to 387,027 in FY 2010 (Outcome 3.2) because of management improvements and replicable best practices. This increase in the number of nursing home eligible individuals served will demonstrate the effectiveness of home-delivered meals while high service quality will be maintained. For targeting purposes, meal counts are shown at lower levels compared to FY09 levels consistent with the funding level of this request, absent the \$97 million from ARRA, and declines in funding from State and local entities impacted by the economic downturn.

## NUTRITION SERVICES

### Nutrition Services Outcomes and Outputs

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>1.1</u> : For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding. ( <i>Outcome</i> )	FY 2007: 8,346 (Target Exceeded)	8,422	8,422	Maintain
<u>2.9a</u> : 90% of home delivered meal clients rate services good to excellent. ( <i>Outcome</i> )	FY 2007: 90.4% (Target Not In Place)	90%	90%	Maintain
<u>3.2</u> : Increase the number of older persons with severe disabilities who receive home-delivered meals. ( <i>Outcome</i> )	FY 2007: 359,143 (Target Exceeded)	378,613 <sup>1</sup>	387,027	+8,414
<u>Output G</u> : Number of Home-Delivered meals served ( <i>Output</i> )	FY 2007: 141 M (Target Exceeded)	154 M <sup>2</sup>	143 M	-11
<u>Output H</u> : Number of Congregate meals served ( <i>Output</i> )	FY 2007: 94.8 M (Target Not Met)	95 M <sup>3</sup>	93 M	-2
<b>Program Level Funding (\$ in millions)</b>		<b>\$810</b>	<b>\$810</b>	
<b>ARRA Level Funding (\$ in millions)</b>		<b>\$97</b>	<b>\$0</b>	

Note: For presentation within the budget AoA highlighted specific measures that are most directly related to Nutrition Services, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome and output measures will be reviewed going forward to ensure continued effective measurement of program performance.

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<sup>1</sup>Target reflects ARRA funds.

<sup>2</sup>Target reflects ARRA funds.

<sup>3</sup>Target reflects ARRA funds.

## NUTRITION SERVICES

### DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON AGING

#### FY 2010 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Congregate Nutrition Services (CFDA93.045)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2009 Recovery Act</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
Alabama.....	6,125,517	6,583,000	1,023,687	6,583,000	--
Alaska.....	2,039,714	2,149,632	325,000	2,149,632	--
Arizona.....	7,708,885	8,583,853	1,334,829	8,583,853	--
Arkansas.....	4,202,747	4,213,530	648,133	4,213,530	--
California.....	38,533,825	42,348,832	6,585,441	42,348,832	--
Colorado.....	4,852,531	5,452,251	847,851	5,452,251	--
Connecticut.....	5,290,778	5,304,354	775,759	5,304,354	--
Delaware.....	2,039,714	2,149,632	325,000	2,149,632	--
District of Columbia.....	2,039,714	2,149,632	325,000	2,149,632	--
Florida.....	28,526,171	31,142,763	4,842,845	31,142,763	--
Georgia.....	9,372,838	10,454,207	1,625,678	10,454,207	--
Hawaii.....	2,039,714	2,149,632	325,000	2,149,632	--
Idaho.....	2,039,714	2,149,632	325,000	2,149,632	--
Illinois.....	17,449,222	17,493,994	2,526,641	17,493,994	--
Indiana.....	8,182,144	8,383,153	1,303,619	8,383,153	--
Iowa.....	5,129,322	5,142,483	692,861	5,142,483	--
Kansas.....	4,128,392	4,138,985	579,749	4,138,985	--
Kentucky.....	5,622,673	5,843,369	908,671	5,843,369	--
Louisiana.....	5,699,132	5,713,755	861,168	5,713,755	--
Maine.....	2,039,714	2,149,632	325,000	2,149,632	--
Maryland.....	6,511,918	7,141,343	1,110,512	7,141,343	--
Massachusetts.....	9,872,307	9,897,638	1,403,578	9,897,638	--
Michigan.....	13,048,148	13,589,453	2,113,224	13,589,453	--
Minnesota.....	6,458,654	6,700,379	1,041,940	6,700,379	--
Mississippi.....	3,927,733	3,937,811	596,849	3,937,811	--
Missouri.....	8,546,729	8,568,659	1,284,714	8,568,659	--
Montana.....	2,039,714	2,149,632	325,000	2,149,632	--
Nebraska.....	2,764,576	2,771,670	376,813	2,771,670	--
Nevada.....	2,856,428	3,173,930	493,561	3,173,930	--
New Hampshire.....	2,039,714	2,149,632	325,000	2,149,632	--

## NUTRITION SERVICES

PROGRAM: Congregate Nutrition Services (CFDA93.045)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2009 Recovery Act</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
New Jersey.....	12,305,211	12,336,784	1,857,089	12,336,784	--
New Mexico .....	2,338,742	2,591,908	403,054	2,591,908	--
New York .....	29,236,429	29,311,446	4,148,718	29,311,446	--
North Carolina.....	10,773,823	11,931,278	1,855,370	11,931,278	--
North Dakota .....	2,039,714	2,149,632	325,000	2,149,632	--
Ohio.....	16,548,064	16,590,524	2,502,601	16,590,524	--
Oklahoma .....	5,128,550	5,141,709	784,386	5,141,709	--
Oregon.....	4,748,147	5,255,010	817,179	5,255,010	--
Pennsylvania.....	21,479,976	21,535,091	3,005,971	21,535,091	--
Rhode Island.....	2,039,714	2,149,632	325,000	2,149,632	--
South Carolina.....	5,561,393	6,191,569	962,818	6,191,569	--
South Dakota .....	2,039,714	2,149,632	325,000	2,149,632	--
Tennessee .....	7,662,786	8,499,029	1,321,639	8,499,029	--
Texas.....	23,336,514	25,801,261	4,012,217	25,801,261	--
Utah .....	2,218,675	2,481,019	385,810	2,481,019	--
Vermont.....	2,039,714	2,149,632	325,000	2,149,632	--
Virginia.....	8,920,723	9,849,596	1,531,658	9,849,596	--
Washington.....	7,438,172	8,274,259	1,286,686	8,274,259	--
West Virginia.....	3,337,059	3,345,621	455,732	3,345,621	--
Wisconsin .....	7,658,393	7,680,345	1,194,329	7,680,345	--
Wyoming .....	<u>2,039,714</u>	<u>2,149,632</u>	<u>325,000</u>	<u>2,149,632</u>	<u>--</u>
Subtotal ,States .....	400,019,609	421,341,077	63,728,380	421,341,077	--
American Samoa.....	600,441	601,982	40,625	601,982	--
Guam .....	1,019,857	1,074,816	162,500	1,074,816	--
Northern Mariana Islands .....	254,964	268,704	40,625	268,704	--
Puerto Rico .....	5,028,078	5,564,915	865,370	5,564,915	--
Virgin Islands .....	<u>1,019,857</u>	<u>1,074,816</u>	<u>162,500</u>	<u>1,074,816</u>	<u>--</u>
Subtotal, States and Territories.....	407,942,806	429,926,310	65,000,000	429,926,310	--
Undistributed 1/.....	2,773,194	4,342,690	--	4,342,690	--
<b>TOTAL</b>	<b>410,716,000</b>	<b>434,269,000</b>	<b>65,000,000</b>	<b>434,269,000</b>	<b>--</b>

1/ Funds held for statutory related requirements are reflected in the undistributed line.

## NUTRITION SERVICES

### DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON AGING

#### FY 2010 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Home-Delivered Nutrition Services (CFDA93.045)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2009 Recovery Act</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
Alabama .....	3,047,238	3,343,643	503,969	3,343,643	--
Alaska .....	962,745	1,061,572	160,000	1,061,572	--
Arizona.....	3,892,555	4,359,918	657,147	4,359,918	--
Arkansas.....	1,929,289	2,116,981	319,081	2,116,981	--
California .....	19,457,428	21,509,855	3,242,063	21,509,855	--
Colorado.....	2,450,256	2,769,312	417,403	2,769,312	--
Connecticut .....	2,319,984	2,533,843	381,912	2,533,843	--
Delaware .....	962,745	1,061,572	160,000	1,061,572	--
District of Columbia.....	962,745	1,061,572	160,000	1,061,572	--
Florida .....	14,404,117	15,818,059	2,384,170	15,818,059	--
Georgia.....	4,732,758	5,309,910	800,334	5,309,910	--
Hawaii .....	962,745	1,061,572	160,000	1,061,572	--
Idaho .....	962,745	1,061,572	160,000	1,061,572	--
Illinois .....	7,546,155	8,252,700	1,243,885	8,252,700	--
Indiana .....	3,872,284	4,257,978	641,782	4,257,978	--
Iowa .....	2,074,946	2,263,072	341,101	2,263,072	--
Kansas .....	1,729,397	1,893,618	285,415	1,893,618	--
Kentucky.....	2,683,097	2,967,969	447,346	2,967,969	--
Louisiana.....	2,596,462	2,812,810	423,960	2,812,810	--
Maine .....	962,745	1,061,572	160,000	1,061,572	--
Maryland.....	3,288,153	3,627,237	546,714	3,627,237	--
Massachusetts .....	4,185,641	4,584,469	690,992	4,584,469	--
Michigan.....	6,274,551	6,902,367	1,040,356	6,902,367	--
Minnesota.....	3,088,552	3,403,262	512,955	3,403,262	--
Mississippi .....	1,790,517	1,949,471	293,833	1,949,471	--
Missouri .....	3,828,941	4,196,228	632,475	4,196,228	--
Montana .....	962,745	1,061,572	160,000	1,061,572	--
Nebraska .....	1,125,776	1,230,774	185,508	1,230,774	--
Nevada .....	1,442,336	1,612,105	242,984	1,612,105	--
New Hampshire .....	962,745	1,061,572	160,000	1,061,572	--

## NUTRITION SERVICES

### PROGRAM Home- Delivered Nutrition Services (CFDA93.045)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2009 Recovery Act</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
New Jersey .....	5,556,113	6,065,760	914,259	6,065,760	--
New Mexico .....	1,180,934	1,316,484	198,426	1,316,484	--
New York .....	12,382,202	13,550,848	2,042,446	13,550,848	--
North Carolina.....	5,440,176	6,060,145	913,413	6,060,145	--
North Dakota.....	962,745	1,061,572	160,000	1,061,572	--
Ohio.....	7,459,637	8,174,181	1,232,050	8,174,181	--
Oklahoma .....	2,334,101	2,562,021	386,159	2,562,021	--
Oregon.....	2,397,548	2,669,129	402,303	2,669,129	--
Pennsylvania .....	9,019,353	9,818,324	1,479,863	9,818,324	--
Rhode Island .....	962,745	1,061,572	160,000	1,061,572	--
South Carolina.....	2,808,191	3,144,827	474,003	3,144,827	--
South Dakota.....	962,745	1,061,572	160,000	1,061,572	--
Tennessee .....	3,869,277	4,316,834	650,653	4,316,834	--
Texas .....	11,783,631	13,104,998	1,975,245	13,104,998	--
Utah.....	1,120,307	1,260,161	189,937	1,260,161	--
Vermont .....	962,745	1,061,572	160,000	1,061,572	--
Virginia .....	4,504,465	5,002,815	754,047	5,002,815	--
Washington .....	3,755,860	4,202,668	633,445	4,202,668	--
West Virginia .....	1,364,576	1,488,546	224,360	1,488,546	--
Wisconsin.....	3,536,783	3,901,007	587,978	3,901,007	--
Wyoming.....	<u>962,745</u>	<u>1,061,572</u>	<u>160,000</u>	<u>1,061,572</u>	--
Subtotal , States.....	188,789,272	208,154,765	31,373,972	208,154,765	--
American Samoa .....	137,778	138,840	20,000	138,840	--
Guam.....	481,373	530,786	80,000	530,786	--
Northern Mariana Islands.....	120,343	132,697	20,000	132,697	--
Puerto Rico.....	2,538,897	2,826,536	426,028	2,826,536	--
Virgin Islands .....	<u>481,373</u>	<u>530,786</u>	<u>80,000</u>	<u>530,786</u>	--
Subtotal, States and Territories ..	192,549,036	212,314,410	32,000,000	212,314,410	--
Undistributed 1/ .....	1,308,964	2,144,590	--	2,144,590	--
<b>TOTAL</b>	<b>193,858,000</b>	<b>214,459,000</b>	<b>32,000,000</b>	<b>214,459,000</b>	--

1/ Funds held for statutory related requirements are reflected in the undistributed line.

## NUTRITION SERVICES

### DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON AGING

#### FY 2010 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Nutrition Services Incentive Program (CFDA93.053)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
Alabama.....	2,806,648	2,880,610	2,880,610	--
Alaska.....	310,349	313,915	313,915	--
Arizona.....	2,165,795	2,164,596	2,164,596	--
Arkansas.....	2,636,461	2,727,078	2,727,078	--
California.....	11,836,649	12,349,770	12,349,770	--
Colorado.....	1,219,984	1,343,493	1,343,493	--
Connecticut.....	1,555,548	1,543,468	1,543,468	--
Delaware.....	619,479	660,404	660,404	--
District of Columbia.....	561,642	643,172	643,172	--
Florida.....	7,353,961	7,497,708	7,497,708	--
Georgia.....	2,520,735	2,650,185	2,650,185	--
Hawaii.....	508,863	471,346	471,346	--
Idaho.....	715,392	724,215	724,215	--
Illinois.....	6,575,021	7,009,878	7,009,878	--
Indiana.....	1,366,949	1,574,820	1,574,820	--
Iowa.....	1,932,156	1,954,131	1,954,131	--
Kansas.....	2,144,082	2,249,371	2,249,371	--
Kentucky.....	1,917,568	1,883,165	1,883,165	--
Louisiana.....	2,916,151	3,225,691	3,225,691	--
Maine.....	607,452	577,712	577,712	--
Maryland.....	1,620,846	1,820,615	1,820,615	--
Massachusetts.....	5,618,752	5,871,999	5,871,999	--
Michigan.....	7,041,707	7,278,452	7,278,452	--
Minnesota.....	2,148,493	2,095,984	2,095,984	--
Mississippi.....	1,734,101	1,894,123	1,894,123	--
Missouri.....	4,067,045	4,258,919	4,258,919	--
Montana.....	1,074,033	1,143,254	1,143,254	--
Nebraska.....	1,322,282	1,336,738	1,336,738	--
Nevada.....	893,397	916,505	916,505	--
New Hampshire.....	976,510	1,091,149	1,091,149	--

## NUTRITION SERVICES

PROGRAM: Nutrition Services Incentive Program (CFDA93.053)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
New Jersey .....	3,780,682	3,949,777	3,949,777	--
New Mexico .....	1,834,537	2,066,067	2,066,067	--
New York .....	15,575,617	16,101,636	16,101,636	--
North Carolina .....	3,262,759	3,398,312	3,398,312	--
North Dakota .....	831,530	843,779	843,779	--
Ohio .....	5,524,494	5,726,219	5,726,219	--
Oklahoma .....	2,607,725	2,634,205	2,634,205	--
Oregon .....	1,663,816	1,753,471	1,753,471	--
Pennsylvania .....	6,262,154	6,287,786	6,287,786	--
Rhode Island .....	560,385	526,016	526,016	--
South Carolina .....	1,501,122	1,617,982	1,617,982	--
South Dakota .....	989,167	1,017,622	1,017,622	--
Tennessee .....	1,744,588	1,711,284	1,711,284	--
Texas .....	10,468,118	11,663,529	11,663,529	--
Utah .....	1,351,286	1,384,790	1,384,790	--
Vermont .....	662,382	706,300	706,300	--
Virginia .....	2,199,461	2,334,684	2,334,684	--
Washington .....	1,824,801	1,969,111	1,969,111	--
West Virginia .....	1,588,204	1,812,765	1,812,765	--
Wisconsin .....	2,769,951	2,780,884	2,780,884	--
Wyoming .....	<u>783,443</u>	<u>796,696</u>	<u>796,696</u>	--
Subtotal, States .....	146,554,273	153,235,381	153,235,381	--
American Samoa .....	-	-	-	--
Guam .....	306,546	316,597	316,597	--
Northern Mariana Islands .....	59,068	51,552	51,552	--
Puerto Rico .....	2,519,899	2,662,662	2,662,662	--
Virgin Islands 1/ .....	<u>163,581</u>	<u>170,172</u>	<u>170,172</u>	--
Subtotal, States and Territories	149,603,367	156,436,364	156,436,364	--
Indian Tribes .....	2,794,902	2,968,486	2,968,486	--
Undistributed 1/ .....	1,030,731	1,610,150	1,610,150	--
<b>TOTAL</b>	<b>153,429,000</b>	<b>161,015,000</b>	<b>161,015,000</b>	<b>--</b>

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1/ Funds held for statutory related requirements are reflected in the undistributed line.

## Preventive Health Services

	FY 2008 <u>Appropriation</u>	FY 2009 <u>Omnibus</u>	FY 2009 <u>Recovery Act</u>	FY 2010 President's Budget <u>Request</u>	FY 2010 +/- FY 2009 <u>Omnibus</u>
Preventive Health Services..	\$21,026,000	\$21,026,000	--	\$21,026,000	--

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

FY 2010 Authorization .....Such Sums

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Preventive Health Services, established in 1987, provides grants to States and Territories, based on their share of the population aged 60 and over, to support activities 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. States and Territories provide funds to area agencies on aging, which in turn fund local agencies and service providers. States and Territories are required to use at least the statutory earmarked level of funding for medication management, screening, and education activities, but otherwise have flexibility to allocate resources among the various activities in order to best meet local needs. Priority is given to providing services to those elders living in medically underserved areas of the State or who are of greatest economic need.

Activities include information and outreach, health screenings and risk assessments, physical fitness, health promotion and medication management. Activities are carried out at multi-purpose senior centers, meal sites, and other community-based settings, as well as through individualized counseling and services for vulnerable elders.

The activities funded by the Preventive Health Services program assist seniors to stay healthy and to manage and reduce the risk of complications resulting from chronic diseases and disease-related disabilities, thereby reducing the need for more costly medical interventions. Services provided through the Preventive Health Service program include:

- *Information and Outreach*, including the distribution of information to seniors – through senior centers, congregate meal sites, and the home-delivered meals program – about healthy lifestyles and behaviors.
- *Health Screenings and Risk Assessments* for a variety of conditions, including hypertension, diabetes, cholesterol, hearing, vision, and glaucoma.

## PREVENTIVE HEALTH SERVICES

- *Physical Fitness* programs, including physical activity and exercise programs that help to maintain both physical and mental well-being.
- *Health Promotion* programs, including alcohol and substance abuse prevention and smoking cessation programs.
- *Medication Management*, including screening and education activities to prevent incorrect medication and adverse drug reactions.

### Funding History

Funding for Preventive Health Services during the past five years is as follows:

FY 2005 .....	\$21,616,000
FY 2006 .....	\$21,385,000
FY 2007 .....	\$21,400,000
FY 2008 .....	\$21,026,000
FY 2009 .....	\$21,026,000

### Budget Request

In FY 2010, \$21,026,000 is requested, the same level as appropriated for FY 2009. Due in large part to advances in public health and medical care, Americans are leading longer and more active lives. Average life expectancy has increased from less than 50 years at the turn of the 20<sup>th</sup> century to more than 76 years today. The population of older Americans is also growing, particularly the population age 85 and over, which is growing faster than any other age cohort and is projected to total 6.1 million by 2010 and 9.6 million by the year 2030. One consequence of this increased longevity is the higher probability of developing a chronic condition, such as obesity, arthritis, diabetes, or osteoporosis.

The Centers for Disease Control and Prevention has found that chronic diseases are the leading causes of mortality and disability in the United States, accounting for seven out of every ten deaths. Chronic diseases are also expensive, accounting for more than 75 percent of the approximately \$1.4 trillion the nation spends each year on medical care. Older Americans with chronic conditions suffer from long-term pain, disability, a significant decrease in their quality of life, and frequent depression.

Research reveals that many chronic conditions are growing problems among seniors. For example, data shows that between 17 and 25 percent of the adults over 60 are obese; that diabetes is the sixth leading cause of death for persons aged 65 years or older; and that the estimated annual number of persons 65 and over with self-reported asthma is approximately 1.45 million. Data also shows that at least 80 percent of seniors have at least one chronic condition, and 50 percent have at least two. Three million older adults say that due to these conditions they cannot perform basic activities of daily living, which places challenging demands on family and informal caregivers.

## **PREVENTIVE HEALTH SERVICES**

The development of improved medications has helped many seniors to manage their chronic conditions, but the more medications an elderly person takes, the higher the risk for an adverse reaction with other medications, food or alcohol. Because older adults are more likely to suffer from multiple chronic conditions, they may visit multiple physicians, each of whom may be unaware of other medicines that have been prescribed. Statistics show that 28 percent of hospitalizations of older people are due to noncompliance with drug therapy and adverse events. In addition, of elderly patients taking three or more prescription drugs for chronic conditions, more than one-third are re-hospitalized within six months of discharge, with 20 percent of the readmissions due to medication problems. The risk of adverse reactions may be exacerbated by the physiological changes associated with aging, other health problems, or by drug interactions.

While many people think that the problems of chronic disease are an inevitable consequence of old age, research has shown that a substantial number of the chronic illnesses that affect the elderly are either preventable or controllable. Low-cost programs that educate older Americans about good health care practices can help to identify conditions, such as hypertension, high cholesterol levels, and elevated blood sugar levels that if left untreated could lead to more serious illnesses and hospitalizations. Modifying certain risky behaviors, even in later life, can improve health and reduce the likelihood of chronic disease. Teaching older adults about how to manage medications safely can help prevent incorrect medication and adverse drug reactions, and reduce unnecessary and costly hospitalizations and illnesses.

The services provided through the Preventive Health Services program represents a cost-effective means of helping older Americans to remain active and healthy and to prevent the negative impacts that can result from chronic conditions.

### **Preventive Health Services Outcomes and Outputs**

Preventive Health Services are not measured by specific outcomes and do not have specific output measures. Please refer to the summary measures located in the Summary of Request section of the State and Community-Based Services chapter.

# PREVENTIVE HEALTH SERVICES

## DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON AGING

### FY 2010 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Preventive Health Services (CFDA93.043)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
Alabama .....	333,168	333,168	333,168	--
Alaska.....	105,130	105,130	105,130	--
Arizona.....	405,273	405,273	405,273	--
Arkansas.....	211,585	211,585	211,585	--
California.....	2,132,032	2,132,032	2,132,032	--
Colorado.....	256,172	256,172	256,172	--
Connecticut.....	261,174	261,174	261,174	--
Delaware.....	105,130	105,130	105,130	--
District of Columbia.....	105,130	105,130	105,130	--
Florida .....	1,557,571	1,557,571	1,557,571	--
Georgia.....	487,659	487,659	487,659	--
Hawaii .....	105,130	105,130	105,130	--
Idaho.....	105,130	105,130	105,130	--
Illinois .....	841,161	841,161	841,161	--
Indiana.....	427,123	427,123	427,123	--
Iowa.....	232,252	232,252	232,252	--
Kansas .....	191,697	191,697	191,697	--
Kentucky .....	292,333	292,333	292,333	--
Louisiana.....	295,701	295,701	295,701	--
Maine.....	105,333	105,333	105,333	--
Maryland .....	361,152	361,152	361,152	--
Massachusetts.....	465,465	465,465	465,465	--
Michigan.....	693,994	693,994	693,994	--
Minnesota.....	339,094	339,094	339,094	--
Mississippi.....	196,251	196,251	196,251	--
Missouri.....	423,251	423,251	423,251	--
Montana.....	105,130	105,130	105,130	--
Nebraska.....	124,900	124,900	124,900	--
Nevada.....	151,762	151,762	151,762	--
New Hampshire.....	105,130	105,130	105,130	--

## PREVENTIVE HEALTH SERVICES

PROGRAM: Preventive Health Services (CFDA93.043)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
New Jersey.....	620,946	620,946	620,946	--
New Mexico .....	127,394	127,394	127,394	--
New York .....	1,376,603	1,376,603	1,376,603	--
North Carolina .....	577,661	577,661	577,661	--
North Dakota .....	105,130	105,130	105,130	--
Ohio .....	835,879	835,879	835,879	--
Oklahoma.....	257,429	257,429	257,429	--
Oregon .....	254,913	254,913	254,913	--
Pennsylvania.....	1,018,552	1,018,552	1,018,552	--
Rhode Island .....	105,130	105,130	105,130	--
South Carolina .....	295,433	295,433	295,433	--
South Dakota .....	105,130	105,130	105,130	--
Tennessee.....	416,815	416,815	416,815	--
Texas.....	1,253,246	1,253,246	1,253,246	--
Utah .....	115,100	115,100	115,100	--
Vermont.....	105,130	105,130	105,130	--
Virginia.....	484,930	484,930	484,930	--
Washington.....	397,692	397,692	397,692	--
West Virginia.....	153,137	153,137	153,137	--
Wisconsin .....	391,448	391,448	391,448	--
Wyoming .....	<u>105,130</u>	<u>105,130</u>	<u>105,130</u>	--
Subtotal States .....	20,624,841	20,624,841	20,624,841	--
American Samoa.....	13,141	13,141	13,141	--
Guam .....	52,565	52,565	52,565	--
Northern Mariana Islands .....	13,141	13,141	13,141	--
Puerto Rico .....	269,747	269,747	269,747	--
Virgin Islands .....	<u>52,565</u>	<u>52,565</u>	<u>52,565</u>	--
Subtotal ,States and Territories ...	21,026,000	21,026,000	21,026,000	--
Undistributed 1/.....	-	--	--	--
<b>TOTAL</b>	<b>21,026,000</b>	<b>21,026,000</b>	<b>21,026,000</b>	--

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1/ Funds held for statutory related requirements are reflected in the undistributed line.

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## Family Caregiver Support Services

	FY 2008 <u>Appropriation</u>	FY 2009 <u>Omnibus</u>	FY 2009 <u>Recovery Act</u>	FY 2010 President's Budget <u>Request</u>	FY 2010 +/- FY 2009 <u>Omnibus</u>
Family Caregiver Support Services....	\$153,439,000	\$154,220,000	--	\$154,220,000	--

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

FY 2010 Authorization .....\$154,220,000

Allocation Method .....Formula Grant

### Program Description and Accomplishments

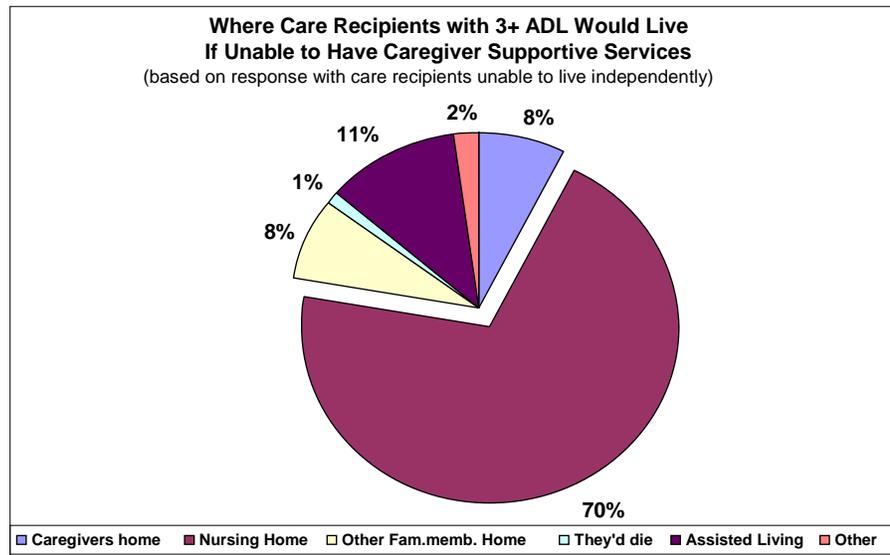
Family Caregiver Support Services provides grants to States and Territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. The program includes five basic system components: information and outreach, access assistance, counseling and training, respite care, and supplemental services. These services work in conjunction with other State and Community-Based Services to provide a coordinated set of supports for seniors and caregivers.

Families are the major provider of long-term care, but research has shown that caregiving exacts a heavy emotional, physical and financial toll. Many caregivers who work and provide care at the same time experience conflicts between these responsibilities. Twenty-five percent of caregivers are assisting two more individuals as reported in a random survey of Older Americans Act service recipients. Sixty five percent of Title III caregivers are 60 or older, making them more vulnerable to a decline in their own health, and nearly one-third describe their own health as fair to poor. Caregivers also 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. 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.

Family Caregiver Support Services provide a variety of supports to family and informal caregivers, which studies have shown can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care. A study, *Intervention to Delay Nursing Home Placement of Patients with Alzheimer's Disease*, 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.

## FAMILY CAREGIVER SUPPORT SERVICES

Data from AoA’s national surveys of caregivers of elderly clients also shows that OAA services, including those provided through Family Caregiver Support Services, are effective in helping caregivers to keep their loved ones at home. As indicated in the Outcomes table below, 93.8 percent of National Family Caregiver Support Program clients rated services good to excellent exceeding the projected target in FY 2008 of 90 percent (Output 2.9c). Additionally 77 percent of caregivers of program clients report that services enabled them to provide care longer than otherwise would have been possible. 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 half the caregivers of nursing home eligible care recipients 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 those caregivers, 70 percent, indicated that the care recipient would most likely be living in a nursing home.

Additionally, a variety of outputs measures show the accomplishments of these services for caregivers in FY 2007:

- *Access Assistance Services* provided approximately 1.2 million contacts to caregivers assisting them in locating services from a variety of private and voluntary agencies (Output I).
- *Counseling and Training Services* provided nearly 148,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).
- *Respite Care Services* provided nearly 75,000 caregivers with 8.4 million hours with temporary relief – at home, or in an adult day care or institutional setting – from their caregiving responsibilities (Output K).

## FAMILY CAREGIVER SUPPORT SERVICES

### Funding History

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

FY 2005 .....	\$155,744,000
FY 2006 .....	\$156,060,000
FY 2007 .....	\$156,167,000
FY 2008 .....	\$153,439,000
FY 2009 .....	\$154,220,000

### Budget Request

The FY 2010 request for Family Caregiver Support Services is \$154,220,000, the same as the FY 2009 Omnibus. FY 2010 funding will continue to help seniors remain independent by providing supports to family and informal caregivers in order to help them care for their loved ones at home for as long as possible.

The FY 2010 target for National Family Caregiver Support Program participants who rate services good to excellent will continue at 90 percent (Outcome 2.9c). In addition, the percent of caregivers reporting difficulty in getting services is targeted at 35 percent (Outcome 2.6). In 2003, 64 percent of caregivers reported difficulty in getting services, by 2008 that rate had been reduced by half to 32 percent (+/- 2 percent) of caregivers reporting difficulty getting services. The substantive improvements in program performance can be attributed to successful implementation of the Caregiver Support Program. While client reported assessment of service quality and program outcomes is expected to remain at high levels, service outputs are expected to remain constant or show modest increases, consistent with the current funding level requested, and client counts are expected to remain constant.

## FAMILY CAREGIVER SUPPORT SERVICES

### Family Caregiver Support Services Outcomes and Outputs

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>2.6</u> : Reduce the percent of caregivers who report difficulty in getting services. ( <i>Outcome</i> )	FY 2007: 32.1% (Target Exceeded)	35%	35%	Maintain
<u>2.9c</u> : 90% of NFCSP clients rate services good to excellent. ( <i>Outcome</i> )	FY 2007: 93.8% (Target Not In Place)	90%	90%	Maintain
<u>3.1</u> : Increase the number of caregivers served. ( <i>Outcome</i> )	FY 2007: 731,545 (Target Not Met but Improved)	731,545	731,545	Maintain
<u>Output I</u> : Caregivers access assistance units of service. ( <i>Output</i> )	FY 2007: 1,200,000 (Target Exceeded)	1,200,000	1,300,000	+100,000
<u>Output J</u> : Caregivers receiving counseling and training. ( <i>Output</i> )	FY 2007: 147,457 (Target Not Met)	137,000	137,000	Maintain
<u>Output K</u> : Caregivers receiving respite care services. ( <i>Output</i> )	FY 2007: 76,991 (Target Exceeded)	73,000	74,000	+1,000
<b>Program Level Funding (\$ in millions)</b>		<b>\$154</b>	<b>\$154</b>	

Note: For presentation within the budget AoA highlighted specific measures that are most directly related to Family Caregiver Support Services, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome and output measures will be reviewed going forward to ensure continued effective measurement of program performance.

## FAMILY CAREGIVER SUPPORT SERVICES

### DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON AGING

#### FY 2010 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Family Caregiver Support Services (CFDA93.052)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
Alabama.....	2,366,349	2,379,053	2,379,053	--
Alaska.....	762,013	763,389	763,389	--
Arizona.....	3,116,374	3,184,931	3,184,931	--
Arkansas.....	1,510,881	1,515,617	1,515,617	--
California.....	15,360,204	15,423,153	15,423,153	--
Colorado.....	1,812,595	1,840,303	1,840,303	--
Connecticut.....	1,889,033	1,860,090	1,860,090	--
Delaware.....	762,013	763,389	763,389	--
District of Columbia.....	762,013	763,389	763,389	--
Florida.....	12,254,399	12,358,964	12,358,964	--
Georgia.....	3,407,589	3,460,083	3,460,083	--
Hawaii.....	762,013	763,389	763,389	--
Idaho.....	762,013	763,389	763,389	--
Illinois.....	6,021,527	5,976,956	5,976,956	--
Indiana.....	3,059,811	3,053,723	3,053,723	--
Iowa.....	1,761,702	1,753,607	1,753,607	--
Kansas.....	1,437,583	1,424,568	1,424,568	--
Kentucky.....	2,052,177	2,062,219	2,062,219	--
Louisiana.....	2,008,472	1,979,258	1,979,258	--
Maine.....	762,013	763,389	763,389	--
Maryland.....	2,498,111	2,498,199	2,498,199	--
Massachusetts.....	3,448,637	3,398,218	3,398,218	--
Michigan.....	4,931,038	4,916,687	4,916,687	--
Minnesota.....	2,471,420	2,468,676	2,468,676	--
Mississippi.....	1,389,875	1,384,691	1,384,691	--
Missouri.....	3,053,406	3,040,915	3,040,915	--
Montana.....	762,013	763,389	763,389	--
Nebraska.....	947,163	941,887	941,887	--
Nevada.....	1,014,848	1,031,300	1,031,300	--
New Hampshire.....	762,013	763,389	763,389	--

## FAMILY CAREGIVER SUPPORT SERVICES

PROGRAM: Family Caregiver Support Services (CFDA93.052)

<u>State/Territory</u>	FY 2008 <u>Actual</u>	FY 2009 <u>Omnibus</u>	FY 2010 <u>Estimate</u>	FY 2010 <u>+/-FY 2009</u>
New Jersey .....	4,461,841	4,407,632	4,407,632	--
New Mexico .....	918,239	938,655	938,655	--
New York .....	9,933,860	9,891,843	9,891,843	--
North Carolina.....	4,123,430	4,154,853	4,154,853	--
North Dakota .....	762,013	763,389	763,389	--
Ohio .....	6,040,212	5,989,021	5,989,021	--
Oklahoma .....	1,840,343	1,839,302	1,839,302	--
Oregon.....	1,864,935	1,872,118	1,872,118	--
Pennsylvania.....	7,650,187	7,551,397	7,551,397	--
Rhode Island.....	762,013	763,389	763,389	--
South Carolina.....	2,102,999	2,144,883	2,144,883	--
South Dakota .....	762,013	763,389	763,389	--
Tennessee .....	2,926,037	2,968,249	2,968,249	--
Texas .....	8,949,684	9,042,744	9,042,744	--
Utah .....	866,502	885,640	885,640	--
Vermont.....	762,013	763,389	763,389	--
Virginia.....	3,376,011	3,403,755	3,403,755	--
Washington.....	2,850,212	2,872,190	2,872,190	--
West Virginia.....	1,082,369	1,077,952	1,077,952	--
Wisconsin .....	2,869,624	2,876,140	2,876,140	--
Wyoming .....	<u>762,013</u>	<u>763,389</u>	<u>763,389</u>	--
Subtotal, States .....	149,575,848	149,793,529	149,793,529	--
American Samoa .....	95,252	95,424	95,424	--
Guam .....	381,007	381,695	381,695	--
Northern Mariana Islands .....	95,252	95,424	95,424	--
Puerto Rico.....	1,874,286	1,930,033	1,930,033	--
Virgin Islands .....	<u>381,007</u>	<u>381,695</u>	<u>381,695</u>	--
Subtotal, State sand Territories...	152,402,652	152,677,800	152,677,800	--
Undistributed 1/.....	1,036,348	1,542,200	1,542,200	--
<b>TOTAL</b>	<b>153,439,000</b>	<b>154,220,000</b>	<b>154,220,000</b>	--

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1/ Funds held for statutory related requirements are reflected in the undistributed line.

## Services for Native Americans

	FY 2008 <u>Appropriation</u>	FY 2009 <u>Omnibus</u>	FY 2009 <u>Recovery Act</u>	FY 2010 President's Budget <u>Request</u>	FY 2010 +/- FY 2009 <u>Omnibus</u>
Nutrition & Supportive Services ..	\$26,898,000	\$27,208,000	\$3,000,000	\$27,208,000	--
Caregiver Support Services .....	<u>\$6,316,000</u>	<u>\$6,389,000</u>	=	<u>\$6,389,000</u>	=
Total BA .....	\$33,214,000	\$33,597,000	\$3,000,000	\$33,597,000	--

Authorizing Legislation: Sections 613, 623 and 631 of the Older Americans Act of 1965, as amended

**FY 2010 Authorization:**

Nutrition and Supportive Services .....Such Sums  
 Caregiver Support Services.....\$7,500,000

Allocation Method .....Formula Grant

**Program Description and Accomplishments:**

Services for Native Americans programs provide grants to eligible Tribal organizations to promote the delivery of home and community-based supportive services, including nutrition services and support for family and informal caregivers, to Native American, Alaskan Native and Native Hawaiian elders. These programs, which help to reduce the need for costly institutional care and medical interventions, are responsive to the cultural diversity of Native American communities and represent an important part of the communities' comprehensive services.

Formula grants for the Services for Native Americans programs are allocated to eligible Tribal organizations based on their share of the American Indian, Alaskan Native, and Native Hawaiian population aged 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. Separate formula grant awards are made for Nutrition and Supportive Services and Caregiver Support Services, and Tribal organizations have flexibility to allocate resources among the various activities funded by each program. 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 for Caregiver Support Services that can be used for services to grandparents caring for grandchildren. In FY 2008 grants for Nutrition and Supportive Services were awarded to 244 Tribal organizations (representing approximately 400 Tribes) and two organizations serving Native Hawaiian elders, with an average award of \$106,410 and a range of grant awards from \$73,920 to \$1,505,000. In FY 2008 grants for Caregiver Support Services were awarded to 205 Tribal organizations, including one organization serving Native Hawaiian elders, with an average award of \$30,784 and a range of grant awards from \$14,240 to \$58,155.

## SERVICES FOR NATIVE AMERICANS

Outcome data (as displayed in the summary tables at the end of this section) demonstrate that these services offer a smart, cost-effective way to meet the needs of a growing population of tribal elders. In FY 2007 Services for Native Americans programs increased the number of units of service provided to Native Americans per thousand dollars of AoA funding, exceeding the FY 2007 target of 264 by 18 percent (Outcome 1.3). In FY 2007, this represented 312 units of service for every thousand dollars of Services for Native American funding.

### Native American Nutrition and Supportive Services

Grants provide funding for a broad range of services to older Native Americans, including transportation, congregate and home-delivered meals, information and referral, personal care, chore, adult day care, and other supportive services. FY 2007 output data highlights the units of service that have been provided through funding for this program:

- *Transportation Services* provided approximately 932,717 rides to meal sites, medical appointments, pharmacies, grocery stores, and other critical daily activities (Output L).
- *Home-Delivered Nutrition Services* provided more than 2.3 million meals to more than 21,400 homebound Native American elders, as well as critical social contacts that help to reduce the risk of depression and isolation experienced by many home-bound elders (Output M).
- *Congregate Nutrition Services* provided 2 million meals to more than 49,400 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* provided approximately 1,000,000 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).
- *Caregiver Training and Support*: provided over 34,000 units of caregiver training and support group meetings to assist Native American caregivers (Output P).

Native American elders, who suffer from high levels of chronic diseases such as obesity and diabetes, rely on these services to reduce their risk of disability and complications and remain at home and in the community. The 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, electronic-newsletters, telephone and written consultation, and through the Native American Resource Centers (funded under Program Innovations).

## SERVICES FOR NATIVE AMERICANS

### Native American Caregiver Support Services

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 caregivers' 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, including the Volunteers In Service To America (VISTA) program, 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, as expressed by Tribal leaders, is that the program should not replace the tradition of families caring for their elders. Rather, it provides support that strengthens the families' caregiver role.

### Funding History

Funding for the Services for Native Americans programs during the past five years is as follows:

FY 2005 .....	\$32,702,000
FY 2006 .....	\$32,353,000
FY 2007 .....	\$32,375,000
FY 2008 .....	\$33,214,000
FY 2009 .....	\$33,597,000

### Budget Request

The FY 2010 request for Services for Native Americans is \$33,597,000, the same as the FY 2009 enacted level. The request includes \$27,208,000 for Native American Nutrition and Supportive Services and \$6,389,000 for the Native American Caregiver Support Services.

In the 2000 Census, approximately 213,000 persons age 60 and over identified themselves as American Indians or Alaskan Natives, and another 182,000 persons age 60 and over identified themselves as part American Indians or Alaskan Natives. The requested funding will maintain services that are critical to allowing Native American elders, many of whom have limitations in activities of daily living which make it difficult to care for themselves, to remain at home, in the community, or on the reservation, which is what they prefer. Studies have shown that providing assistance to caregivers can help them to cope with the emotional, physical and financial toll associated with caregiving, thereby enabling them to care for their loved ones longer and avoid or delay the need for costly institutional care.

Performance data indicates that Services for Native Americans programs are an efficient means to help Native American Elders remain independent and in the community. Services for Native Americans is part of AoA's Aging Services Program which successfully underwent a program assessment in 2007.

### Native American Nutrition and Supportive Services

In FY 2010 the targeted number of units of service provided to Native Americans per thousand dollars of AoA funding is projected to increase to 281, a 28 percent increase over the FY 2002

## SERVICES FOR NATIVE AMERICANS

base of 220 (Outcome 1.3). At the request level, these programs can continue to provide services that assist Native American elders to remain independent and in the community. Tribal representatives participating in listening sessions have consistently indicated that the types of home and community-based supportive services that AoA is able to provide are important for meeting the needs of elderly Native Americans. These representatives have also expressed the need for better coordination and collaboration in the provision of services. It is estimated that in FY 2010 about 2.3 million meals will be provided through the home-delivered meal program, 1.8 million meals will be offered through the congregate meal program and 798,000 trips will be provided through transportation services.

### Native American Caregiver Support Services

In FY 2010 the Native American Caregiver Support Program will continue to assist family caregivers, whose assistance is critical to enabling Native American elders with disabilities to remain at home, in the community, or on the reservation. It is estimated that in FY 2010 more than 330,000 units of caregiver-related services including respite care, information and referral, caregiver training, lending closets, and support groups will be provided by Native American Tribal organizations.

### Services for Native Americans Outcomes and Outputs

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>1.3</u> : For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding. ( <i>Outcome</i> )	FY 2007: 312 (Target Exceeded)	277 <sup>1</sup>	281	+4
<u>3.1</u> : Increase the number of caregivers served. ( <i>Outcome</i> )	FY 2007: 731,545 (Target Not Met but Improved)	731,545	731,545	Maintain
<u>Output L</u> : Transportation Services units ( <i>Output</i> )	FY 2007: 932,717 (Target Exceeded)	798,000	798,000	Maintain
<u>Output M</u> : Home-Delivered Nutrition meals ( <i>Output</i> )	FY 2007: 2.37 M (Target Exceeded)	2.37 M	2.35 M	-0.02
<u>Output N</u> : Congregate Nutrition meals ( <i>Output</i> )	FY 2007: 2 M (Target Exceeded)	2 M <sup>2</sup>	1.8 M	-0.2
<u>Output O</u> : Information, Referral and Outreach units ( <i>Output</i> )	FY 2007: 994,227 (Target Exceeded)	992,000	992,000	Maintain

<sup>1</sup>Target reflects ARRA funds.

<sup>2</sup>Target reflects ARRA funds.

## SERVICES FOR NATIVE AMERICANS

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>Output P</u> : Caregiver Training & Support Groups units ( <i>Output</i> )	FY 2007: 34,470 (Target Exceeded)	30,000	30,000	Maintain
<b>Program Level Funding (\$ in millions)</b>		<b>\$33.6</b>	<b>\$33.6</b>	

Note: For presentation within the budget AoA highlighted specific measures that are most directly related to Services for Native Americans, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome and output measures will be reviewed going forward to ensure continued effective measurement of program performance.

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## Protection of Vulnerable Older Americans

	FY 2008 <u>Appropriation</u>	FY 2009 <u>Omnibus</u>	FY 2009 <u>Recovery Act</u>	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 <u>Omnibus</u>
Long-Term Care Ombudsman Program.....	\$15,577,000	\$16,327,000	--	\$16,327,000	--
Elder Abuse & Neglect .....	<u>\$5,056,000</u>	<u>\$5,056,000</u>	--	<u>\$5,056,000</u>	--
Total BA.....	\$20,633,000	\$21,383,000	--	\$21,383,000	--

Authorizing Legislation: Sections 712 and 721 of the Older Americans Act of 1965, as amended

FY 2010 Authorization .....Such Sums

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Protection of Vulnerable Older Americans programs provide a combination of training, outreach, and information dissemination activities that help to improve the quality of care for residents of long-term care facilities and increase public and professional awareness of the problem of elder abuse. Grants are allocated by formula to 56 States and Territories based on their share of the population aged 60 and over. Separate formula grant awards are made for the Long-Term Care Ombudsman Program and the Prevention of Elder Abuse, Neglect and Exploitation program. States and Territories then have discretion to further allocate funding among the various activities authorized under each program and may choose to provide funding to area agencies on aging and local service providers. These two programs follow different paths in protecting vulnerable elder rights, with one focused primarily on residents of long-term care facilities and the other on those residing at home.

Long Term Care Ombudsman Program (Title VII-A2)

Grants provide funding for the training, travel, and other operating costs of more than 10,400 ombudsmen who routinely monitor the condition of long-term care facilities. Ombudsmen advocate on behalf of residents' welfare and represent their interests before government and administrative entities, provide information to residents and families about the long-term care system and educate the general public about issues related to long-term care policies and regulations. The program enables States and communities to investigate and resolve complaints from residents and their caregivers related to action, inaction, or decisions which may have an adverse affect on the health, safety, welfare, or rights of long-term care facility residents.

Outcome data (as displayed in the summary tables at the end of this section) demonstrate the success of this program in protecting older Americans in an efficient and effective manner. In FY 2007, ombudsmen resolved or partially resolved 10,801 complaints per million dollars of AoA funding, an increase of more than 16 percent from the FY 2002 base. Much of the efficiency in the Ombudsman program is due to the strong reliance on volunteers who make up

## PROTECTION OF VULNERABLE OLDER AMERICANS

the bulk of those who resolve these issues - there was a ratio of approximately seven volunteers to one paid staff in FY 2007 for this program. While the total number of complaints investigated decreased in FY 2007 (Output Q), the percentage of complaints that are fully or partially resolved has consistently remained above 75 percent, demonstrating both the efficiency of the program and its ability to produce positive outcomes for seniors.

FY 2007 output data for the Long-Term Care Ombudsman Program highlights the accomplishments achieved by these programs and the important role that ombudsmen play in ensuring that the rights of long-term care facility residents are respected:

- Over 1,300 professional ombudsmen and 8,800 certified volunteer ombudsmen regularly visited 37,000 facilities, more than 75 percent of all nursing home facilities and 40 percent of all licensed board and care facilities (Output S).
- Ombudsmen conducted investigations on over 186,638 cases by or on behalf of residents of long-term care facilities (Output T).
- Ombudsmen handled nearly 282,022 complaints (Output Q).
- Ombudsmen provided nearly 455,800 consultations to 127,000 facilities' 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); and 328,000 consultations to individuals.

### Prevention of Elder Abuse, Neglect and Exploitation (Title VII-A3)

Grants provide funding to help promote public awareness of elder abuse and to support State and local elder abuse prevention coalitions and multi-disciplinary teams. The program coordinates with adult protective service personnel and other professionals who are responsible for addressing issues of elder abuse. The importance of these services at the State and local level is demonstrated by the fact that States significantly leverage OAA funds for these activities. In FY 2007 over \$19 million of the Elder Abuse Prevention services expenditures came from non-OAA funds (Output U).

Examples of State elder abuse prevention activities include:

- In Washington, funds help prevent elder abuse by improving guardianship services. Collaborative efforts among the State office on aging, the King County Bar Association, the courts, elder law attorneys and several other county bar associations has resulted in the development, update and dissemination of *The Guardian Ad Litem Handbook* and *The Family and Volunteer Guardian Handbook*. These tools provide valuable resources on guardianship matters for elder law attorneys, families, nursing homes, senior service organizations and the public.

## PROTECTION OF VULNERABLE OLDER AMERICANS

- In South Carolina, funds helped support the Statewide Elder Abuse Coordinating Council and regional training for law enforcement and first responders. More than 1,200 persons participated in the training, which focused on new aspects of the State's adult protective law.
- In Colorado, funds help support the on-going activities of the statewide Colorado Coalition for Elder Rights and Adult Protection. The Coalition structures opportunities for professionals to share information, address policy issues and develop strategies for increased service coordination through a variety of methods, including a newsletter, training and educational resources, and regular meetings. The Coalition works with partners such as the Division of Insurance, AARP, the Colorado Bankers Association and others in providing public and professional education.

Protection of Vulnerable Older Americans programs demonstrate AoA's ongoing commitment to protecting the rights of vulnerable seniors and promoting their dignity and autonomy. Through education efforts, by exposing problems at the State and local levels that would otherwise be hidden from view, and by providing a voice for those who cannot act for themselves, these programs help to ensure that all older Americans are able to age with dignity in a safe, protective environment.

To support these important programs, AoA also provides funding to two national resource centers through the Aging Network Support Activities request. The Long-Term Care Ombudsman Resource Center supports the efforts of professional and volunteer ombudsmen by providing training and technical assistance to State and local ombudsman programs. The National Elder Abuse Resource Center supports the Prevention of Elder Abuse, Neglect and Exploitation program by providing information and assistance on elder abuse issues to States and community-based organizations.

### Funding History

Funding for Protection of Vulnerable Older Americans during the past five years is as follows:

FY 2005 .....	\$19,288,000
FY 2006 .....	\$20,142,000
FY 2007 .....	\$20,156,000
FY 2008 .....	\$20,633,000
FY 2009 .....	\$21,383,000

### Budget Request

The FY 2010 request for Protection of Vulnerable Older Americans programs is \$21,383,000, the same as the FY 2009 enacted level. The request includes \$16,327,000 for the Long-Term Care Ombudsman Program and \$5,056,000 for Prevention of Elder Abuse, Neglect and Exploitation.

## PROTECTION OF VULNERABLE OLDER AMERICANS

The number of older Americans is increasing, particularly the population age 85 and older, which is growing faster than any other age cohort and is projected to total 5.7 million by 2010 and 8.7 million by the year 2030. As this population grows, the need for effective long-term care services will also continue to grow. Many of these seniors will rely on the support of family and other informal caregivers to remain at home and in the community, while for others an institutional setting may represent the best option for receiving the care they need. Regardless of the setting in which these vulnerable elders choose to reside, one consequence of this growing population of frail elders is the likelihood of increases in instances of elder abuse. Research has found that between one and two million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depend for care or protection. Perpetrators of elder abuse may be paid attendants, family members, or employees of long-term care facilities.

### Long-Term Care Ombudsman Program

In FY 2010, the targeted number of ombudsman complaints resolved or partially resolved per million dollars of AoA funding will increase to 11,687 per million dollars of AoA funding (Outcome 1.2). This is a 25 percent increase over the FY 2002 base level of 9,300. The Ombudsman target for complaint resolution rates will be maintained at 32 States (Outcome 2.7). These programs also provide assistance to seniors in nursing homes and other institutional settings, many of whom have limitations with one or more activities of daily living, thereby supporting AoA's goal of targeting services to vulnerable elders (Outcome 3.2) as required by the Older Americans Act. Complaint investigation is a large part of the Long-Term Care Ombudsman Program's activities. It is estimated that in FY 2010 ombudsmen will handle approximately 303,000 complaints on issues ranging from residents' rights violations, involuntary transfer or discharge, inadequate assessment and care planning, unresponsiveness of staff, lack of dignity, and other issues. The purpose of an ombudsman investigation is to work with, or on behalf of the resident to address the individual's specific concerns. Increases in outcomes will be supported by the continued use of volunteers in the program and the ability of State and local providers to leverage Older Americans Act funds to improve efficiency and results.

### Prevention of Elder Abuse, Neglect & Exploitation

In FY 2010, the Prevention of Elder Abuse, Neglect and Exploitation program will continue support to State and local efforts to train law enforcement officials, develop and distribute educational materials, conduct public awareness campaigns, and create community coalitions. State and area agencies on aging also use this funding to coordinate their activities with fraud and crime prevention partnerships organized by sheriffs, police chiefs, and community organizations. Without this continued level of funding more incidents of elder abuse would go unreported, resulting in diminished quality of life and loss of independence for vulnerable elders.

## PROTECTION OF VULNERABLE OLDER AMERICANS

### Protection of Vulnerable Older Americans Outcomes and Outputs

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>1.2</u> : For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding. ( <i>Outcome</i> )	FY 2007: 10,801 (Target Not Met but Improved)	11,346	11,625	+279
<u>2.7</u> : Improve the Ombudsman complaint resolution rates. ( <i>Outcome</i> )	FY 2007: 35 (Target Exceeded)	32	32	Maintain
<u>Output Q</u> : Number of Complaints ( <i>Output</i> )	FY 2007: 282,022 (Target Not Met)	299,200	303,960	+4,760
<u>Output R</u> : Number of Ombudsman consultations ( <i>Output</i> )	FY 2007: 455,868 (Target Not Met but Improved)	459,909	459,909	Maintain
<u>Output S</u> : Facilities regularly visited not in response to a complaint ( <i>Output</i> )	FY 2007: 37,038 (Target Exceeded)	38,000	38,500	+500
<u>Output T</u> : Number of Ombudsman Investigations ( <i>Output</i> )	FY 2007: 186,403 (Target Not Met)	186,000	186,000	Maintain
<u>Output U</u> : Elder Abuse prevention non-OAA service expenditures (\$ Thousand) ( <i>Output</i> )	FY 2007: \$19,299 (Target Exceeded)	\$18,245	N/A	N/A
<b>Program Level Funding (\$ in millions)</b>		<b>\$21</b>	<b>\$21</b>	

Note: For presentation within the budget AoA highlighted specific measures that are most directly related to Protection of Vulnerable Older Americans, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome and output measures will be reviewed going forward to ensure continued effective measurement of program performance.

**PROTECTION OF VULNERABLE OLDER AMERICANS**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION ON AGING**

**FY 2010 DISCRETIONARY STATE FORMULA GRANTS**

PROGRAM: Long-Term Care Ombudsman Program (CFDA93.042)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
Alabama .....	245,956	254,563	254,563	--
Alaska.....	77,700	80,819	80,819	--
Arizona.....	314,185	331,935	331,935	--
Arkansas.....	155,721	161,173	161,173	--
California.....	1,570,494	1,637,620	1,637,620	--
Colorado.....	197,771	210,837	210,837	--
Connecticut .....	187,256	192,910	192,910	--
Delaware .....	77,700	80,819	80,819	--
District of Columbia.....	77,700	80,819	80,819	--
Florida .....	1,162,619	1,204,283	1,204,283	--
Georgia.....	382,001	404,262	404,262	--
Hawaii .....	77,700	80,819	80,819	--
Idaho.....	77,700	80,819	80,819	--
Illinois .....	609,083	628,306	628,306	--
Indiana.....	312,549	324,175	324,175	--
Iowa.....	167,478	172,296	172,296	--
Kansas .....	139,587	144,168	144,168	--
Kentucky .....	216,564	225,962	225,962	--
Louisiana.....	209,572	214,149	214,149	--
Maine.....	77,700	80,819	80,819	--
Maryland .....	265,401	276,154	276,154	--
Massachusetts.....	337,841	349,031	349,031	--
Michigan .....	506,446	525,501	525,501	--
Minnesota.....	249,290	259,102	259,102	--
Mississippi.....	144,520	148,420	148,420	--
Missouri.....	309,050	319,473	319,473	--
Montana.....	77,700	80,819	80,819	--
Nebraska.....	90,866	93,703	93,703	--
Nevada.....	116,417	122,735	122,735	--
New Hampshire.....	77,700	80,819	80,819	--

## PROTECTION OF VULNERABLE OLDER AMERICANS

PROGRAM: Long-Term Care Ombudsman Program (CFDA93.042)

<u>State/Territory</u>	FY 2008 <u>Actual</u>	FY 2009 <u>Omnibus</u>	FY 2010 <u>Estimate</u>	FY 2010 <u>+/-FY 2009</u>
New Jersey .....	448,458	461,807	461,807	--
New Mexico .....	95,318	100,229	100,229	--
New York .....	999,421	1,031,673	1,031,673	--
North Carolina .....	439,100	461,380	461,380	--
North Dakota .....	77,700	80,819	80,819	--
Ohio .....	602,100	622,329	622,329	--
Oklahoma .....	188,395	195,055	195,055	--
Oregon .....	193,516	203,210	203,210	--
Pennsylvania .....	727,991	747,503	747,503	--
Rhode Island .....	77,700	80,819	80,819	--
South Carolina .....	226,661	239,427	239,427	--
South Dakota .....	77,700	80,819	80,819	--
Tennessee .....	312,306	328,655	328,655	--
Texas .....	951,108	997,729	997,729	--
Utah .....	90,425	95,941	95,941	--
Vermont .....	77,700	80,819	80,819	--
Virginia .....	363,575	380,882	380,882	--
Washington .....	303,152	319,964	319,964	--
West Virginia .....	110,141	113,328	113,328	--
Wisconsin .....	285,469	296,997	296,997	--
Wyoming .....	<u>77,700</u>	<u>80,819</u>	<u>80,819</u>	--
Subtotal, States .....	15,237,903	15,847,514	15,847,514	--
American Samoa .....	9,712	10,102	10,102	--
Guam .....	38,850	40,409	40,409	--
Northern Mariana Islands .....	9,712	10,102	10,102	--
Puerto Rico .....	204,925	215,194	215,194	--
Virgin Islands .....	<u>38,850</u>	<u>40,409</u>	<u>40,409</u>	--
Subtotal, States and Territories...	15,539,952	16,163,730	16,163,730	--
Undistributed 1/	37,048	163,270	163,270	--
<b>TOTAL</b>	<b>15,577,000</b>	<b>16,327,000</b>	<b>16,327,000</b>	<b>-</b>

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1/ Funds held for statutory related requirements are reflected in the undistributed line.

**PROTECTION OF VULNERABLE OLDER AMERICANS**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION ON AGING**

**FY 2010 DISCRETIONARY STATE FORMULA GRANTS**

PROGRAM: Prevention of Elder Abuse, Neglect, and Exploitation (CFDA93.041)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
Alabama .....	79,578	78,118	78,118	--
Alaska.....	25,220	25,027	25,027	--
Arizona.....	101,654	101,860	101,860	--
Arkansas.....	50,383	49,459	49,459	--
California.....	508,129	502,536	502,536	--
Colorado.....	63,988	64,700	64,700	--
Connecticut.....	60,586	59,907	59,907	--
Delaware.....	25,220	25,027	25,027	--
District of Columbia.....	25,220	25,027	25,027	--
Florida.....	376,163	369,559	369,559	--
Georgia.....	123,596	124,056	124,056	--
Hawaii.....	25,220	25,027	25,027	--
Idaho.....	25,220	25,027	25,027	--
Illinois.....	197,384	197,384	197,384	--
Indiana.....	101,125	99,480	99,480	--
Iowa.....	55,927	55,927	55,927	--
Kansas.....	45,843	45,843	45,843	--
Kentucky.....	70,069	69,341	69,341	--
Louisiana.....	68,518	68,518	68,518	--
Maine.....	25,220	25,027	25,027	--
Maryland.....	85,870	84,743	84,743	--
Massachusetts.....	109,606	109,606	109,606	--
Michigan.....	163,860	161,261	161,261	--
Minnesota.....	80,657	79,511	79,511	--
Mississippi.....	46,759	45,546	45,546	--
Missouri.....	99,993	98,037	98,037	--
Montana.....	25,220	25,027	25,027	--
Nebraska.....	29,770	29,770	29,770	--
Nevada.....	37,667	37,664	37,664	--
New Hampshire.....	25,220	25,027	25,027	--

## PROTECTION OF VULNERABLE OLDER AMERICANS

PROGRAM: Prevention of Elder Abuse, Neglect, and Exploitation (CFDA93.041)

<u>State/Territory</u>	<u>FY 2008 Actual</u>	<u>FY 2009 Omnibus</u>	<u>FY 2010 Estimate</u>	<u>FY 2010 +/-FY 2009</u>
New Jersey.....	145,098	143,950	143,950	--
New Mexico .....	30,840	30,758	30,758	--
New York .....	323,361	318,066	318,066	--
North Carolina .....	142,070	141,584	141,584	--
North Dakota .....	25,220	25,027	25,027	--
Ohio .....	197,185	197,185	197,185	--
Oklahoma.....	60,955	60,208	60,208	--
Oregon .....	62,612	62,359	62,359	--
Pennsylvania.....	242,944	242,944	242,944	--
Rhode Island.....	25,220	25,027	25,027	--
South Carolina .....	73,336	73,473	73,473	--
South Dakota .....	25,220	25,027	25,027	--
Tennessee.....	101,046	100,855	100,855	--
Texas.....	307,729	306,174	306,174	--
Utah .....	29,257	29,442	29,442	--
Vermont.....	25,220	25,027	25,027	--
Virginia.....	117,634	116,881	116,881	--
Washington.....	98,084	98,187	98,187	--
West Virginia.....	36,736	36,736	36,736	--
Wisconsin .....	92,363	91,140	91,140	--
Wyoming .....	<u>25,220</u>	<u>25,027</u>	<u>25,027</u>	--
Subtotal, States .....	4,946,235	4,908,119	4,908,119	--
American Samoa.....	3,153	3,128	3,128	--
Guam .....	12,610	12,514	12,514	--
Northern Mariana Islands .....	3,153	3,128	3,128	--
Puerto Rico .....	66,303	66,037	66,037	--
Virgin Islands .....	<u>12,610</u>	<u>12,514</u>	<u>12,514</u>	--
Subtotal, States and Territories...	5,044,064	5,005,440	5,005,440	--
Undistributed <sup>1/</sup>	11,936	50,560	50,560	--
<b>TOTAL</b>	<b>5,056,000</b>	<b>5,056,000</b>	<b>5,056,000</b>	--

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<sup>1/</sup> Funds held for statutory related requirements are reflected in the undistributed line.

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## Program Innovations

	<u>FY 2008 Appropriation</u>	<u>FY 2009 Omnibus</u>	<u>FY 2009 Recovery Act</u>	<u>FY 2010 President's Budget Request</u>	<u>FY 2010 +/- FY 2009 Omnibus</u>
BA .....	\$14,655,000	\$18,172,000	--	\$13,049,000	-\$5,123,000

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

FY 2010 Authorization .....Such Sums

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

### Program Description and Accomplishments:

Program Innovations is intended to provide a source of funding for AoA to use as a catalyst for developing new approaches, translating cutting-edge research findings into practice, demonstrating new techniques that States and communities can use to help seniors to stay healthy, active, independent, and living in their own homes and communities, and for addressing priorities of the Assistant Secretary for Aging. Such funds, which are not identified for specific purposes, provide AoA the flexibility that it needs to innovate. These funds, for instance, provided the seed money for developing Aging and Disability Resource Centers (ADRCs), Nursing Home Diversion grants and Evidence-Based Disease Prevention projects that are now being successfully implemented in locations across the nation.

Program Innovations funding also funds a small number of ongoing projects of national significance, including resource centers and other projects that are national in scope that have provided demonstrated benefits to elderly Americans. Currently, the totality of Program Innovations funding is devoted to these latter types of projects.

All funding is awarded in the form of competitive grants, cooperative agreements and contracts to eligible public and nonprofit agencies, State units on aging, area agencies on aging, institutions of higher learning, and other organizations representing or serving older people, including community and faith-based organizations. Grantees are generally required to provide a match equal to 25 percent of the project's total cost. External experts review project proposals, and project awards are made for periods of one to four years. In FY 2008 Program Innovations funded 99 grants with an average award of \$143,897 and a range of grant awards from \$12,275 to \$963,500.

## PROGRAM INNOVATIONS

Activity	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
<u>Program Innovations:</u>			
Model Approaches to Statewide Legal Assistance Systems .....	1,431,000	2,000,000	2,000,000
National Legal Assistance & Support Projects .....	733,000	746,000	746,000
National Education & Resource Center on Women & Retirement.....	245,000	249,000	249,000
Multigenerational Civic Engagement .....	965,000	982,000	982,000
National Resource Centers on Native Americans.....	681,000	693,000	693,000
National Minority Aging Organizations: Asian-Pacific Americans .....	351,000	357,000	357,000
National Minority Aging Organizations: Native Americans .....	127,000	129,000	129,000
National Minority Aging Organizations: Hispanic & African- Americans .....	440,000	448,000	448,000
GPRA & Related Evaluations.....	1,447,000	1,445,000	1,445,000
National Alzheimer's Call Center .....	982,000	1,000,000	1,000,000
Community Innovations for Aging in Place .....	--	5,000,000	5,000,000
Program Innovations Discretionary Funding .....	934,000	--	--
One-Time Project Earmarks .....	<u>6,319,000</u>	<u>5,123,000</u>	<u>--</u>
<b>Total, Program Innovations.....</b>	<b>14,655,000</b>	<b>18,172,000</b>	<b>13,049,000</b>

Projects currently receiving Program Innovations funding are reflected in the table above and discussed in more detail in the narrative below:

### Model Approaches to Statewide Legal Assistance Systems

Model Approaches to Statewide Legal Assistance Systems (formerly named Statewide Legal Helplines & Related Elder Rights Projects) is designed to help States implement cost-effective, replicable programs of integrated legal service delivery systems. The cornerstone of these projects are legal helplines which assist seniors in ensuring that they can access quality legal services to ensure the rights and financial security of older people and enhance their choice and independence. By ensuring strong leadership at the State level, Model Approaches projects create linkages within the existing legal assistance community and services providers and professionals in the broader community-based aging and elder rights networks, including AAAs, Aging and Disability Resource Centers, State Long-Term Care Ombudsmen, and Adult Protective Services. These linkages leverage the strengths of both elder rights and aging service networks for the provision of quality service to seniors most in need.

### National Legal Assistance Support Projects

National Legal Assistance and Support Projects fund grants to support a centralized access point for a national legal assistance support system serving professionals and advocates working in legal and aging services networks. These grants form the National Legal Resource Center which supports the leadership, knowledge, and systems capacity of organizations in order to enhance the quality, cost effectiveness, and accessibility of legal assistance for older persons and to expand or improve the delivery of legal assistance and elder rights protections to older persons with social or economic need.

## PROGRAM INNOVATIONS

In FY 2008 AoA funded 5 projects which provide core support functions for aging and legal networks including case consultation, training, technical assistance/legal and aging systems development, and information development and dissemination.

### National Education and Resource Center on Women and Retirement Planning

The National Education and Resource Center On Women and Retirement (WISER) Planning provides women with access to a one-stop gateway that integrates financial information and resources on retirement, health, and planning for long-term care into ongoing programs such as Older Americans Act Nutrition and Supportive Services Programs. This project has made user friendly financial education and retirement planning tools available to traditionally hard-to-reach women, including average and low income women, women of color and women with limited English speaking proficiency, rural and other “underserved” women. Information is offered through financial and retirement planning programs, workshops tailored to meet women’s special needs, and publications in hard copy and Web based formats.

The Center’s strategy for reaching these women and their families is to enlist the assistance of strategic public-private coalitions as volunteers and trainers through an “Aging Network Advisory Council.” The Council is composed of representatives of 15 organizations from across the country including national and local women’s organizations, local government agencies, representatives of the business and financial sectors and the national aging services network.

Over the course of this activity the National Education and Resource Center on Women and Retirement Planning has:

- Conducted more than 20,000 workshops on strategies to access financial and retirement planning information for women.
- Disseminated over 10,000 pieces of financial and retirement planning information tailored to the specific needs of hard-to-reach women.
- Produced concise, easy-to-understand publications including a monthly newsletter, 72 fact sheets, and materials available in Spanish, Portuguese, Korean and Vietnamese.

### Multigenerational Civic Engagement

Projects develop model practices for multigenerational civic engagement activities, as well as provide training and technical assistance to sustain and replicate these efforts. Initiatives will encourage community capacity-building involving older individuals, including demonstrating the effectiveness and cost savings of meeting critical civic needs through the use of senior volunteers.

### 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 and ethnic minority older individuals. These Centers design and disseminate front line health promotion and disease

## PROGRAM INNOVATIONS

prevention information that is culturally and linguistically appropriate for older individuals of African American, Hispanic, and Asian American and Pacific Islander descent, and American Indian and Alaska Native elders.

Each NMAO project pilots a practical, nontraditional, community-based intervention for reaching older individuals who experience barriers to accessing home and community-based services. Strategies are focusing on barriers due to language and low literacy as well as those directly related to cultural diversity. The health promotion and disease prevention strategies developed under this program are incorporating the latest technology. This strategy facilitates the generation and dissemination of knowledge in forms that can assist racial and ethnic minority older individuals to practice positive health behaviors and strengthen their capacity to maintain active, independent life styles.

### *GPRA and Related Evaluations*

This program funds program evaluation and supports a cooperative effort between AoA and selected State and area agencies on aging to develop and test outcome measures, various performance measurement instruments, and sampling methods that can be used to effectively and efficiently identify the results produced through OAA programs on an ongoing basis.

### *National Alzheimer's Call Center*

Through the National Alzheimer's Call Center, the Administration on Aging funds through a cooperative agreement the operation of a national information and counseling service for persons with Alzheimer's disease, their family members and informal caregivers. 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 nationwide, at the national and local levels, regarding Alzheimer's disease. Trained professional customer service staff and masters degree social workers are available at all times. The grantee agency is charged with maintaining a national network of organizations that are effectively linked together and supported by a national office with the overarching capability of linking consumers to local entities that are prepared to provide accurate information, counseling services, including crisis counseling, and detailed follow through. The Call Center is accessible by telephone, website or e-mail at no cost to the caller. In the 12-month period ending January 31, 2009, the National Alzheimer's Call Center handled over 270,000 calls through its national and local partners and its on-line message board community recorded over 2.2 million page views.

The National Alzheimer's Call Center focuses its service on consumers, not professionals. 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 in the operation of the National Alzheimer's Call Center to ensure local, on-the-ground capacity to respond to emergency and on-going needs of Alzheimer's patients, 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. Rigid quality control and continuous quality improvement processes are in place, documenting all calls to ensure callers receive the help and follow-through they need to resolve both crisis situations and difficulties from coping with the illness on a day-to-day basis.

## PROGRAM INNOVATIONS

### Community Innovations for Aging in Place

In FY 2009 Congress appropriated funding to carry out the Community Innovations for Aging in Place program established in the 2006 reauthorization of the Older Americans Act. The Community Innovations for Aging in Place program, as defined by the OAA, is intended to provide grants to eligible entities such as non-profit health or social service organizations, community-based organizations, area agencies on aging, local government organizations or tribal organizations to carry out aging in place projects. The projects are designed to promote independence for older individuals, including individuals who reside in Naturally Occurring Retirement Communities. Consistent with the provisions of the OAA, and the intent of Congress as specified in the Joint Explanatory Statement, AoA will work to ensure that these programs are coordinated with existing home and community-based long-term care programs including Evidence-Based Disease Prevention projects, Aging and Disability Resource Centers, and Nursing Home Diversion.

### One Time Congressional Project Earmarks

This line funded one-time projects whose selection was incorporated into law by reference.

Program Innovations is part of AoA's Aging Services Government Performance and Results Act (GPRA) program. The three performance measures for the Aging Services program are improving program efficiency, improving client assessment and outcomes, and improving targeting of services to vulnerable elders. Program Innovations projects directly impact these measures by developing and testing new models for delivering home and community-based services to seniors and their caregivers. These investments help to generate knowledge that can be used to improve program efficiency and outcomes for AoA core services, maintain the current high level of consumer satisfaction with services, and ensure that services are targeted to the most vulnerable elderly individuals. These outcome measures are discussed in detail under other sections of this budget.

### Funding History

Comparable funding for Program Innovations during the past five years is as follows:

FY 2005 .....	\$43,286,000
FY 2006 .....	\$24,595,000
FY 2007 .....	\$24,058,000
FY 2008 .....	\$14,655,000
FY 2009 .....	\$18,172,000

### Rationale for the Request

The FY 2010 request for Program Innovations is \$13,049,000, a decrease of -\$5,123,000 below the FY 2009 Omnibus level. The request maintains funding for all ongoing projects of national significance and eliminates funding for one-time Congressional project earmarks.

The ongoing projects of national significance provide ongoing support for the national aging services network and continue to be needed to support the activities of AoA's core service

## **PROGRAM INNOVATIONS**

delivery programs. These investments will help to generate knowledge that can be used to improve AoA's performance in program efficiency and outcomes for OAA services, maintain the current high level of consumer satisfaction with services, and ensure that services are targeted to the most vulnerable elderly individuals.

Program Innovations outcomes are reflected in performance targets for State and Community-Based Services and Protection of Vulnerable Older Americans.

## Aging Network Support Activities

	FY 2008 <u>Appropriation</u>	FY 2009 <u>Omnibus</u>	FY 2009 <u>Recovery Act</u>	FY 2010 President's Budget <u>Request</u>	FY 2010 +/- FY 2009 <u>Omnibus</u>
BA .....	\$31,589,000	\$41,694,000	--	\$44,283,000	+\$2,589,000

Authorizing Legislation: Section 201, 202 and 215 of the Older Americans Act of 1965, as amended

FY 2010 Authorization.....Such Sums

Allocation Method..... Competitive Grant/Co-operative Agreement and Contracts

Program Description and Accomplishments:

Aging Network Support Activities provides competitive grants and contracts to support five ongoing activities which help seniors and their families obtain information about their care options and benefits, and which assist States, Tribes, and community providers of aging services to carry out their mission to help older people remain independent and living 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 AoA's core service delivery programs. Competitive grants, cooperative agreements and contracts for Aging Network Support Activities are awarded to eligible public or private agencies and organizations, State and area agencies on aging, institutions of higher learning, and other organizations representing and/or serving older people, including faith-based organizations. Grantees are required 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 four years. In FY 2008 Aging Network Support Activities funded 105 grants with an average award of \$272,929 and a range of grant awards from \$10,000 to \$1,939,514.

Aging Network Support Activities includes funding for the following projects:

Activity	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
<u>Aging Network Support Activities:</u>			
Health and Long-Term Care Programs 1/ .....	16,211,745	28,000,000	30,589,000
Pension Information and Counseling Program .....	1,646,720	1,719,000	1,719,000
National Eldercare Locator .....	1,157,420	1,178,000	1,178,000
National Long Term-Care Ombudsman Resource Center	537,444	547,000	547,000
National Center on Elder Abuse .....	796,832	811,000	811,000
Senior Medicare Patrol (SMP) Program .....	9,274,101	9,439,000	9,439,000
National Center on Senior Benefits Outreach.....	<u>1,965,060</u>	--	--
<b>Total, Aging Network Support Activities .....</b>	<b>31,589,322</b>	<b>41,694,000</b>	<b>44,283,000</b>

1/ Previously referred to as Choices for Independence.

## AGING NETWORK SUPPORT ACTIVITIES

### Health and Long-Term Care Programs

AoA's health and long-term care programs, including Aging and Disability Resource Centers (ADRCs), Evidenced-Based Disease and Disability Prevention Programs (EBDP) and Nursing Home Diversion Programs (NHD) focus on empowering older individuals and their caregivers to remain healthy and independent as long as possible, as well as to reduce the unnecessary use of costly hospital and nursing home care. The programs help people improve and maintain their health, better direct their care, and extend their personal resources, and remain in the community through the use of low-cost, community-based service alternatives, including evidence-based prevention programs. Specifically the ADRCs are designed to serve as "one stop shop" entry points into health and long-term care at the community-level. ADRCs equip individuals of all ages and income levels with information to understand their options and to make informed decisions and take more control over their health and long-term care. AoA's EBDPs empowers individuals to make behavioral changes to enable them to improve their health status, better manage their chronic conditions, and reduce their risk of falling or acquiring disease and disability. AoA's NHD programs are targeted at people who are at high risk of nursing home placement and spend down to Medicaid. Over 50 percent of the elderly people who reside in nursing home and are dependent on Medicaid entered as private paying individuals. States are using these programs, that get to people before they enter a nursing home and spend down as part of their overall efforts, to reform their health and long term care systems. Included in this program are funds to rigorously evaluate and measure the impacts and outcomes that are achieved by each of these programs and identify opportunities to continue to improve program operations.

- Aging and Disability Resource Center Programs: These "one-stop shop/single-entry points" programs build on models developed by Wisconsin, Washington, Oregon and other leading States and are designed to provide consumers of all ages and income levels with "visible and trusted" sources of information on all long-term care options, along with streamlined access to community based long term care services and, if appropriate, expedited enrollment in public programs. AoA and CMS have invested over \$50 million to date to support 202 ADRC pilot programs across 47 States and territories, who have also contributed over \$40 million to these efforts.
- Evidence-Based Disease and Disability Prevention Programs: This program builds on work that AoA has been advancing since 2003. AoA in partnership with CDC, AHRQ, CMS, HRSA, and over 30 private foundations, support the community-level deployment of low-cost science-based programs that have proven effective in reducing the risk of disease, disability and injury among the elderly and reduce the utilization of emergency rooms and hospital services. AoA and its partners have invested over \$35 million to-date in these discretionary grant programs, which are now being piloted in more than 1,200 communities across 27 States. These grants focus on providing low-cost interventions at the community level that include areas such as chronic disease self management, diabetes self-management education programs, falls prevention and physical activity.

## AGING NETWORK SUPPORT ACTIVITIES

- Nursing Home Diversion Programs for Non-Medicaid Individuals: This program builds on the experience gained by the Aging Network over the past 20 years in managing Medicaid Waiver and State revenue programs that are designed to divert Medicaid-eligible individuals away from nursing home facilities, as well as States' experience in managing State revenue programs targeted at diverting non-Medicaid individuals. The AoA grant program was launched in 2007 to help States begin to reform their long term care systems by strategically using their ADRCs to identify individuals at risk of nursing home placement and spend-down to Medicaid, and providing them information and access to community based long term care services that enable them to continue to live at home and in the community. Several States, such as Minnesota, Connecticut and Utah, have targeted those at risk of institutionalization with home and community-based services and supports in an effort to reduce the utilization of nursing homes and reduce the rate at which people are enrolled into Medicaid programs. AoA's NHD program emphasizes the use of flexible, consumer-directed models, such as Cash and Counseling. To date 20 States are developing nursing home diversion programs and more than \$16 million has been invested. In FY 2008, the Veterans Administration and AoA worked together to develop the Veterans Directed Home and Community Based Services Program (VDHCBS) that serves veterans of any age who are at risk of nursing home placement and provides them the opportunity to self-direct their care and services. Rather than build a community living infrastructure, the Veterans Administration made a strategic decision to use the Aging Network's nursing home diversion infrastructure as the delivery source of VDHCBS. The Veterans Administration is currently purchasing more than \$10 million of VDHCBS from NHD pilot sites in 10 States and it is planned that the program will be expanded in FY 2010.

Outcomes of AoA's health and long-term care programs currently contribute to the performance targets for State and Community-Based Services. Outputs for these programs will be reported for FY 2009, while targets for FY 2010 are based on the proposed funding level. For example, AoA expects to double the number of ADRC contacts between FY 2009 and FY 2010. In addition, the number of individuals served through the nursing home diversion program is projected to increase 50 percent during the two year period (Output 4.1).

### National Eldercare Locator

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 helps seniors and their families to navigate this complex environment by connecting those needing assistance with State and local agencies on aging that serve older adults and their caregivers. The Eldercare Locator can be accessed through a toll-free nationwide telephone line (800-677-1116) or website ([www.eldercare.gov](http://www.eldercare.gov)). The phone line and website both connect those in need to providers in every zip code in the nation as well as to more extensive information sources for a variety of services including transportation, home-delivered meals, housing options, Alzheimer's hotlines, adult day care, respite services, home health services, long-term care ombudsmen, and legal assistance. The Eldercare Locator website continues to

## AGING NETWORK SUPPORT ACTIVITIES

grow as a resource tool for older adults and their caregivers. There was a twelve percent increase in users from fiscal year 2007 to 2008.

### Pension Counseling and Information

The Pension Counseling program assists older Americans in accessing information about their retirement benefits and helps them to negotiate with former employers or pension plans for due compensation. Currently, there are more than 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, which 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 their pension benefits.

AOA currently funds six regional counseling projects covering 25 States. Data for the program shows that:

- Pension Counseling projects have successfully obtained a return of more than \$5 for every Federal dollar invested in the program.
- Projects have directly served over 30,000 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 acquisitions; 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.

### Senior Medicare Patrol (SMP) Program

The Senior Medicare Patrol (SMP) program helps to detect, deter, prevent, and report waste, fraud and abuse in the Medicare and Medicaid programs. Projects utilize the skills of retired professionals to help educate older persons and their families to recognize and report Medicare and Medicaid fraud (including fraud related to Medicare Part D benefits provided under the Medicare Modernization Act). A total of 54 Senior Medicare Patrol projects operate in all States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Data for the programs shows that through FY 2007, SMP projects have:

- Educated more than 369,000 beneficiaries in 2007 during group training sessions and one-on-one sessions. As a result, the projects have received nearly 87,500 complaints regarding Medicare, Medicaid and other health care integrity issues.
- SMP’s initiatives document substantial cost avoidance for Medicare and Medicaid programs as well for other payors. In 2007 more than \$7,440,000 was billed but not paid because of the intervention of SMP.

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- In addition, the Office of Inspector General notes that additional significant savings may have occurred but have not been formally tracked or captured. Other savings may also have resulted from the deterrent effect of AoA's initiatives, whereby fraud and errors are reduced as a result of Medicare beneficiaries' scrutiny of their bills.

In FY 2007 39,216 beneficiaries were trained per million dollars of AoA funding (Outcome 1.4). During this reporting period SMP initiated a new reporting system, some decline may be attributed to the implementation of the new system which showed a decline in reported activities during the first six months of the year. Activities are carried out in partnership with the Centers for Medicare and Medicaid Services, the Office of Inspector General, healthcare providers, and other professionals from around the country.

### National Long-Term Care Ombudsmen Resource Center

The National Long-Term Care Ombudsman Resource Center provides training and technical assistance to support the activities of State and local long-term care ombudsmen, which are carried out under Title VII, Vulnerable Elder Rights Protection Activities. The Center works to enhance the skills, knowledge and management capacity of the Statewide ombudsman programs to enable them to handle residents' complaints and represent residents' interests. The Center also provides information to consumers and links them to ombudsmen, who can help them navigate the long-term care system and resolve problems in nursing, board and care and assisted living homes.

Among other accomplishments, the Center's FY 2008 outcomes included publication and distribution of *The Role of the Long-Term Care Ombudsman Program in Culture Change*, *The Home Care Ombudsman Programs Status Report: 2007*; and *Nursing Homes: Getting Good Care There: A Teaching Guide*; State and local ombudsman training at two national conferences and via web-based teleconferences; and continued high utilization of the Center's website by ombudsmen, consumers and agencies.

### National Center on Elder Abuse

To support and enhance the activities of State and local programs to prevent Elder Abuse, Neglect, and Exploitation, AoA funds the National Center on Elder Abuse (NCEA). NCEA disseminates information to professionals and the public, and it provides technical assistance and training to States and to community-based organizations. The NCEA makes available news and resources; collaborates on research; provides consultation, education, and training; 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 development. NCEA also facilitates the exchange of strategies for uncovering and prosecuting fraud in areas such as telemarketing and sweepstakes scams. In FY 2007 the NCEA:

- Continued its outreach by serving over 1,700 subscribers to its newsletter and 1,670 members to the Elder Abuse Listserv.
- Responded to over 800 individual public inquiries and requests for information.

## AGING NETWORK SUPPORT ACTIVITIES

- Effectively utilized technology to provide cost-effective trainings to over 400 professionals through live Webcast forums on issues relevant to elder rights and consumer protection, and expanding the NCEA training library to over 200 resources.
- Supported systems change by supporting 20 local elder justice community collaborations with funding, training, and technical assistance to leverage local resources and expertise to prevent and combat elder abuse, neglect, and exploitation.

### Funding History

Funding for Aging Network Support Activities during the past five years is as follows:

FY 2005 .....	\$13,266,000
FY 2006 .....	\$13,124,000
FY 2007 .....	\$13,133,000
FY 2008 .....	\$31,589,000
FY 2009 .....	\$41,694,000

### Rationale for the Request

The FY 2010 request for Aging Network Support Activities is \$44,283,000, an increase of +\$2,589,000 above the FY 2009 Omnibus level.

The FY 2010 request for Aging Network Support Activities focuses on maintaining support for the activities funded with this appropriation. AoA is requesting additional funding to evaluate AoA's Health and Long-Term Care Programs. These programs provide critical and ongoing support for the national aging services network and continue to be needed to support the activities of AoA's core service delivery programs.

AoA continues to target ambitious outcomes for Aging Network Support Activities programs. Since the implementation of the Health and Long Term Care Programs, which include Evidence Based Disease and Disability Prevention Programs (EBDP), Aging and Disability Resource Centers (ADRC's) and Nursing Home Diversion Programs (NHD), AoA, the Aging Network and the States have recognized the potential value of these programs for citizens, taxpayers and public programs such as Medicaid and insurance programs such as Medicare.

The Evidence-Based Disease and Disability Prevention programs are a key component in a reformed health care system that engages and empowers citizens and emphasizes prevention. More than 65 percent of the population aged 65 and older suffers from at least one chronic condition and 87 percent suffer from 2 or more chronic conditions. More than 33 percent of the population aged 65 and older fall each year. One fall results in an expenditure of \$19,440 in health care over the course of a year. Even more critical is that limited health care resources are utilized on emergency situations that could be avoided through the implementation of low-cost community based programs with demonstrated outcomes that improve health status and reduce the use of emergency room and hospital services. The EBDP programs are currently available in 27 States. In addition to funding States, AoA will also fund a technical assistance center that supports the identification, translation,

## AGING NETWORK SUPPORT ACTIVITIES

replication and implementation of Evidence-Based Disease and Disability Prevention programs. The technical assistance center is working with 8 of the 27 States (with the financial support of Atlantic Philanthropies) to take the EBDP program statewide in each of these States and to identify sustainability strategies.

The Aging and Disability Resource Centers are essential to both Health and Long Term Care Reform specifically in the role they play in: 1) providing information so citizens know and understand their long term care options; 2) facilitating assessments to help citizens identify their long term care needs; 3) facilitating the development of a service plan; and, 4) linking the citizens and their caregivers to services that help them live at home and remain engaged in community life. ADRCs also play a key role in helping to break the cycle of hospital readmissions which is a critical issue related to health care reform. Since 2003, AoA and CMS have invested more than \$50 million in the development of ADRC's in 47 States and territories. In FY 2009, 12 States are in the process of statewide expansion of the ADRC. In FY 2010, AoA and CMS plan to expand ADRC's to all 50 States due to the critical role it fulfills in the health and long term care system.

The Nursing Home Diversion Program is a key strategy for reforming the nation's long term care system because it focuses on reaching people before they are institutionalized and helping them remain in the community through the provision of information and services. A core component of the NHD infrastructure is the ADRCs, which refers people to NHD when they need help avoiding an institution. By serving those at risk of nursing home placement, providing them with home and community-based services and avoiding nursing home admission, a net savings may be generated. The NHD program, because of the inclusion of a consumer directed option, also helps to address the health care workforce shortage we continue to confront as a nation. Under consumer direction, citizens can hire family, friends and neighbors to provide needed care and services. The consumer oversees the delivery of the care and services and has the authority to hire and fire the persons they employ. Employees hired by the consumer are paid using a Financial Management Agency that assures that appropriate taxes are withheld and appropriate invoices are submitted for the services rendered. The Nursing Home Diversion program is currently available in 20 States and the infrastructure is used in 10 States to deliver the Veterans Directed Home and Community Based Services Program. AoA plans to continue the support and expansion of the NHD program in FY 2010 and the Veterans Administration plans to continue to purchase the VDHCBs from additional States implementing NHD programs.

In FY 2010 AoA will continue to fund technical assistance centers to support States in the development and implementation of Aging and Disability Resource Centers and the Nursing Home Diversion Program including supporting State efforts to enhance opportunities to incorporate the concept of consumer direction into their programs. Together these Technical Assistance Centers have conducted more than 106 teleconferences and webinars, multiple site visits to 27 States and fielded more than 1,000 telephone and e-mail requests for technical assistance.

In addition to developing and delivering these Health and Long Term Care programs, AoA plans to invest approximately \$2.5 million for a rigorous evaluation to test the impacts and outcomes of these programs and evaluate the operational processes to identify opportunities to continue to improve and enhance their overall operation, and ensure model fidelity, as AoA implements them across the nation. AoA has worked with experts in the field of aging and evaluation to gather their input on

## AGING NETWORK SUPPORT ACTIVITIES

evaluating these programs. AoA will partner with the Agency for Healthcare Research and Quality and the Office of the Assistant Secretary for Planning and Evaluation during FY 2009 to design an evaluation program which will be implemented in FY 2010.

The following are some of the results that have been accomplished through AoA's prior work on these health and long term care initiatives:

- Over half of the 43 original ADRC grantees have passed legislation, developed executive guidance, and/or contributed State funds to enhance and expand ADRCs.
- 80 percent of the original 43 ADRC States have streamlined their Medicaid application process, making their applications available on the internet, allowing consumers to complete their application online and submit it electronically.
- Over 75 percent of the original ADRC States can track the eligibility status of applicants as they move through the system.
- Since 2006, over 20,000 individuals have participated in an evidence-based program offered by AoA's EBDP State programs.
- Over 87 percent of participants who were offered the Chronic Disease Self Management Program completed the course.
- All 20 NHD State programs have implemented targeting criteria that not only prioritize home and community-based services and supports to non-Medicaid eligible individuals determined at high risk of institutionalization, but also determined to be at highest risk of spend-down to Medicaid.

For the Senior Medicare Patrol program, in FY 2010, AoA is targeting training 42,160 beneficiaries per million dollars of AoA funding (Outcome 1.4). Beneficiaries who are trained are more likely to detect and prevent Medicare fraud and waste.

In FY 2010, AoA estimates that 420,000 beneficiaries will be educated through the Senior Medicare Patrol (Output W) a 13 percent increase in the number of beneficiaries compared to 2007.

In addition to the SMP program, the National Eldercare Locator and the Pension Counseling and information program will continue to help thousands of seniors and families to obtain information and assistance in accessing services and benefits.

In FY 2010, AoA plans to increase the number of Eldercare Locator web contacts by nearly 11 percent over the 2007 performance, and 58 percent over the 2005 performance level.

## AGING NETWORK SUPPORT ACTIVITIES

Both the National Long-Term Care Ombudsman and the National Elder Abuse Resource Centers will continue to provide training and technical assistance for programs that protect the rights of vulnerable elders in institutional settings and at home.

### Aging Network Support Activities Outcomes and Outputs

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
<u>1.4</u> : For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding. ( <i>Outcome</i> )	FY 2007: 39,216 (Target Not Met)	41,230	42,160	+930
<u>4.1</u> : Total number of ADRC contacts ( <i>Output</i> )	N/A	156,399	312,798	+156,399
<u>4.2</u> : Total number of participants completing the CDSMP program ( <i>Output</i> )	N/A	4,514	5,642	+1,128
<u>4.3</u> : Number of individuals enrolled in the nursing home diversion program ( <i>Output</i> )	N/A	200.0	300.0	+100.0
<u>Output W</u> : Beneficiaries Educated ( <i>Output</i> )	FY 2007: 369,898 (Target Not Met)	412,000	420,000	+8,000
<u>Output X</u> : Eldercare Locator calls ( <i>Output</i> )	FY 2007: 114,940 (Target Not In Place)	121,940	121,940	Maintain
<u>Output Y</u> : Eldercare Locator web contacts ( <i>Output</i> )	FY 2007: 268,876 (Target Not In Place)	296,434	298,000	+1,566
<b>Program Level Funding (\$ in millions)</b>		<b>\$41.694</b>	<b>\$44.283</b>	

Note: For presentation within the budget AoA highlighted specific measures that are most directly related to Aging Network Support Activities, however multiple performance outcomes are impacted by this program because AoA's performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance in achieving current strategic objectives. AoA outcome and output measures will be reviewed going forward to ensure continued effective measurement of program performance.

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## Alzheimer’s Disease Demonstration Grants

	FY 2008 <u>Appropriation</u>	FY 2009 <u>Omnibus</u>	FY 2009 <u>Recovery Act</u>	FY 2010 President’s Budget <u>Request</u>	FY 2010 +/- FY 2009 <u>Omnibus</u>
BA .....	\$11,464,000	\$11,464,000	--	\$11,464,000	--

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

FY 2010 Authorization ..... Expired

Allocation Method ..... Discretionary Grant/Cooperative Agreement and Contract

Program Description and Accomplishments:

The Alzheimer’s Disease Demonstration Grants to States (ADDGS) program provides competitive grants that assist States to expand the availability of diagnostic and support services for persons with Alzheimer’s disease, their families and their caregivers, as well as to improve the responsiveness of the home and community-based care system to persons with dementia.

The ADDGS program enables States to develop service and outreach programs that are specific to its needs and resources. The primary components of the ADDGS program include:

- Delivering supportive services including respite care, home health care, personal care, adult day care, and companion services to persons with Alzheimer’s disease and their caregivers.
- Translating and replicating evidence-based interventions for individuals with Alzheimer’s Disease and their caregivers at the community level that
- Incorporating evidence-based research in the formulation of innovative projects and advancing changes to a State’s overall system of home and community-based care.
- Providing individualized and public information, education, and referrals about diagnostic, treatment and related services; sources of assistance for services; and legal rights of people affected by Alzheimer’s disease.
- Linking public and non-profit agencies that develop and operate respite care and other community-based supports, educational, and diagnostic services within the State to people who need services.

In FY 2008 ADDGS funded 28 grants with an average award of \$392,625 and a range of grant awards from \$110,857 to \$1,030,906. Through a programmatic review of the ADDGS program

## ALZHEIMER'S DISEASE DEMONSTRATION GRANTS

to determine the future direction of the program and how to enhance the program operation and results, AoA issued two program announcements for grants: 1) grants that focus on translating and replicating evidence based interventions for people with Dementia and their caregivers; and 2) grants that develop or expand upon innovative service models for people with Dementia and their caregivers, including a focus to expand services available to people in the early stages of Dementia. As a result of these announcements 9 States are in the process of translating five evidence-based interventions into practice and 19 States are offering innovative programming for individuals with Alzheimer's Disease and their caregivers. These grants offered both direct services and other additional services to thousands of families. The program also supports the provision of assistance for evaluation and continual quality improvement to grantees.

The ADDGS program is part of AoA's Aging Services Government Performance and Results Act (GPRA) program. The knowledge generated by the ADDGS program helps to ensure that AoA's core programs, particularly its caregiver programs, maintain and improve performance. AoA is in the process of developing outcome and output measures for the ADDGS program for inclusion in its FY 2011 budget request.

### Funding History

Funding for the ADDGS program during the past five years is as follows:

FY 2005 .....	\$11,786,000
FY 2006 .....	\$11,660,000
FY 2007 .....	\$11,668,000
FY 2008 .....	\$11,464,000
FY 2009 .....	\$11,464,000

### Budget Request

The FY 2010 request for the ADDGS program is \$11,464,000, the same as the FY 2009 Omnibus level. This request will continue to provide funding for grants to States to test and implement evidence-based and innovative approaches to helping the rapidly growing population of individuals with Alzheimer's disease and their caregivers. These projects will continue to demonstrate and expand the service delivery of home and community-based services.

While more than \$148 billion is spent each year in Alzheimer's disease-related costs, family caregivers remain the major source of support for most people with Alzheimer's disease. The nature of the disease – a slow loss of cognitive and functional independence – means that most people with Alzheimer's disease are cared for in the community for years. They may access a variety of services from many different systems including the aging, medical, and mental health service systems. As the number of people with Alzheimer's disease grows, it is increasingly important that service delivery and health care systems are responsive to persons with dementia and are effectively coordinated. It is also important to ensure the availability of dementia-competent community-based social and health care services.

## Program Administration

	FY 2008 <u>Appropriation</u>	FY 2009 <u>Omnibus</u>	FY 2009 <u>Recovery Act</u>	FY 2010 President's Budget <u>Request</u>	FY 2010 +/- FY 2009 <u>Omnibus</u>
BA .....	\$18,064,000	\$18,696,000	--	\$21,230,000	+\$2,534,000
FTE .....	106	107	--	120	+13

Authorizing Legislation: Section 205 of the Older Americans Act of 1965, as amended

FY 2010 Authorization .....Such Sums

Allocation Method..... Direct Federal/Contract

Program Description and Accomplishments:

Program Administration funds the direction of AoA programs established under the Older Americans Act (OAA), as well as the Alzheimer’s Disease Demonstration Grants program, authorized by Section 398 of the Public Health Services Act (PHSA). In addition, these funds also support oversight and implementation in 2009 of activities funded under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and implementation of the Lifespan Respite Care program under an Intra-Departmental Delegation of Authority (IDDA). AoA’s mission, as embodied in the OAA, is to develop a comprehensive and cost-effective system of services that helps elderly individuals to maintain their independence and dignity in their homes and communities. AoA does this by overseeing the development of coordinated systems of community-based care in States and localities that are responsive to the needs and preferences of older people and their family caregivers.

Program Administration is part of AoA’s Aging Services GPRA program. Improving program efficiency, improving client outcomes, and effective targeting of services to vulnerable elders are the three performance measures used to assess the performance of the Aging Services program. Program Administration is not directly measured by AoA’s performance indicators, nor by specific outcomes, and it does not have specific output measures. Rather, the program provides the administrative resources that enable AoA to carry out its programmatic activities and achieve its performance goals.

In recent years, AoA appropriations for Program Administration have not kept pace with inflationary increases in pay and other expenses. Administrative resources have also been stretched to cover an increasing array of activities and requirements, including implementation of the Medicare Modernization Act; participation in national initiatives such as Cash and Counseling; and partnerships with other HHS agencies such as AHRQ, CMS, CDC and HRSA as well as other Federal agencies to focus on policies to transform health and long-term care for seniors, including an innovative partnership with the Veteran’s Administration (VA) to expand the reach of Aging and Disability Resource Centers (ADRCs).

## PROGRAM ADMINISTRATION

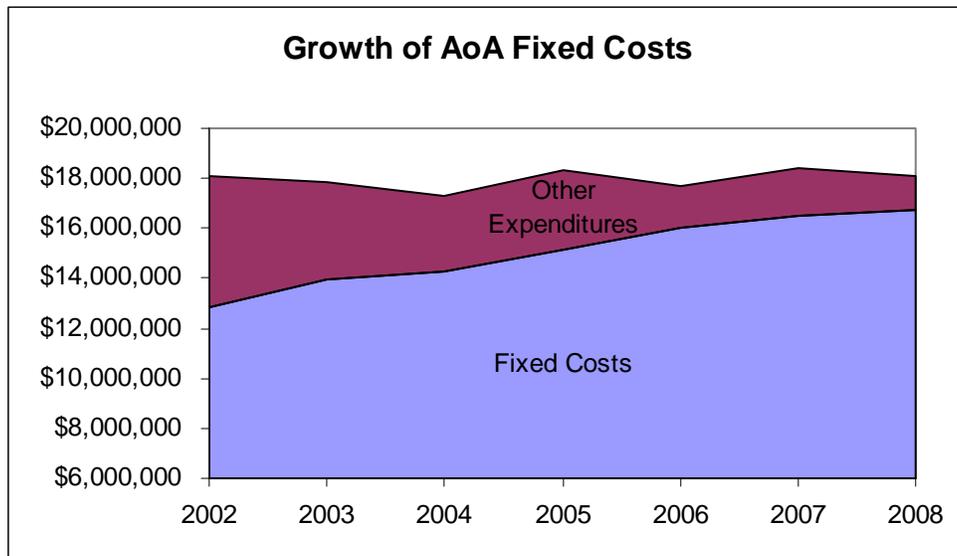
In the last year alone, AoA has been given responsibility for new programs under both MIPPA and the Lifespan Respite Care Act; received \$5 million in new funding under the OAA to implement a Community Innovations for Aging in Place program; and is working to expand implementation of and rigorously evaluate its programs for reforming health and long-term care, including Aging and Disability Resource Centers (ADRCs), Evidence-Based Disease and Disability Prevention Programs (including, in particular, the Chronic Disease Self Management Program (CDSMP)) and Nursing Home Diversion. Finally, in recent months, AoA has been involved in overseeing funds received under the American Recovery and Reinvestment Act (ARRA) and has begun to work on policies and initiatives intended to advance the President’s priorities in health and long-term care reform. This refined strategic focus has required AoA to make organizational and staffing changes that in turn have brought changes in the skill mix and the expertise that the agency requires.

As AoA’s involvement in new activities and directions has grown, however, the administrative resources available to meet its needs have remained constrained. As a result, to cover steadily increasing fixed costs while remaining within its budget, AoA staffing has had to be reduced by 12 percent—falling from a peak of 120 FTE in FY 2002 to 106 FTE in FY 2008 – and work has had to be shifted among this shrinking pool of existing staff to cover the agency’s new programs and responsibilities.

### AoA FTE Usage

FY 2002	FY 2003	FY 2004	FY 2005	2006	FY 2007	FY 2008
120	117	116	112	113	112	106

Fixed costs in FY 2002 accounted for approximately 71 percent of appropriated funds, but in FY 2008 had grown to 93 percent of appropriated funds, as reflected in the chart below:



Fixed costs include – in addition to Federal salaries and benefits – rent and the cost of a growing number of external shared support services including information technology, accounting,

## PROGRAM ADMINISTRATION

personnel and acquisitions services among others. In addition to staffing reductions, growing fixed costs have crowded out funding available for investments in human capital development, travel, contracts and other general operating expenditures needed to support our programs.

The FY 2010 request builds on the administrative increases provided in FY 2009 and reflects the critical need to support funding for 120 FTEs. This increase will allow AoA to make the investments needed to increase the level of functionality across the agency needed for AoA to effectively manage in the face of increasing responsibilities.

### Funding History

Comparable funding for Program Administration during the past five years is as follows:

FY 2005 .....	\$18,301,000	112 FTE
FY 2006 .....	\$17,688,000	113 FTE
FY 2007 .....	\$18,379,000	112 FTE
FY 2008 .....	\$18,064,000	106 FTE
FY 2009 .....	\$18,696,000	107 FTE

### Budget Request

The FY 2010 request for Program Administration is \$21,230,000 and 120 FTE, an increase of +\$2,534,000 and +13 FTE above the FY 2009 enacted level. This infusion of resources is necessary to allow AoA to make needed investments in human capital development, information technology and other activities that are needed to effectively reach out to citizens, promote efficiency and innovation, and provide transparency and accountability. This request will bring funding to the level that would have been achieved if funding had been increased at an average annual rate of just 2 percent over the last few years. This will position AoA to meet the twin challenges posed by an increasing aging population and growing AoA involvement within and outside the Department in reform of health and long-term care issues.

More specifically, these resources will provide AoA with the ability to remain an active participant in, and contributor to the President's initiatives to reform health and long-term care; to continue expansion of ADRCs, Evidence-Based Prevention Programs and Nursing Home Diversion across all States and Territories, and to add depth to AoA's evaluation and performance measurement capabilities which will assist AoA in its efforts to evaluate its health and long-term care programs and to put in place a means for continuous quality improvement in these programs. Added dollars will also allow for investment in human capital development to meet changing skill set needs and for upgrades to systems and technology that expand communications functionality allowing for benefits such as remote conferencing, enhanced web and internet interaction with aging constituencies and implementation of more consumer oriented approaches such as social networking. In addition, these funds will permit AoA to better prepare for emergencies and threats as well as respond to and assist States and local communities care for vulnerable individuals with special needs during a disaster.

## PROGRAM ADMINISTRATION

Of the additional +\$2,534,000:

- \$1,835,000 will be used to fund an additional 13 FTE, which would restore staffing to a level of 120 FTE and allow AoA to restore the basic functionality that existed in past years;
- \$330,000 will be used to cover projected FY 2010 pay increases;
- \$16,000 will be used for inflationary costs related to rent; and,
- \$353,000 will be used for non-pay inflation and for investment in human capital needs, especially to equip staff with new skill sets appropriate to the changing priorities that the agency has undertaken, and in systems and technology upgrades/ investment, especially to address communications, acquisitions, grants and evaluation needs;

The aging population will continue to surge in the coming years; for AoA to adequately address this population's needs it must also receive a realistic level of administrative resources.

### Information Technology

The Administration on Aging will contribute \$61,031 of its FY 2010 budget to support Department enterprise information technology initiatives as well as the E-Government initiatives. Operating Division contributions are combined to create an Enterprise Information Technology (EIT) Fund that finances both the specific HHS information technology initiatives identified through the HHS Information Technology Capital Planning and Investment Control process and E-Government initiatives. These HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability.

Of the amount specified above, \$22,175.23 is allocated to support the E-Government initiatives for FY 2010. This amount supports the E-Government initiatives as follows:

<b>FY 2010 HHS Contributions to E-Gov Initiatives*</b>	<b>AoA</b>
Line of Business - Human Resources	\$256.85
Line of Business - Grants Management	\$1,210.19
Line of Business - Financial	\$254.29
Line of Business - Budget Formulation and Execution	\$169.10
Line of Business - IT Infrastructure	\$284.80
Disaster Assistance Improvement Plan	\$20,000.00
<b>E-Gov Initiatives Total</b>	<b>\$22,175.23</b>

\*The total for all HHS FY 2010 inter-agency E-Government and Line of Business contributions for the initiatives identified above, and any new development items, is not currently projected by the Federal CIO Council to increase above the FY 2009 aggregate level. Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

## PROGRAM ADMINISTRATION

Prospective benefits from these initiatives are:

**Lines of Business-Human Resources Management:** Provides standardized and interoperable HR solutions utilizing common core functionality to support the strategic management of Human Capital. HHS has been selected as a Center of Excellence and will be leveraging its HR investments to provide services to other Federal agencies.

**Lines of Business-Grants Management:** Supports end-to-end grants management activities promoting improved customer service; decision making; financial management processes; efficiency of reporting procedure; and, post-award closeout actions. An HHS agency, Administration for Children and Families (ACF), is a GMLOB consortia lead, which has allowed ACF to take on customers external to HHS. These additional agency users have allowed HHS to reduce overhead costs for internal HHS users. Additionally, NIH is an internally HHS-designated Center of Excellence and has applied to be a GMLOB consortia lead. This effort has allowed HHS agencies using the NIH system to reduce grants management costs. Both efforts have allowed HHS to achieve economies of scale and efficiencies, as well as streamlining and standardization of grants processes, thus reducing overall HHS costs for grants management systems and processes.

**Lines of Business –Financial Management:** Supports efficient and improved business performance while ensuring integrity in accountability, financial controls and mission effectiveness by enhancing process improvements; achieving cost savings; standardizing business processes and data models; promoting seamless data exchanges between Federal agencies; and, strengthening internal controls.

**Lines of Business-Budget Formulation and Execution:** Allows sharing across the Federal government of common budget formulation and execution practices and processes resulting in improved practices within HHS.

**Lines of Business-IT Infrastructure:** This initiative provides the potential to leverage spending on commodity IT infrastructure to gain savings; to promote and use common, interoperable architectures that enable data sharing and data standardization; secure data interchanges; and, to grow a Federal workforce with interchangeable skills and tool sets.

**Disaster Assistance Improvement Plan (DAIP):** The DAIP, managed by Department of Homeland Security, assists agencies with active disaster assistance programs such as HHS to reduce the burden on other federal agencies which routinely provide logistical help and other critical management or organizational support during disasters.

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**Budget Authority by Object  
Administration on Aging  
FY 2010 Budget Submission**

	<u>FY 2009 Estimate 1/</u>	<u>FY 2010 Estimate</u>	<u>Increase or Decrease</u>
<u>Personnel Compensation:</u>			
Full-time Permanent (11.1) .....	10,009	11,646	1,637
Other than Full-Time Permanent (11.3) .....	538	626	88
Other Personnel Compensation (11.5).....	228	265	37
Military Personnel (11.7).....	46	47	1
<b>Subtotal, Personnel Compensation .....</b>	<b>10,821</b>	<b>12,584</b>	<b>1,763</b>
Personnel Benefits (12.1) .....	2,445	2,845	400
Military Benefits (12.2).....	27	29	2
<b>Total, Pay Costs .....</b>	<b>13,293</b>	<b>15,458</b>	<b>2,165</b>
Travel and Transportation of Persons (21.0) .....	405	409	4
Transportation of Things (22.0).....	18	18	--
Rental Payments to GSA (23.1) .....	1,568	1,584	16
Communications, Utilities, and Miscellaneous (23.3).....	278	305	27
Printing and Reproduction (24.0) .....	14	89	75
<u>Other Contractual Services:</u>			
Advisory and Assistance Services (25.1) .....	7,017	8,687	1,670
Other Services (25.2).....	67	118	51
Purchases from Government Accounts (25.3).....	6,955	7,076	121
Operation and Maintenance of Equipment (25.7).....	60	160	100
<b>Subtotal, Other Contractual Services .....</b>	<b>14,099</b>	<b>16,041</b>	<b>1,942</b>
Supplies and Materials (26.0).....	46	65	19
Equipment (31.0).....	7	15	8
Grants, Subsidies and Contributions (41.0).....	1,461,615	1,457,359	(4,256)
<b>Total, Non-Pay Costs.....</b>	<b>1,478,050</b>	<b>1,475,885</b>	<b>(2,165)</b>
<b>Total, Budget Authority by Object Class .....</b>	<b>1,491,343</b>	<b>1,491,343</b>	<b>--</b>

1/ FY 2009 does not include funds appropriated under the American Recovery and Reinvestment Act.

**Salaries and Expenses  
Administration on Aging  
FY 2010 Budget Submission  
(Dollars in Thousands)**

	<u>FY 2009 Estimate</u> <sup>1/</sup>	<u>FY 2010 Estimate</u>	<u>Increase or Decrease</u>
<u>Personnel Compensation:</u>			
Full-time Permanent (11.1).....	10,009	11,646	1,637
Other than Full-Time Permanent (11.3).....	538	626	88
Other Personnel Compensation (11.5).....	228	265	37
Military Personnel (11.7).....	46	47	1
<b>Subtotal, Personnel Compensation.....</b>	<b>10,821</b>	<b>12,584</b>	<b>1,763</b>
Personnel Benefits (12.1).....	2,445	2,845	400
Military Benefits (12.2).....	27	29	2
<b>Total, Pay Costs .....</b>	<b>13,293</b>	<b>15,458</b>	<b>2,165</b>
Travel and Transportation of Persons (21.0) .....	405	409	4
Transportation of Things (22.0).....	18	18	--
Communications, Utilities, and Miscellaneous (23.3).....	278	305	27
Printing and Reproduction (24.0) .....	14	89	75
<u>Other Contractual Services:</u>			
Advisory and Assistance Services (25.1).....	7,017	8,687	1,670
Other Services (25.2) .....	67	118	51
Purchases from Government Accounts (25.3) .....	6,955	7,076	121
Operation and Maintenance of Equipment (25.7).....	60	160	100
<b>Subtotal, Other Contractual Services .....</b>	<b>14,099</b>	<b>16,041</b>	<b>1,942</b>
Supplies and Materials (26.0) .....	46	65	19
<b>Total, Non-Pay Costs .....</b>	<b>14,860</b>	<b>16,927</b>	<b>2,067</b>
<b>Total, Salaries and Expenses.....</b>	<b>28,153</b>	<b>32,385</b>	<b>4,232</b>
<b>Direct FTE 2/ .....</b>	<b>97</b>	<b>110</b>	<b>13</b>

1/ FY 2009 does not include funds appropriated under the American Recovery and Reinvestment Act.

2/ Includes Commissioned Corps.

**Detail of Full Time Equivalent Employment (FTE)  
Administration on Aging  
FY 2010 Budget Submission  
(Dollars in Thousands)**

	<b>2008 Actual Civilian</b>	<b>2008 Actual Military</b>	<b>2008 Actual Total</b>	<b>2009 Est. Civilian</b>	<b>2009 Est. Military</b>	<b>2009 Est. Total</b>	<b>2010 Est. Civilian</b>	<b>2010 Est. Military</b>	<b>2010 Est. Total</b>
Immediate Office of the Assistant Secretary.....									
Direct .....	14		14	14		14	14		14
Reimbursable .....									0
Total.....	14		14	14		14	14		14
Center for Policy and Management.....									
Direct .....	33	1	34	34	1	35	38	1	39
Reimbursable .....									0
Total.....	33	1	34	34	1	35	38	1	39
Center for Program Operations.....									
Direct .....	23		23	23		23	30		30
Reimbursable .....	4		4	4		4	4		4
Total.....	27		27	27		27	34		34
Office of Regional Operations.....									
Direct .....	25		25	25		25	27		27
Reimbursable .....	6		6	6		6	6		6
Total.....	31		31	31		31	33		33
<b>OPDIV FTE Total.....</b>	<b>105</b>	<b>1</b>	<b>106</b>	<b>106</b>	<b>1</b>	<b>107</b>	<b>119</b>	<b>1</b>	<b>120</b>

Centers for Policy and Management and Program Operations: The increase of 13 FTE in FY 2010 is needed to ensure that AoA can operate effectively in a more complex policy environment developed to meet the twin challenges posed by an increasing aging population, and growing AoA involvement within and outside the Department in reform of health and long-term care issues.

**Average GS Grade 1/**

2005 .....	12.4
2006 .....	12.5
2007 .....	12.9
2008 .....	13.1
2008 .....	13.1

1/ The average GS grade reflects a mathematical average of the number of positions at each grade level not grade and step.

**Detail of Positions  
Administration on Aging  
BY 2010 Budget Submission**

	<b>2008 Actual</b>	<b>2009 Estimate</b>	<b>2010 Estimate</b>
Executive level I.....			
Executive level II.....			
Executive level III.....			
Executive level IV.....	1	1	1
Executive level V.....			
Subtotal .....	1	1	1
<b>Total - Exec. Level Salaries</b>	<b>\$184,100</b>	<b>\$190,400</b>	<b>\$195,100</b>
ES-6.....			
ES-5.....			
ES-4.....			
ES-3.....	1	1	1
ES-2.....			
ES-1.....	2	2	2
Subtotal .....	3	3	3
<b>Total - ES Salary</b>	<b>603,900</b>	<b>624,500</b>	<b>640,000</b>
GS-15.....	21	21	22
GS-14.....	16	17	19
GS-13.....	46	46	51
GS-12.....	4	4	6
GS-11.....	7	7	9
GS-10.....	1	1	1
GS-9.....	3	3	4
GS-7.....	2	2	2
GS-6.....	1	1	1
Subtotal .....	101	102	115
<b>Total - GS Salary</b>	<b>13,202,000</b>	<b>13,790,100</b>	<b>15,966,900</b>
Average ES level.....	1.7	1.7	1.7
Average ES salary.....	201,300	208,167	213,333
Average GS grade 1/.....	13.1	13.1	13.0
Average GS salary.....	130,713	135,197	138,843

1/ The average GS grade reflects a mathematical average of the number of positions at each grade level within the Agency.

Note: This table does not reflect Commissioned Corps FTE.

## **Programs Proposed for Elimination**

AoA has no programs proposed for elimination.

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## Significant Items in House and Senate Appropriations Committee Reports

### FY 2009 Omnibus Conference Report Language (H.R. 1105)

#### Item

**[Funding table --Program Innovations]**- The Administration on Aging (AoA) is directed to include in the fiscal year 2010 and all future budget justifications a table of Program Innovations funding broken down by account, program, and activity, which includes actual funding or estimates for the previous, current, and future fiscal years.

#### Action Taken or To Be Taken

The requested table is included in the current Congressional Justification of Appropriations and will continue to be included in all future budget justifications.

#### Item

**[Aging in place program -- Program Innovations]** - In addition, within Program Innovations the bill includes \$5,000,000 for the Community Innovations for Aging in Place program, created by the Older Americans Act reauthorization in 2006. This funding will provide grants to community-based organizations to coordinate and deliver services to elderly residents living in naturally occurring retirement communities and other model aging in place initiatives. AoA is encouraged to ensure that these initiatives are coordinated with existing programming included in the Older Americans Act, including Aging and Disability Resource Centers, Nursing Home Diversion, and Evidence-Based Prevention activities.

#### Action Taken or To Be Taken

The Older Americans Act lays out a vision for AoA and the Aging Network to assist older Americans in their efforts to remain safely in their own homes and community. Towards this end, AoA has implemented a series of initiatives designed to assist older adults to age in place. These initiatives include Aging and Disability Resource Centers, Nursing Home Diversion, and Evidence-Based Prevention activities. As AoA has implemented these initiatives we've worked with the Aging Network to ensure coordination with existing OAA funded efforts including information and assistance, outreach, home delivered meals, transportation and other program activities. The Aging Network currently coordinates information, services and activities with the existing AoA funded Naturally Occurring Retirement Community grants. The funds for Aging in Place will serve to further enhance these coordination efforts. As we move forward with new initiatives, such as the Community Innovations for Aging in Place, AoA will continue to coordinate with existing efforts to ensure the most effective and efficient approach to assisting older adults to remain in the community and age in place.

## SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

### Item

*[Civic engagement -- Program Innovations]* - AoA has worked to further civic engagement among older Americans, particularly through a Memorandum of Understanding with the Corporation for National and Community Service. AoA is urged to continue to advance the field of civic engagement, as authorized under section 417 of the Older Americans Act, by entering into additional partnerships with organizations that offer innovative and proven programs to enable older Americans to effectively meet critical social needs.

### Action Taken or To Be Taken

AoA is funding a three year national Multi-Generational and Civic Engagement Initiative through the National Council on Aging (NCOA). The purpose of the initiative is to discover, document and support existing exceptional locally developed program models and volunteer engagement strategies using volunteers who serve one of three target populations:

- a) Older relatives caring for grandchildren;
- b) Families of children with special needs; and
- c) Caregivers of frail elderly.

Local groups funded under this initiative must demonstrate an exceptional locally developed program model with a significant volunteer engagement strategy which was sustainable and replicable in other communities.

In December, 2008, 14 local grants were awarded through a highly competitive process. A second group of awards will be made in May 2009, focusing on the same target populations mentioned above, with emphasis on vulnerable older adults and families in chronically underserved and isolated regions of the country.

The initial public-private AoA/NCOA “partnership” expanded to include the Atlantic Philanthropies and MetLife Foundation as funding partners and Easter Seals, Generations United, National Association of Regional Agencies on Aging, National Assembly on Human Service, and Temple University Center on Intergenerational Living as national program collaborators.

In June 2008, AoA signed a Memorandum of Understanding with the Corporation for National and Community Service (CNCS) to help modernize the way community based organizations utilize older adults as volunteers. CNCS will provide each NCOA grantee with up to two Volunteers in Service to America (VISTA) volunteers. CNCS will also provide research, evaluation and planning and other services as determined.

Additional partnerships are under consideration. AoA has held recent discussions with the Department of Interior's Appalachian Watershed Team, Office of Surface Mining. This team has formed a partnership between the Department of Interior and VISTA/CNCS to train and coordinate more than 55 VISTAs to work in host communities to promote social and

## SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

environmental grassroots change. Over 42 percent of these community volunteer leaders are moderate to low income individuals 55 years and older.

### Item

***[Funding table and pension counseling and information program – Aging Network Support Activities]*** - AoA is directed to include in the fiscal year 2010 and all future budget justifications a table of Aging Network Support Activities funding broken down by account, program, and activity, which includes actual funding or estimates for the previous, current, and future fiscal years. Within the funds provided, the bill includes \$1,719,000 for the Pension Counseling and Information Program, to increase training and technical support for the counseling projects and to maintain the number of regional counseling projects at six.

### Action Taken or To Be Taken

The requested table is included in the current Congressional Justification of Appropriations and will continue to be included in all future budget justifications. Funds designated for Pension Counseling will be used for the purposes identified in the report language.

### Item

***[Long term care programs -- Aging Network Support Activities]*** In contrast, the administration requested these funds within the Program Innovations account and limited this program to narrow trials in only a few States. The Choices for Independence program seeks to establish long-term care options for seniors so they can live independently in their own communities. The program will continue and expand existing AoA programs that focus on Nursing Home Diversion, Aging and Disability Resource Centers and Evidence-based Disease Prevention activities. In implementing these activities, AoA is encouraged to continue its close partnership efforts with the Centers for Medicare and Medicaid Services, the National Institute on Aging, the Centers for Disease Control and Prevention, and other agencies.

### Action Taken or To Be Taken

AoA is continuing to expand programs that focus on Nursing Home Diversion, Aging and Disability Resource Centers and Evidence-Based Disease Prevention activities. In doing so, AoA will continue its close partnership efforts with the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), the National Institute on Aging (NIA) and more than 30 public, private and philanthropic organizations has been building an infrastructure that uses a non-medical trained community workforce employed by the Aging Network and community based service organizations to deliver evidence-based disease and disability prevention programs in 27 States, to operate Aging and Disability Resource Centers in 47 States and to develop nursing home diversion programs in 20 States. AoA plans to expand Aging and Disability Resource Centers and Evidence-Based Disease Prevention programs by providing an opportunity for all 50 States to build out its infrastructure to provide these programs. AoA plans to expand the Nursing Home Diversion program to 30 States.

## SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

FY 2009 Senate Appropriations Committee Report Language (Senate Report 110-410)

### Item

**[Caregiver services -- National Family Caregiver Support Program]** - The Committee recognizes the essential role of family caregivers who provide a significant proportion of our Nation's health and long-term care for the chronically ill and aging. While caring for a loved one can be rewarding, it may also put caregivers at risk for negative physical and mental health consequences. The Committee acknowledges the efforts of the AoA to provide vital support services for family caregivers through the national family caregiver support program. The Committee encourages increased support of services that may prevent or reduce the health burdens of caregiving, including individual counseling, support groups, respite care, and caregiver training (p.163).

### Action Taken or To Be Taken

AoA provides support to family caregivers through all of its core programs and has made support for caregivers a central focus in the investments made over the last seven years to modernize aging services. This includes investments in Aging and Disability Resource Centers, Evidence-Based Disease Prevention Programs, and Nursing Home Diversion. Through the National Family Caregiver Support Program AoA continues to provide vital services and support to caregivers of the elderly and to grandparents/relative caregivers. Data reported to AoA by States for Fiscal Year 2007 indicates that caregivers received 1.2 million units of access assistance services. Additionally, more than 137,000 caregivers received counseling and training services and over 70,000 caregivers have benefited from respite care. National Survey Data indicate that 93.8 percent of NFCSP clients rate the services they receive as good to excellent while 81.5 percent of caregivers said the services they received enabled them to care for their loved ones for a longer period of time. AoA will continue to optimize the efficient use of resources in all of its programs in order to support the important work of family and grandparent/relative caregivers.

### Item

**[Civic engagement -- Program Innovations]** - The Committee strongly encourages AoA find ways to promote civic engagement among older adults, as authorized under section 417 of the Older Americans Act, by entering into partnerships with organizations that enable older Americans to effectively help meet critical social needs and advance the field of older American civic engagement (p. 164).

### Action Taken or To Be Taken

AoA is funding a three year national Multi-Generational and Civic Engagement Initiative through the National Council on Aging (NCOA). The purpose of the initiative is to discover, document and support existing exceptional locally developed program models and volunteer engagement strategies using volunteers who serve one of three target populations:

## SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

- a) Older relatives caring for grandchildren;
- b) Families of children with special needs; and
- c) Caregivers of frail elderly.

Local groups funded under this initiative must demonstrate an exceptional locally developed program model with a significant volunteer engagement strategy which is sustainable and replicable in other communities.

In December, 2008, 14 local grants were awarded through a highly competitive process. A second group of awards will be made in May 2009, focusing on the same target populations mentioned above, with emphasis on vulnerable older adults and families in chronically underserved and isolated regions of the country.

The initial public-private AoA/NCOA “partnership” expanded to include the Atlantic Philanthropies and MetLife Foundation as funding partners and Easter Seals, Generations United, National Association of Regional Agencies on Aging, National Assembly on Human Service, and Temple University Center on Intergenerational Living as national program collaborators.

In June 2008, AoA signed a Memorandum of Understanding with the Corporation for National and Community Service (CNCS) to help modernize the way community based organizations utilize older adults as volunteers. CNCS will provide each NCOA grantee with up to two Volunteers in Service to America (VISTA) volunteers. CNCS will also provide research, evaluation and planning and other services as determined.

Additional partnerships are under consideration. AoA has held recent discussions with the Department of Interior's Appalachian Watershed Team, Office of Surface Mining. This team has formed a partnership between the Department of Interior and VISTA/CNCS to train and coordinate more than 55 VISTAs to work in host communities to promote social and environmental grassroots change. Over 42 percent of these community volunteer leaders are moderate to low income individuals 55 years and older.

### Item

***[Advance directives and living wills -- Program Innovations]*** The Committee strongly encourages AoA to expand the public’s understanding of advance directives and living wills. As people live longer, the chance that they may not be able to make their own health care decisions increases. A health care advance directive gives direction to families and health care providers about an individual’s health care decision, if a person is unable to make a health care choice (p. 164).

### Action Taken or To Be Taken

AoA and the aging network continue to be actively involved in expanding public understanding and awareness on the importance of advance planning (through the use of advance directives and

## **SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS**

living wills) for Older Americans and their families. Examples of these efforts are detailed below.

AoA promoted participation in National Health Care Decision (NHDD) that occurred on April 16<sup>th</sup> 2008. This nationwide initiative involving hundreds of organizations was designed to raise public awareness of the need to plan ahead for health care decisions and to encourage the use of advance directives to communicate important health care decisions. AOA was also involved in promoting a similar effort in 2009 that occurred on April 16<sup>th</sup> 2009.

AoA grantees under Title IV collaborating within the National Legal Resource Center (NLRC) provide a full range of informational resources related to legal issues surrounding advance planning and surrogate decision making. One grantee under the (NLRC), the ABA Commission Law and Aging, participated in the 2008 Senior summit sponsored by the SEC. The summit participants learned the value and proper use of surrogate decision making instruments such as durable powers of attorney to assist in making critical financial decisions on behalf of persons with diminished capacity. Future webinars through the NLRC and ABA are planned on this issue to continue educating professionals and advocates in legal and aging services networks on the importance of advance directives.

Legal services provided through the aging network also help Older Americans and their families to execute tools designed to facilitate health care decision making. Over 1,000 OAA Title III-B funded legal services providers nationwide provide legal assistance for older persons in the drafting of advance directives and the designation of surrogate decision makers who will effectuate their wishes if they become incapacitated. Senior legal helplines funded by AoA also provide legal advice to older consumers on advance directives and living wills.

The National Family Caregiver Support program is also on the frontlines of promoting advance planning. The Hospice Institute of the Florida Suncoast has developed materials and training programs to address end of life issues in a way that enriches caregivers lives and gives them the tools to assist their care receiver in finding meaning, peace and closure in the last years of life.

### Item

***[Vision loss -- Aging Network Support Activities]*** - The Committee is concerned that AoA is not dedicating appropriate resources to the ADRCs for the purpose of assisting people with vision loss to live safely and independently in their homes and communities. The Committee encourages the AoA to develop ongoing relationships with organizations that possess demonstrated expertise in outreach to older Americans with vision loss. Such ongoing relationships should also include web site links from AoA to Internet resources which provide sound, comprehensive and practical information to individuals with vision loss and their families. (p. 166)

## **SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS**

### Action Taken or To Be Taken

AoA and CMS and our Technical Assistance partners have worked hard to ensure that ADRC grantees understand the importance of assisting people with disabilities of all types. Towards this end we have worked to develop a number of partnerships with national organizations representing target populations of people with disabilities. To ensure that ADRCs understand the issues faced by individuals with vision loss we have worked closely with the American Foundation for the Blind (AFB) to design appropriate training and technical assistance. Staff from AFB provided a teleconference training for ADRCs in March 2006 and a webinar training for ADRCs in August of 2008. In addition, articles from AFB have been published on several occasions in the ADRC weekly technical assistance newsletter. The ADRC technical assistance website has a link to the AFB website to ensure grantees have ready access to their information. AoA plans to continue our partnership with AFB to ensure that ADRCs are responsive to the needs of those with vision loss.

FY 2009 House Appropriations Committee Report Language (House Report 110-XXX June 26, 2008)

### Item

***[Aging in place program -- Program Innovations]*** - Within the funds provided, the Committee includes \$10,000,000 for the Community Innovations for Aging in Place program, created by the Older Americans Act reauthorization in 2006. This funding will provide grants to community-based organizations for model aging in place initiatives, such as the coordination and delivery of services to elderly residents living in naturally occurring retirement communities. The Committee encourages AoA to insure that these initiatives are coordinated with existing programming included in the Older Americans Act, including Aging and Disability Resource Centers, Nursing Home Diversion, and Evidence-Based Prevention activities. (pp. 212-213)

### Action Taken or To Be Taken

The Older Americans Act lays out a vision for AoA and the Aging Network to assist older Americans in their efforts to remain safely in their own homes and community. Towards this end, AoA has implemented a series of initiatives designed to assist older adults to age in place. These initiatives include Aging and Disability Resource Centers, Nursing Home Diversion, and Evidence-Based Prevention activities. As AoA has implemented these initiatives we've worked with the Aging Network to ensure coordination with existing OAA funded efforts including information and assistance, outreach, home delivered meals, transportation and other program activities. The Aging Network currently coordinates information, services and activities with the existing AoA funded Naturally Occurring Retirement Community grants. The funds for Aging in Place will serve to further enhance these coordination efforts. As we move forward with new initiatives, such as the Community Innovations for Aging in Place, AoA will continue to coordinate with existing efforts to ensure the most effective and efficient approach to assisting older adults to remain in the community and age in place.

## SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

### Item

*[Coordination of services to the aging -- Aging Network Support Activities]* --Aging and Disability Resource Centers are currently operating in 43 States and Evidence-Based Disease Prevention programs are being implemented in 24 States. The funding provided is intended to sustain and expand these efforts through a coordinated approach that will provide States with enhanced tools for redirecting their long-term care systems to make them more responsive to the needs and preferences of older people and their caregivers. In implementing these activities, the Committee encourages AoA to continue its close partnership efforts with the Centers for Medicare and Medicaid Services, the National Institute on Aging, the Centers for Disease Control and Prevention, and other agencies. (pp. 213-214)

### Action Taken or To Be Taken

AoA has been working in close partnership with the Centers for Medicare and Medicaid Services, the National Institute on Aging, the Centers for Disease Control and Prevention and other agencies to provide States with enhanced tools for redirecting their long-term care systems to make them more responsive to the needs and preferences of older people and their caregivers. To address the need for a trusted, reliable, one-stop source of information, AoA, in partnership with the Centers for Medicare and Medicaid Services (CMS), has continued to fund Aging and Disability Resources Centers (ADRC) grants. The ADRC program is part of the AoA strategy for modernizing the aging services network. To date, over 175 pilots have been funded by AoA and CMS in 45 States to increase community partnerships to systematically improve the access to information for multiple populations and streamline access to services. AoA has provided grant funding to 24 States to provide evidence-based disease prevention programs such as Stanford University's Chronic Disease Self-Management Program, the Arthritis Foundation's Enhanced Fitness Program and the "Matter of Balance" falls prevention program. By providing older people and their caregivers the tools, knowledge and information they need to maintain or improve their health results in a higher quality of life for each person served and a reduction in the use of emergency health care services. Since 2007, AoA has awarded 20 States with grants to develop nursing home diversion programs that serve people at risk of nursing home placement and spend-down to Medicaid. In 2008 AoA entered into a partnership with the Veterans Administration (VA) that will allow 10 of the States funded for nursing home diversion to work with the VA to serve veterans with disabilities with consumer directed services. The aging services network continues to demonstrate the vital role it plays in the nation's long-term care system and States continue to demonstrate significant interest in refining their State's long term care system to be more responsive to the needs and preferences of older people and their caregivers. Through interagency partnerships, collaboration with States and continued investment in these areas (ADRC, Evidence-Based Disease Prevention Programs, and Nursing Home Diversion), the nation's and each State's long-term care system will be more responsive to the needs and preferences of older people and their caregivers.