



DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year
2009

Administration
on Aging

*Justification of
Estimates for
Appropriations Committees*

Introduction

The FY 2009 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 HHS agencies' FY 2009 Congressional Justifications and Online Performance Appendices, the Agency Financial Report and the HHS Performance Highlights. These documents can be found at <http://www.hhs.gov/budget/docbudget.htm> and <http://www.hhs.gov/afr/>.

The Performance Highlights briefly summarizes key past and planned performance and financial information. The Agency Financial Report provides fiscal and high-level performance results. The FY 2009 Department's Congressional Justifications fully integrate HHS' FY 2007 Annual Performance Report and FY 2009 Annual Performance Plan into its various volumes. The Congressional Justifications are supplemented by the Online Performance Appendices. Where the Justifications focus on key performance measures and summarize program results, the Appendices provide performance information that is more detailed for all HHS measures.

The Administration on Aging Congressional Justification and Online Performance Appendix can be found at <http://www.performance.aoa.gov>.

FROM THE ASSISTANT SECRETARY FOR AGING

The Administration on Aging's (AoA) FY 2009 Congressional Justification continues support for the President's and Secretary's priority initiatives, ties directly to the Department's FY 2007-FY 2012 Strategic Plan and advances Secretary Leavitt's 500-day plan goals. Performance measurement results from the Program Assessment Rating Tool review process also provided critical guidance for AoA's budget and program strategies.

Through effective program management and the 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. 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.
- Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.
- Maintain effective and responsive management.

The infrastructure of the national aging services network and its community service providers serve as the foundation of AoA's service delivery. The involvement of these established providers of cost-effective and consumer-friendly aging services is critical to ensuring the success of these initiatives. Our performance plan includes direct linkages to stakeholder efforts and consumer results.

With this budget request, AoA has reinforced its focus on providing high-quality, efficient services to the most vulnerable elders in ways that provide increased consumer control and choice. This performance budget provides the framework for ensuring that the most vulnerable elders have the information and access to services necessary to remain in their homes and communities. This FY 2009 budget request maintains funding for AoA's core programs and continues to fund demonstration of approaches with the potential to efficiently provide seniors cost effective services delivered by the national aging services network.

Josefina G. Carbonell
Assistant Secretary for Aging

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING

FY 2009 PERFORMANCE BUDGET

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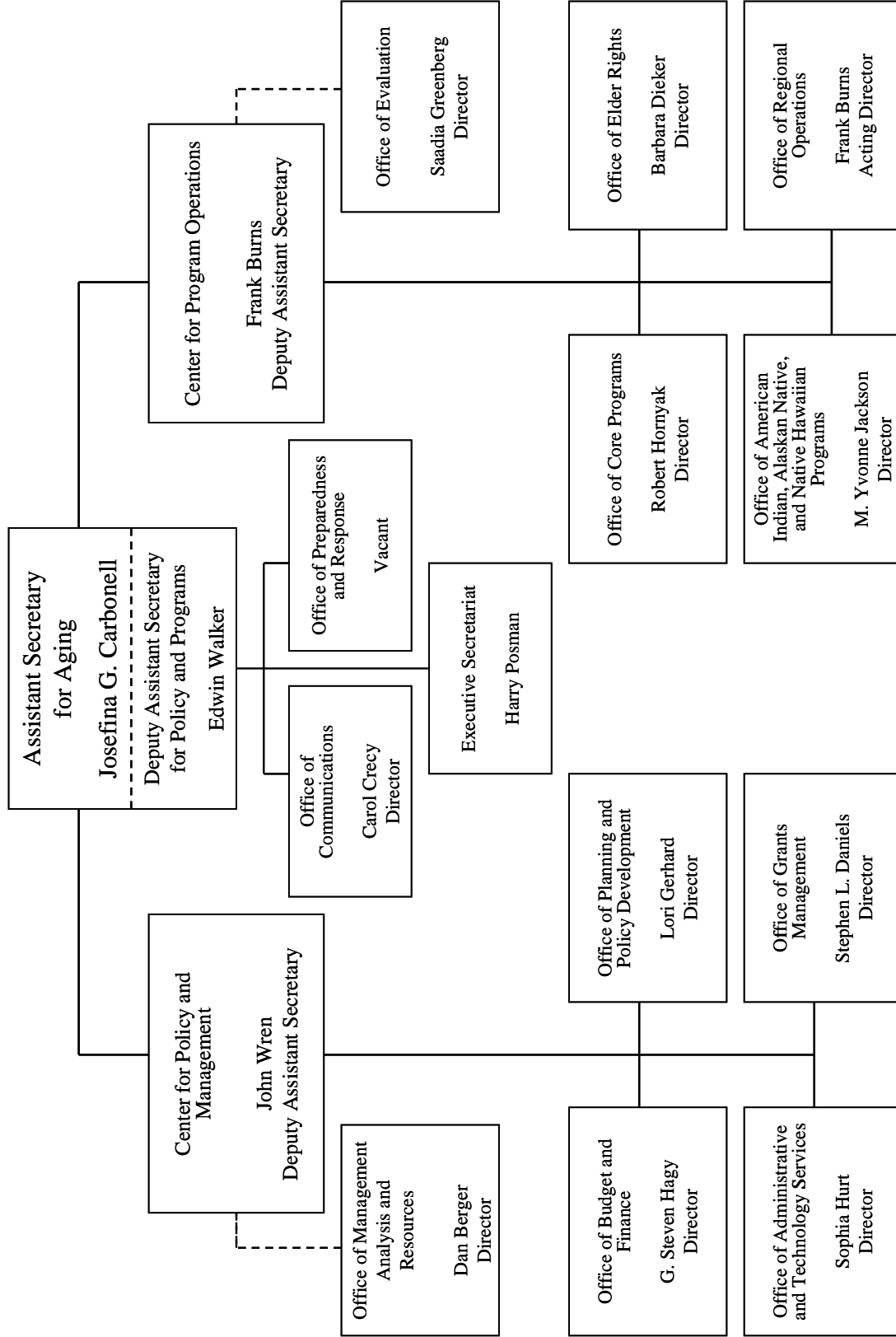
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ADMINISTRATION ON AGING ORGANIZATIONAL CHART



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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 its 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

The Assistant Secretary for Aging has established five strategic goals to guide AoA in carrying out its mission under the OAA and advancing the priorities of the Administration. These five strategic goals have guided the formulation of AoA's budget request for FY 2009:

- 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 services 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 2009 total discretionary budget authority request for the Administration on Aging is \$1,381,384,000, a decrease of -\$32,051,000 below the FY 2008 enacted level. This request

eliminates Preventive Health Services, Alzheimer's Disease Demonstration Grants, and one-year, one-time congressional earmarks. This request provides increased funding for the Choices for Independence demonstration funded under Program Innovations, and for Program Administration.

Program Increases

- *Program Innovations – Choices for Independence (+\$11,788,000)*: The three to five State Choices for Independence demonstration is designed to evaluate whether savings in Medicaid and Medicare can be achieved through the use of low-cost home and community-based alternatives. Choices will help older individuals conserve and extend their personal resources, avoid spend-down to Medicaid and prevent unwanted and unnecessary nursing home placement. Choices is also designed to help individuals plan ahead for their long-term care, and to help them learn about and use private financing options such as private long-term care insurance and reverse mortgages. Choices has developed out of AoA's and CMS' investments over the past five years in innovative work in long-term care systems change, including Aging and Disability Resource Centers (ADRC), Evidence-Based Disease Prevention and Nursing Home Diversion grants to States.
- *Program Administration (+\$632,000, +4 FTE)*: The request will put AoA on a path toward funding 120 FTE and the projected FY 2009 pay increases. The requested level of funding is needed to reverse the crowding-out effect that has occurred in the last several years as fixed costs have represented a larger and larger share of administrative resources and caused a steady decline in staffing and human capital resources.

Program Decreases

- *Preventive Health Services (-\$21,026,000)*: This program was first proposed for elimination in the President's FY 2007 budget. Prevention is a focus and an underlying principle of each of the AoA services provided by States and their communities. Integrating the provision of prevention services into AoA's core program structures will provide a more effective means to address preventive health needs than the previous approach of using a small funding stream to provide States with unfocused seed money.
- *Alzheimer's Disease Demonstration Grants (-\$11,464,000)*: This program was first proposed for elimination in the President's FY 2007 budget. Most States have received funding for one or more demonstrations that tested and implemented successful, cost-effective approaches for serving persons with Alzheimer's disease. This program has been active since 1992 and has served the purpose of generating new models and approaches that States can now incorporate into their own State and community programs. States are able to use funding provided through State and Community-Based Services, including

Family Caregiver Support Services, to fund health promotion and disease prevention activities and provide services to individuals with Alzheimer's and their caregivers.

- *Aging Network Support Activities (-\$2,244,000)*: FY 2009 funding does not include additional funding for new activities appropriated by Congress in the FY 2008 Consolidated Appropriations Act.
- *Program Innovations (-\$9,737,000)*: The FY 2009 request eliminates -\$7,302,000 in one-time, one-year congressional earmarks appropriated by Congress in the FY 2008 Consolidated Appropriations Act in addition to reductions in ongoing demonstration activities.

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

Program	FY 2007 Enacted	FY 2008 Enacted	FY 2009 President's Budget	FY 2009 +/- FY 2008
State & Community-Based Services:				
Home & Community-Based Supportive Services	\$ 350,595	\$ 351,348	\$ 351,348	\$ --
Congregate Nutrition Services.....	398,919	410,716	410,716	--
Home-Delivered Nutrition Services	188,305	193,858	193,858	--
Nutrition Services Incentive Program 1/	147,846	153,429	153,429	--
Preventive Health Services	21,400	21,026	--	(21,026)
Family Caregiver Support Services	<u>156,167</u>	<u>153,439</u>	<u>153,439</u>	<u>--</u>
Subtotal, State & Community-Based Services	\$ 1,263,232	\$ 1,283,816	\$ 1,262,790	\$ (21,026)
Services for Native Americans:				
Native American Nutrition & Supportive Services	\$ 26,134	\$ 26,898	\$ 26,898	\$ --
Native American Caregiver Support Services	<u>6,241</u>	<u>6,316</u>	<u>6,316</u>	<u>--</u>
Subtotal, Services for Native Americans.....	\$ 32,375	\$ 33,214	\$ 33,214	\$ --
Protection of Vulnerable Older Americans:				
Long Term Care Ombudsmen Program	\$ 15,010	\$ 15,577	\$ 15,577	\$ --
Prevention of Elder Abuse & Neglect	<u>5,146</u>	<u>5,056</u>	<u>5,056</u>	<u>--</u>
Subtotal, Vulnerable Older Americans.....	\$ 20,156	\$ 20,633	\$ 20,633	\$ --
Program Innovations /2.....	\$ 24,058	\$ 30,867	\$ 32,918	\$ 2,051
<i>Choices for Independence (Non-Add)</i>	--	16,212	28,000	11,788
Aging Network Support Activities /2	\$ 13,133	\$ 15,377	\$ 13,133	\$ (2,244)
Alzheimer's Disease Demonstration Grants.....	\$ 11,668	\$ 11,464	\$ --	\$ (11,464)
Program Administration /3	\$ 18,379	\$ 18,064	\$ 18,696	\$ 632
Total, Discretionary Budget Authority	\$ 1,383,001	\$ 1,413,435	\$ 1,381,384	\$ (32,051)
Health Care Fraud and Abuse Control /4.....	\$ 3,128	\$ 3,128	\$ 3,128	\$ --
Total, Discretionary Program Level	\$ 1,386,129	\$ 1,416,563	\$ 1,384,512	\$ (32,051)

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

2/ The FY 2008 Consolidated Appropriations Act appropriated funding for Choices for Independence under Aging Network Support Activities. This table has been comparably adjusted.

3/ In FY 2008 HHS proposed appropriating funds for certain TAPs to the General Departmental Management section. FY 2007 has been adjusted by -\$6 thousand for comparability.

4/ FY 2009 is a placeholder; the Secretary and the Attorney General will determine the final amount.

Appropriations Language

Administration on Aging Aging Services Programs

For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965, *as amended*, \$1,381,384,000. *[begin deleted text]*: ~~and section 398 of the Public Health Service Act, \$1,438,567,000, 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 \$6,431,000 shall be available for the projects and in the amounts specified in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act):~~*[end deleted text]*:

Language Analysis

Administration on Aging Aging Services Programs

<u>Language Provision</u>	<u>Explanation</u>
and section 398 of the Public Health Service Act,	Deletes reference to authorizing legislation for Alzheimer's Disease Demonstration Grants program. No funding is requested for this activity in FY 2009
of which \$5,500,000 shall be available for activities regarding medication management, screening, and education to prevent incorrect medication and adverse drug reactions	Deletes statutory designation for medication management activities, which was funded as part of the Preventive Health Services program. No funding is requested for this activity in FY 2009.
<i>Provided</i>, That \$6,431,000 shall be available for the projects and in the amounts specified in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act).	Deletes statutory language for one-year, one-time congressional earmarks. No funding is requested for these earmarks in FY 2009.

**Amounts Available for Obligation
Administration on Aging
FY 2009 Budget Submission
(Dollars in Thousands)**

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>
Appropriation:			
Annual	1,383,007	1,438,567	1,381,384
Across-the-Board Reductions (P.L. 110-161)	--	(25,132)	--
Transfers:			
Transfer of Funds to: Department of Agriculture 1/.....	--	(2,659)	--
Comparable Transfer to: General Departmental Management ..	<u>(6)</u>	<u>--</u>	<u>--</u>
Subtotal, Adjusted Appropriation	1,383,001	1,410,776	1,381,384
Offsetting Collections From:			
Trust Funds: HCFAC	3,120	3,128	3,128
Unobligated Balance: Start of Year	136	--	--
Recoveries of Prior Year Obligations.....	973		
Unobligated Balance: End of Year	--	--	--
Unobligated Balance: Lapsing.....	<u>(353)</u>	<u>--</u>	<u>--</u>
Total Obligations /2	1,386,877	1,413,904	1,384,512

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

2/ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2007: \$2,986,000 FY 2008: \$1,075,000 FY 2009: \$1,101,000

**Summary of Changes
Administration on Aging
FY 2009 Budget Submission
(Dollars in Thousands)**

FY 2008 Enacted	1,413,435
FY 2009 Estimate	1,381,384
Net Change	(32,051)

	<u>FY 2008 Base Budget Authority</u>	<u>Change From Base Budget Authority</u>
Increases:		
<u>A. Built-in:</u>		
1. Provide for January 2009 2.9% pay raise and related pay costs	13,404	358
2. Increased costs related to GSA rent	1,687	33
3. Increased costs related to Consolidated Administrative and Financial Systems	402	116
4. Increased costs related to Service and Supply Fund and Joint Funding Agreements	2,742	<u>366</u>
Subtotal, Built-In Increases		873
<u>B. Program</u>		
1. Program Innovations-Choices for Independence	16,212	11,788
2. Additional FTE and related costs	13,404	<u>524</u>
Subtotal, Program Increases		12,312
Total, Increases		13,185
Decreases:		
<u>A. Built-in:</u>		
1. Decreased purchases from Government accounts	7,700	<u>(765)</u>
Subtotal, Built-In Decreases		(765)
<u>B. Program:</u>		
1. Elimination of Preventive Health Services	21,026	(21,026)
2. Elimination of Alzheimer's Disease Demonstration Grants	11,464	(11,464)
3. Elimination of Aging Networks Support Activities projects	13,133	(2,244)
4. Elimination of Program Innovations projects	30,867	<u>(9,737)</u>
Subtotal, Program Decreases		(44,471)
Total, Decreases		(45,236)
Total, Net Change		(32,051)

Budget Authority By Activity
Administration on Aging
FY 2009 Budget Submission
(Dollars in Thousands)

Activity	FY 2007 <u>Actual</u>		FY 2008 <u>Enacted</u>		FY 2009 <u>President's Budget</u>	
	FTE	Amount	FTE	Amount	FTE	Amount
State & Community-Based Services:						
Home & Community-Based Supportive Services	--	\$ 350,595	--	\$ 351,348	--	\$ 351,348
Congregate Nutrition Services.....	--	398,919	--	410,716	--	410,716
Home-Delivered Nutrition Services	--	188,305	--	193,858	--	193,858
Nutrition Services Incentive Program /1	--	147,846	--	153,429	--	153,429
Preventive Health Services	--	21,400	--	21,026	--	--
Family Caregiver Support Services	--	<u>156,167</u>	--	<u>153,439</u>	--	<u>153,439</u>
Subtotal, State & Community-Based Services.....	--	\$ 1,263,232	--	\$ 1,283,816	--	\$ 1,262,790
Services for Native Americans:						
Native American Nutrition & Supportive Services	--	\$ 26,134	--	\$ 26,898	--	\$ 26,898
Native American Caregiver Support Services	--	<u>6,241</u>	--	<u>6,316</u>	--	<u>6,316</u>
Subtotal, Services for Native Americans	--	\$ 32,375	--	\$ 33,214	--	\$ 33,214
Protection of Vulnerable Older Americans:						
Long Term Care Ombudsman Program.....	--	\$ 15,010	--	\$ 15,577	--	\$ 15,577
Prevention of Elder Abuse & Neglect	--	<u>5,146</u>	--	<u>5,056</u>	--	<u>5,056</u>
Subtotal, Vulnerable Older Americans	--	\$ 20,156	--	\$ 20,633	--	\$ 20,633
Program Innovations	--	\$ 24,058	--	\$ 30,867	--	\$ 32,918
<i>Choices for Independence (Non-Add) /2</i>	--	--	--	16,212	--	28,000
Aging Network Support Activities /2.....	--	\$ 13,133	--	\$ 15,377	--	\$ 13,133
Alzheimer's Disease Demonstration Grants	--	\$ 11,668	--	\$ 11,464	--	\$ --
Program Administration /3.....	101	\$ 18,379	105	\$ 18,064	109	\$ 18,696
Total, Discretionary Budget Authority	101	\$ 1,383,001	105	\$ 1,413,435	109	\$ 1,381,384
Health Care Fraud and Abuse Control /4	11	\$ 3,128	11	\$ 3,128	11	\$ 3,128
Total, Discretionary Program Level.....	112	\$ 1,386,129	116	\$ 1,416,563	120	\$ 1,384,512

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

2/ The FY 2008 Consolidated Appropriations Act appropriated funding for Choices for Independence under Aging Network Support Activities. This table has been comparably adjusted.

3/ In FY 2008 HHS proposed appropriating funds for certain TAPs to the General Departmental Management section. FY 2007 has been adjusted by -\$6 thousand for comparability.

4/ FY 2009 is a placeholder; the Secretary and the Attorney General will determine the final amount.

**Authorizing Legislation
Administration on Aging
FY 2009 Budget Submission**

	FY 2008 Authorized <u>Amount</u>	FY 2008 <u>Enacted</u>	FY 2009 Authorized <u>Amount</u>	FY 2009 <u>Estimate</u>
1. Home and Community-Based Supportive Services: OAA Section 321	Such Sums	\$351,348,000	Such Sums	\$351,348,000
2. Congregate Nutrition Services: OAA Section 331	Such Sums	\$410,716,000	Such Sums	\$410,716,000
3. Home-Delivered Nutrition Services: OAA Section 336	Such Sums	\$193,858,000	Such Sums	\$193,858,000
4. Nutrition Services Incentive Program: OAA Section 311 1/	Such Sums	\$153,429,000	Such Sums	\$153,429,000
5. Preventive Health Services: OAA Section 361	Such Sums	\$21,026,000	Such Sums	--
6. National Family Caregiver Support Program: OAA Section 371	\$166,500,000	\$153,439,000	\$173,000,000	\$153,439,000
7. Native American Nutrition and Supportive Services: OAA Sections 613 and 623.....	Such Sums	\$26,898,000	Such Sums	\$26,898,000
8. Native American Caregiver Support Program: OAA Section 631	\$6,800,000	\$6,316,000	\$7,200,000	\$6,316,000
9. Long-Term Care Ombudsman Program: OAA Section 712.....	Such Sums	\$15,577,000	Such Sums	\$15,577,000
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 2/	Such Sums	\$30,867,000	Such Sums	\$32,918,000
12. Aging Network Support Activities: OAA Sections 202, 215 and 411 2/	Such Sums	\$15,377,000	Such Sums	\$13,133,000

**Authorizing Legislation
Administration on Aging
FY 2009 Budget Submission**

	FY 2008 Authorized <u>Amount</u>	FY 2008 <u>Enacted</u>	FY 2009 Authorized <u>Amount</u>	FY 2009 <u>Estimate</u>
13. Alzheimer's Disease Demonstration Grants:				
PHSA Section 398	Expired	\$11,464,000	Expired	--
14. Program Administration:				
OAA Section 205	Such Sums	<u>\$18,064,000</u>	Such Sums	<u>\$18,696,000</u>
Total Request Level		\$1,413,435,000		\$1,381,384,000

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	--

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

2/ The FY 2008 Consolidated Appropriations Act appropriated funding for Choices for Independence under Aging Network Support Activities. This table has been comparably adjusted.

**Appropriations History Table
Administration on Aging
FY 2009 Budget Submission**

	<u>Budget Estimate to Congress</u>	<u>House Allowance</u>	<u>Senate Allowance</u>	<u>Appropriation</u>
FY 2000	1,048,055,000	881,976,000	928,055,000	934,285,000
FY 2000 Rescission	--	--	--	-1,437,000
FY 2000 Transfer /1	--	--	--	-184,000
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 /2	--	--	--	-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 /3	--	--	--	-8,271,225
FY 2005	1,376,527,000	1,403,479,000	1,395,117,000	1,404,634,000
FY 2005 Rescission /4	--	--	--	-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 /5	1,335,146,000	1,417,189,000	1,451,585,000	1,438,567,000
FY 2008 Rescission	--	--	--	-25,131,765
FY 2009	1,381,384,000	--	--	--

1/ Reflects two separate transfers of -\$121,000 and -\$63,000.

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

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

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

5/ 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.

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 2009 request for State and Community-Based Services is \$1,262,790,000, a decrease of -\$21,026,000 below the FY 2008 enacted level, includes:

- \$351,348,000 for Home and Community-Based Supportive Services, the same as the FY 2008 enacted level. 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.
- \$758,003,000 for Nutrition Services, the same as the FY 2008 enacted level. 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.
- \$153,439,000 for Family Caregiver Support Services, the same as the FY 2008 enacted level. 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.
- No funding is requested for Preventive Health Services, a decrease of -\$21,026,000 below the FY 2008 enacted level. 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.

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 Territories have the flexibility to allocate resources among the various authorized services in

STATE AND COMMUNITY-BASED SERVICES – SUMMARY OF REQUEST

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 2006, Home and Community-Based Supportive and Nutrition Services increased the number of clients served with no decline in service quality to 8,188 per million dollars of OAA funding. This is a 34 percent increase above the FY 2002 base for this measure with AoA meeting the targeted FY 2006 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 from FY 1999 to FY 2006, demonstrating improvements in program efficiency. The improvements in efficiency have not come at the expense of quality as evidenced by the fact that clients report that these services are meeting their needs, as evidenced by the 97 percent of transportation service recipients who rate the service as good to excellent (Outcome 2.9B). The gains in efficiency and effectiveness are not the result of focusing on those who are easy to serve and easy to please but 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 are reflected in the Program Assessment Ratings Tool (PART) rating of Effective that was achieved in 2007. More information on AoA's PART rating is available at <http://www.expectmore.gov>.

AoA's FY 2009 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 2009 targets for summary level measures are as follows:

STATE AND COMMUNITY-BASED SERVICES – SUMMARY OF REQUEST

- AoA is targeting to increase the number of clients served per million dollars of AoA funding for Title III services by 38 percent over the FY 2002 baseline (from 6,103 in FY 2002 to 8,422 by FY 2009). This ambitious performance target is a reflection of AoA’s conviction that ongoing initiatives to rebalance long-term care, 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 to 56 in FY 2009.
- The poverty targeting indicator is aggressive for FY 2009 because it commits to improve performance in 28 States, a 55 percent increase over FY 2006 (Outcome 3.4).
- 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 of services to rural clients (Outcome 3.3).

State and Community-Based Services Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Improve efficiency of OAA programs by at least 35% by 2012.										
1.1	For Title III Services, that is, Home and Community-Based Services and Nutrition Services, increase the number of clients served per million dollars of AoA funding.	6,956 (+14%)	7,492 (+23%)	6,257 (+10%)	8,188 (+34%)	7,110 (+25%)	Sept-08	8,300 (+36%)	8,422 (+38%)	8,666 (+42%)
Long-Term Objective 2: By 2012 increase the client well-being and independence indicator by 40%.										
2.10	Improve well-being and prolong independence for elderly individuals as a result of AoA’s Title III home and community-based services.	50.00	50.99	New in FY 08	52.18	53.00	Dec-08	54.50	56.00	64.00
Long-Term Objective 3: By 2012 all States will achieve a targeting index >1 for low-income, minority and rural Title III clients.										
3.3	Increase the percentage of OAA clients served who live in rural areas to 10% greater than the percent of all US elders who live in rural areas.	19.7%	36.7%	30.5%	32.2%	Census +10%	Sept-08	Census +10%	Census +10%	Census +10%
3.4	Increase the number of States that serve more elderly living below the poverty level than the prior year.	25	20	17	18	20	Sept-08	24	28	Discontinued

STATE AND COMMUNITY-BASED SERVICES – SUMMARY OF REQUEST

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Est.	FY 2009 Est.	Out-Year Est.
				Est.	Actual	Est.	Actual			
Output A	Increase funding support for Title III Services from non-federal sources	\$1.6 M	\$1.7 M		\$2.1 M	\$2.3 M	Sept-08	\$2.4 M	\$2.5 M	\$2.8 M
	Appropriated Amount (\$ Million)									

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.

Home and Community-Based Supportive Services

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
Supportive Services	\$350,595,000	\$351,348,000	\$351,348,000	--

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

FY 2009 AuthorizationSuch Sums

Allocation MethodFormula Grant

Program Description and Accomplishments:

Home and Community-Based Supportive Services provides grants to States and Territories, based on their share of the population aged 60 and over, for a broad array of services that help seniors to remain at home for as long as possible. The program serves as the foundation for the national aging services network by helping to bring together and coordinate a variety of activities for seniors, and includes funding for multi-purpose senior centers, which coordinate and integrate services for the elderly.

Home and Community-Based Supportive Services includes 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. Each community may allocate funds among the various services in order to best meet local needs. 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 key to enabling them to remain at home and in the community.

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, 43 percent of seniors using transportation services rely on them for “virtually all” of their transportation needs and would otherwise be homebound, while 83 percent of callers to information and referral services said the information they received should help them to resolve their issue.

FY 2006 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 28 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 over 27 million hours of assistance to seniors unable to perform activities of daily living (such as eating, dressing or bathing) or instrumental activities of daily living (such as shopping or light housework) (Output D).
- *Adult Day Care/Day Health* provided over 9 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 1999	\$309,957,000	FY 2004	\$353,889,000
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

Budget Request

The FY 2009 request for Home and Community-Based Supportive Services is \$351,348,000, the same as the FY 2008 enacted level. With this funding the program will continue to provide supportive services that help seniors remain in their homes. In FY 2009 these programs are targeted to continue to provide transportation services that clients rate good to excellent (Outcome 2.9b) ensuring that clients continue to receive high quality services. In addition, we are projecting an increase in the percentage of transportation clients living alone. Living alone is a key predictor of ultimate nursing home placement. Increasing this percentage, which will occur as a result of management improvements and replicable best practices demonstrates success in helping seniors remain in the community. While efficiency and service outcome projections are positive, service count outputs are expected to remain the same or decline, consistent with the current funding level requested (Outcome 2.11).

HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

Home and Community-Based Supportive Services Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Demonstrate continued high quality of service by maintaining the percent of Title III recipients rating services good to excellent at 90%.										
2.9b	90% of transportation clients rate services good to excellent.	96%	97%	New in FY 08	98%	New in FY 08	Dec-08	90%	90%	90%
2.11	Increase the percentage of transportation clients who live alone	65%	65%	New in FY 09	66%	New in FY 09	Dec-08	New in FY 09	70%	75%

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Est.	FY 2009 Est.	Out-Year Est.
				Est.	Actual	Est.	Actual			
Output C	Transportation Services units	34.1 M	31.4 M		28.6 M	26.6 M	Sept-08	24.8 M	23.0 M	18.4 M
Output D	Personal Care, Homemaker and Chore Services units	20.8 M	21.7 M		27.3 M	28.3 M	Sept-08	29.4 M	30.5 M	32.8 M
Output E	Adult Day Care/Day Health units	8.1 M	7.2 M		9.8 M	9.7 M	Sept-08	9.6 M	9.5 M	9.3 M
Output F	Case Management Services units	3.8 M	3.9 M		3.9 M	3.9 M	Sept-08	3.9M	3.9 M	3.8 M
	Appropriated Amount (\$ Million)	353.9	354.1	354.1	350.4	350.6	350.6	350.6	350.6	

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.

HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON AGING

FY 2009 DISCRETIONARY STATE FORMULA GRANTS

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

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
Alabama	5,405,429	5,403,560	5,403,560	--
Alaska	1,749,360	1,746,341	1,746,341	--
Arizona	6,671,840	6,573,030	6,573,030	--
Arkansas	3,502,207	3,500,996	3,500,996	--
California	34,590,840	34,578,882	34,578,882	--
Colorado	4,187,942	4,154,787	4,154,787	--
Connecticut	4,405,860	4,404,337	4,404,337	--
Delaware	1,749,360	1,746,341	1,746,341	--
District of Columbia	1,749,360	1,746,341	1,746,341	--
Florida	25,270,584	25,261,848	25,261,848	--
Georgia	7,976,790	7,909,229	7,909,229	--
Hawaii	1,749,360	1,746,341	1,746,341	--
Idaho	1,749,360	1,746,341	1,746,341	--
Illinois	14,529,913	14,524,890	14,524,890	--
Indiana	6,929,791	6,927,395	6,927,395	--
Iowa	4,262,351	4,260,878	4,260,878	--
Kansas	3,434,095	3,432,908	3,432,908	--
Kentucky	4,742,911	4,741,271	4,741,271	--
Louisiana	4,797,556	4,795,898	4,795,898	--
Maine	1,749,360	1,746,341	1,746,341	--
Maryland	5,859,464	5,857,438	5,857,438	--
Massachusetts	8,211,934	8,209,095	8,209,095	--
Michigan	11,259,607	11,255,715	11,255,715	--
Minnesota	5,501,569	5,499,667	5,499,667	--
Mississippi	3,273,843	3,272,711	3,272,711	--
Missouri	7,120,891	7,118,429	7,118,429	--
Montana	1,749,360	1,746,341	1,746,341	--
Nebraska	2,295,732	2,294,938	2,294,938	--
Nevada	2,504,601	2,461,387	2,461,387	--
New Hampshire	1,749,360	1,746,341	1,746,341	--

HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

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

State/Territory	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 +/- <u>FY 2008</u>
New Jersey.....	10,266,521	10,262,972	10,262,972	--
New Mexico	2,075,222	2,066,188	2,066,188	--
New York.....	24,291,828	24,283,431	24,283,431	--
North Carolina	9,372,166	9,368,926	9,368,926	--
North Dakota.....	1,749,360	1,746,341	1,746,341	--
Ohio	13,821,588	13,816,810	13,816,810	--
Oklahoma.....	4,279,765	4,278,286	4,278,286	--
Oregon	4,142,272	4,134,370	4,134,370	--
Pennsylvania	17,886,160	17,879,977	17,879,977	--
Rhode Island	1,749,360	1,746,341	1,746,341	--
South Carolina	4,815,518	4,791,543	4,791,543	--
South Dakota.....	1,749,360	1,746,341	1,746,341	--
Tennessee.....	6,762,557	6,760,219	6,760,219	--
Texas.....	20,404,314	20,326,073	20,326,073	--
Utah.....	1,903,155	1,866,772	1,866,772	--
Vermont	1,749,360	1,746,341	1,746,341	--
Virginia.....	7,881,987	7,864,960	7,864,960	--
Washington	6,488,056	6,450,052	6,450,052	--
West Virginia.....	2,774,497	2,773,538	2,773,538	--
Wisconsin	6,392,600	6,390,390	6,390,390	--
Wyoming	<u>1,749,360</u>	<u>1,746,341</u>	<u>1,746,341</u>	<u>--</u>
Subtotal, States.....	\$343,035,636	\$342,456,229	\$342,456,229	\$ --
American Samoa	472,480	472,317	472,317	--
Guam.....	874,680	873,170	873,170	--
Northern Marianas	218,670	218,293	218,293	--
Puerto Rico	4,395,879	4,374,950	4,374,950	--
Virgin Islands.....	<u>874,680</u>	<u>873,170</u>	<u>873,170</u>	<u>--</u>
Subtotal, States/Territories.....	\$349,872,025	\$349,268,129	\$349,268,129	\$ --
Undistributed /1	722,975	2,079,871	2,079,871	--
Total	\$350,595,000	\$351,348,000	\$351,348,000	\$ --

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

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Nutrition Services

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
Congregate Nutrition Services	\$398,919,000	\$410,716,000	\$410,716,000	--
Home-Delivered Nutrition Services	\$188,305,000	\$193,858,000	\$193,858,000	--
Nutrition Services Incentive Program	<u>\$147,846,000</u>	<u>\$153,429,000</u>	<u>\$153,429,000</u>	--
Total BA.....	\$735,070,000	\$758,003,000	\$758,003,000	--

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

FY 2009 AuthorizationSuch Sums

Allocation MethodFormula Grant

Program Description and Accomplishments:

Nutrition Services 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 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.

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.

NUTRITION SERVICES

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, 79 percent of congregate and 81 percent of home-delivered meal recipients say they eat more balanced meals due to the programs, and 72 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. In FY 2006 94 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 345,752 meeting the FY 2006 target (Outcome 3.2). FY 2006 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 140 million meals to over 921,000 individuals (Output G).
- *Congregate Nutrition Services*, provided over 98 million meals to more than 1.7 million seniors in a variety of community settings (Output H).

NUTRITION SERVICES

Funding History

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

FY 1999	\$626,261,000	FY 2004	\$714,462,000
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

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

Budget Request

The FY 2009 request for Nutrition Services is \$758,003,000, the same as the FY 2008 enacted level. In FY 2009 these programs are targeted 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 378,613 in FY 2009 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. Meal counts are projected to decline consistent with the funding level of this request.

Nutrition Services Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out- Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Demonstrate continued high quality of service by maintaining the percent of Title III recipients rating services good to excellent at 90%.										
1.1	For Title III Services, that is, Home and Community-Based Services and Nutrition Services, increase the number of clients served per million dollars of AoA funding.	6,956 (+14%)	7,492 (+23%)	6,257 (+10%)	8,188 (+34%)	7,110 (+25%)	Sept-08	8,300 (+36%)	8,422 (+38%)	8,666 (+42%)
2.9a	90% of home delivered meal clients rate services good to excellent.	N/A	94%	New in FY 08	Dec-07	New in FY 08	Dec-08	90%	90%	90%
3.2	Increase the number of older persons with severe disabilities who receive home-delivered meals.	293,500 (5%)	313,362 (11%)	322,522 (15%)	345,752 (+23%)	350,568 (+25%)	Dec-08	364,590 (+30%)	378,613 (+35%)	406,658 (+45%)

NUTRITION SERVICES

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Est.	FY 2009 Est.	Out-Year Est.
				Est.	Actual	Est.	Actual			
Output G	Number of Home-Delivered meals served	143 M	140 M		140 M	139 M	Sept-08	137 M	132 M	117 M
Output H	Number of Congregate meals served	106 M	101 M		98 M	95 M	Sept-08	93 M	88 M	74 M
	Appropriated Amount (\$ Million)	714.5	718.7	718.7	714.6	711.5	735.1	711.5	735.1	

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.

NUTRITION SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION ON AGING

FY 2009 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Congregate Nutrition Services (CFDA 93.045)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
Alabama	6,109,149	6,122,354	6,122,354	--
Alaska	1,983,727	2,033,045	2,033,045	--
Arizona	7,169,496	7,659,286	7,659,286	--
Arkansas	4,191,517	4,200,577	4,200,577	--
California	36,870,829	38,285,902	38,285,902	--
Colorado	4,500,322	4,821,310	4,821,310	--
Connecticut	5,276,641	5,288,047	5,288,047	--
Delaware	1,983,727	2,033,045	2,033,045	--
District of Columbia	1,983,727	2,033,045	2,033,045	--
Florida	27,155,334	28,342,635	28,342,635	--
Georgia	8,571,783	9,312,534	9,312,534	--
Hawaii	1,983,727	2,033,045	2,033,045	--
Idaho	1,983,727	2,033,045	2,033,045	--
Illinois	17,402,597	17,440,212	17,440,212	--
Indiana	8,160,281	8,177,919	8,177,919	--
Iowa	5,115,616	5,126,674	5,126,674	--
Kansas	4,117,361	4,126,261	4,126,261	--
Kentucky	5,607,649	5,619,770	5,619,770	--
Louisiana	5,683,903	5,696,189	5,696,189	--
Maine	2,009,554	2,033,045	2,033,045	--
Maryland	6,259,372	6,470,020	6,470,020	--
Massachusetts	9,845,928	9,867,210	9,867,210	--
Michigan	13,013,283	13,041,411	13,041,411	--
Minnesota	6,441,396	6,455,319	6,455,319	--
Mississippi	3,917,238	3,925,705	3,925,705	--
Missouri	8,523,892	8,542,316	8,542,316	--
Montana	1,983,727	2,033,045	2,033,045	--
Nebraska	2,757,189	2,763,149	2,763,149	--
Nevada	2,691,420	2,838,050	2,838,050	--
New Hampshire	1,983,727	2,033,045	2,033,045	--

NUTRITION SERVICES

PROGRAM: Congregate Nutrition Services (CFDA 93.045)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
New Jersey.....	12,272,331	12,298,857	12,298,857	--
New Mexico.....	2,230,014	2,323,695	2,323,695	--
New York.....	29,158,308	29,221,333	29,221,333	--
North Carolina.....	10,066,733	10,704,504	10,704,504	--
North Dakota.....	1,983,727	2,033,045	2,033,045	--
Ohio.....	16,503,847	16,539,520	16,539,520	--
Oklahoma.....	5,114,846	5,125,902	5,125,902	--
Oregon.....	4,451,246	4,717,598	4,717,598	--
Pennsylvania.....	21,422,581	21,468,885	21,468,885	--
Rhode Island.....	1,983,727	2,033,045	2,033,045	--
South Carolina.....	5,174,710	5,525,611	5,525,611	--
South Dakota.....	1,983,727	2,033,045	2,033,045	--
Tennessee.....	7,220,639	7,613,484	7,613,484	--
Texas.....	21,926,281	23,186,369	23,186,369	--
Utah.....	2,045,113	2,204,400	2,204,400	--
Vermont.....	1,983,727	2,033,045	2,033,045	--
Virginia.....	8,469,908	8,863,328	8,863,328	--
Washington.....	6,972,003	7,390,315	7,390,315	--
West Virginia.....	3,328,142	3,335,336	3,335,336	--
Wisconsin.....	7,637,929	7,654,439	7,654,439	--
Wyoming.....	<u>1,983,727</u>	<u>2,033,045</u>	<u>2,033,045</u>	<u>--</u>
Subtotal, States.....	\$389,191,105	\$398,726,011	\$398,726,011	--
American Samoa.....	598,837	600,131	600,131	--
Guam.....	991,864	1,016,523	1,016,523	--
Northern Marianas.....	247,966	254,131	254,131	--
Puerto Rico.....	4,723,770	4,995,727	4,995,727	--
Virgin Islands.....	<u>991,864</u>	<u>1,016,523</u>	<u>1,016,523</u>	<u>--</u>
Subtotal, States/Territories.....	\$396,745,406	\$406,609,046	\$406,609,046	--
Undistributed /1.....	2,173,594	4,106,954	4,106,954	--
Total.....	\$398,919,000	\$410,716,000	\$410,716,000	--

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 2009 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Home-Delivered Nutrition Services (CFDA 93.045)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
Alabama	2,952,575	3,037,269	3,037,269	--
Alaska	936,395	959,598	959,598	--
Arizona	3,691,066	3,879,820	3,879,820	--
Arkansas	1,874,753	1,922,977	1,922,977	--
California	18,982,185	19,393,765	19,393,765	--
Colorado	2,316,898	2,442,240	2,442,240	--
Connecticut	2,304,499	2,312,394	2,312,394	--
Delaware	936,395	959,598	959,598	--
District of Columbia	936,395	959,598	959,598	--
Florida	13,980,363	14,356,992	14,356,992	--
Georgia	4,413,005	4,717,274	4,717,274	--
Hawaii	936,395	959,598	959,598	--
Idaho	936,395	959,598	959,598	--
Illinois	7,425,296	7,521,467	7,521,467	--
Indiana	3,776,073	3,859,615	3,859,615	--
Iowa	2,049,122	2,068,158	2,068,158	--
Kansas	1,695,709	1,723,739	1,723,739	--
Kentucky	2,595,660	2,674,319	2,674,319	--
Louisiana	2,618,847	2,587,967	2,587,967	--
Maine	941,197	959,598	959,598	--
Maryland	3,222,508	3,277,396	3,277,396	--
Massachusetts	4,090,789	4,171,947	4,171,947	--
Michigan	6,143,237	6,254,023	6,254,023	--
Minnesota	3,014,574	3,078,448	3,078,448	--
Mississippi	1,745,540	1,784,659	1,784,659	--
Missouri	3,751,775	3,816,414	3,816,414	--
Montana	936,395	959,598	959,598	--
Nebraska	1,106,817	1,122,093	1,122,093	--
Nevada	1,385,622	1,437,617	1,437,617	--
New Hampshire	936,395	959,598	959,598	--

NUTRITION SERVICES

PROGRAM: Home-Delivered Nutrition Services (CFDA 93.045)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
New Jersey.....	5,471,923	5,537,936	5,537,936	--
New Mexico.....	1,148,077	1,177,070	1,177,070	--
New York.....	12,183,828	12,341,692	12,341,692	--
North Carolina.....	5,182,650	5,422,378	5,422,378	--
North Dakota.....	936,395	959,598	959,598	--
Ohio.....	7,349,046	7,435,232	7,435,232	--
Oklahoma.....	2,283,875	2,326,465	2,326,465	--
Oregon.....	2,291,632	2,389,704	2,389,704	--
Pennsylvania.....	8,939,272	8,989,845	8,989,845	--
Rhode Island.....	936,395	959,598	959,598	--
South Carolina.....	2,664,093	2,799,004	2,799,004	--
South Dakota.....	936,395	959,598	959,598	--
Tennessee.....	3,717,397	3,856,618	3,856,618	--
Texas.....	11,288,293	11,745,080	11,745,080	--
Utah.....	1,052,884	1,116,641	1,116,641	--
Vermont.....	936,395	959,598	959,598	--
Virginia.....	4,360,557	4,489,728	4,489,728	--
Washington.....	3,589,392	3,743,572	3,743,572	--
West Virginia.....	1,346,993	1,360,111	1,360,111	--
Wisconsin.....	3,471,427	3,525,212	3,525,212	--
Wyoming.....	<u>936,395</u>	<u>959,598</u>	<u>959,598</u>	--
Subtotal, States.....	\$183,656,189	\$188,171,655	\$188,171,655	--
American Samoa.....	137,411	137,707	137,707	--
Guam.....	468,197	479,799	479,799	--
Northern Marianas.....	117,049	119,950	119,950	--
Puerto Rico.....	2,431,935	2,530,591	2,530,591	--
Virgin Islands.....	<u>468,197</u>	<u>479,799</u>	<u>479,799</u>	--
Subtotal, States/Territories.....	\$187,278,978	\$191,919,501	\$191,919,501	--
Undistributed /1.....	1,026,022	1,938,499	1,938,499	--
Total.....	\$188,305,000	\$193,858,000	\$193,858,000	--

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 2009 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Nutrition Services Incentive Program (CFDA 93.053)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
Alabama	2,824,266	2,917,468	2,917,468	--
Alaska	308,784	318,974	318,974	--
Arizona	1,856,246	1,917,503	1,917,503	--
Arkansas	2,451,011	2,531,895	2,531,895	--
California	11,350,673	11,725,250	11,725,250	--
Colorado	1,168,668	1,207,235	1,207,235	--
Connecticut	1,463,942	1,512,253	1,512,253	--
Delaware	635,617	656,592	656,592	--
District of Columbia	510,256	527,095	527,095	--
Florida.....	7,434,170	7,679,502	7,679,502	--
Georgia	2,542,429	2,626,330	2,626,330	--
Hawaii.....	530,382	547,885	547,885	--
Idaho	701,130	724,268	724,268	--
Illinois.....	6,001,270	6,199,315	6,199,315	--
Indiana	1,503,297	1,552,906	1,552,906	--
Iowa	1,921,866	1,985,288	1,985,288	--
Kansas.....	2,087,625	2,156,517	2,156,517	--
Kentucky.....	1,843,792	1,904,638	1,904,638	--
Louisiana.....	2,532,571	2,616,147	2,616,147	--
Maine	586,310	605,658	605,658	--
Maryland.....	1,771,326	1,829,781	1,829,781	--
Massachusetts	5,358,507	5,535,340	5,535,340	--
Michigan	6,942,545	7,171,652	7,171,652	--
Minnesota	2,132,623	2,203,001	2,203,001	--
Mississippi	1,701,201	1,757,341	1,757,341	--
Missouri	3,901,381	4,030,128	4,030,128	--
Montana	975,942	1,008,148	1,008,148	--
Nebraska	1,294,750	1,337,477	1,337,477	--
Nevada	868,868	897,541	897,541	--
New Hampshire	906,601	936,519	936,519	--

NUTRITION SERVICES

PROGRAM: Nutrition Services Incentive Program (CFDA 93.053)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
New Jersey.....	3,670,496	3,791,624	3,791,624	--
New Mexico	1,749,450	1,807,183	1,807,183	--
New York.....	14,863,631	15,354,143	15,354,143	--
North Carolina	3,101,324	3,203,669	3,203,669	--
North Dakota.....	796,730	823,022	823,022	--
Ohio	5,298,901	5,473,767	5,473,767	--
Oklahoma.....	2,652,025	2,739,543	2,739,543	--
Oregon	1,746,688	1,804,330	1,804,330	--
Pennsylvania	5,885,158	6,079,371	6,079,371	--
Rhode Island	584,123	603,399	603,399	--
South Carolina	1,382,434	1,428,054	1,428,054	--
South Dakota.....	951,558	982,960	982,960	--
Tennessee.....	1,776,655	1,835,285	1,835,285	--
Texas.....	9,878,267	10,204,254	10,204,254	--
Utah.....	1,287,418	1,329,904	1,329,904	--
Vermont	616,521	636,867	636,867	--
Virginia.....	2,124,707	2,194,823	2,194,823	--
Washington	1,773,498	1,832,024	1,832,024	--
West Virginia.....	1,453,863	1,501,842	1,501,842	--
Wisconsin	2,883,964	2,979,136	2,979,136	--
Wyoming	<u>767,237</u>	<u>792,556</u>	<u>792,556</u>	<u>--</u>
Subtotal, States.....	\$141,352,697	\$146,017,403	\$146,017,403	--
American Samoa.....	--	--	--	--
Guam.....	293,811	303,506	303,506	--
Northern Marianas	71,461	73,819	73,819	--
Puerto Rico	2,553,208	2,637,465	2,637,465	--
Virgin Islands.....	<u>150,616</u>	<u>155,587</u>	<u>155,587</u>	<u>--</u>
Subtotal, States/Territories.....	\$144,421,793	\$149,187,780	\$149,187,780	--
Indian Tribes	2,618,636	2,706,868	2,706,868	--
Undistributed /1	805,571	1,534,352	1,534,352	--
Total	\$147,846,000	\$153,429,000	\$153,429,000	--

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

Preventive Health Services

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
Preventive Health Services	\$21,400,000	\$21,026,000	--	-\$21,026,000

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

FY 2009 AuthorizationSuch Sums

Allocation MethodFormula Grant

Program Description and Accomplishments:

Preventive Health Services 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. 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.

Activities funded under this program may also be carried out utilizing funding provided under the Home and Community-Based Supportive Services program. The PART evaluation process noted that performance information for the Preventive Health Services program was not sufficiently comprehensive and that no specific output or outcome data is collected.

Funding History

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

FY 2004	\$21,790,000
FY 2005	\$21,616,000
FY 2006	\$21,385,000
FY 2007	\$21,400,000
FY 2008	\$21,026,000

Budget Request

In FY 2009 no funding is requested for Preventive Health Services, a decrease of -\$21,026,000 below the FY 2008 enacted level. Prevention is a focus and an underlying principle of each of the AoA services provided by States and their communities. Integrating the provision of prevention services into AoA's core program structures will provide a more effective means to address preventive health needs than the previous approach of using a small funding stream to provide States with unfocused seed money.

PREVENTIVE HEALTH SERVICES

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 2009 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Preventive Health Services (CFDA 93.043)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
Alabama	337,926	333,168	--	(333,168)
Alaska	106,779	105,130	--	(105,130)
Arizona	417,051	405,273	--	(405,273)
Arkansas	214,606	211,585	--	(211,585)
California	2,162,479	2,132,032	--	(2,132,032)
Colorado	261,785	256,172	--	(256,172)
Connecticut	264,904	261,174	--	(261,174)
Delaware	106,779	105,130	--	(105,130)
District of Columbia	106,779	105,130	--	(105,130)
Florida.....	1,579,814	1,557,571	--	(1,557,571)
Georgia	498,623	487,659	--	(487,659)
Hawaii.....	106,779	105,130	--	(105,130)
Idaho	106,779	105,130	--	(105,130)
Illinois.....	853,173	841,161	--	(841,161)
Indiana	433,222	427,123	--	(427,123)
Iowa	235,569	232,252	--	(232,252)
Kansas.....	194,434	191,697	--	(191,697)
Kentucky.....	296,508	292,333	--	(292,333)
Louisiana.....	299,924	295,701	--	(295,701)
Maine	106,837	105,333	--	(105,333)
Maryland.....	366,310	361,152	--	(361,152)
Massachusetts	472,112	465,465	--	(465,465)
Michigan	703,905	693,994	--	(693,994)
Minnesota	343,936	339,094	--	(339,094)
Mississippi	199,054	196,251	--	(196,251)
Missouri	429,296	423,251	--	(423,251)
Montana	106,779	105,130	--	(105,130)
Nebraska	126,684	124,900	--	(124,900)
Nevada	156,561	151,762	--	(151,762)
New Hampshire	106,779	105,130	--	(105,130)

PREVENTIVE HEALTH SERVICES

PROGRAM: Preventive Health Services (CFDA 93.043)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
New Jersey.....	629,813	620,946	--	(620,946)
New Mexico.....	129,721	127,394	--	(127,394)
New York.....	1,396,261	1,376,603	--	(1,376,603)
North Carolina.....	585,910	577,661	--	(577,661)
North Dakota.....	106,779	105,130	--	(105,130)
Ohio.....	847,816	835,879	--	(835,879)
Oklahoma.....	261,105	257,429	--	(257,429)
Oregon.....	258,930	254,913	--	(254,913)
Pennsylvania.....	1,033,098	1,018,552	--	(1,018,552)
Rhode Island.....	106,779	105,130	--	(105,130)
South Carolina.....	301,014	295,433	--	(295,433)
South Dakota.....	106,779	105,130	--	(105,130)
Tennessee.....	422,767	416,815	--	(416,815)
Texas.....	1,275,458	1,253,246	--	(1,253,246)
Utah.....	118,965	115,100	--	(115,100)
Vermont.....	106,779	105,130	--	(105,130)
Virginia.....	492,697	484,930	--	(484,930)
Washington.....	405,563	397,692	--	(397,692)
West Virginia.....	155,324	153,137	--	(153,137)
Wisconsin.....	397,038	391,448	--	(391,448)
Wyoming.....	<u>106,779</u>	<u>105,130</u>	<u>--</u>	<u>(105,130)</u>
Subtotal, States.....	\$20,947,541	\$20,624,841	--	(\$20,624,841)
American Samoa.....	13,347	13,141	--	(13,141)
Guam.....	53,389	52,565	--	(52,565)
Northern Marianas.....	13,347	13,141	--	(13,141)
Puerto Rico.....	274,783	269,747	--	(269,747)
Virgin Islands.....	<u>53,389</u>	<u>52,565</u>	<u>--</u>	<u>(52,565)</u>
Subtotal, States/Territories.....	\$21,355,796	\$21,026,000	--	(\$21,026,000)
Undistributed /1.....	44,204	--	--	--
Total.....	\$21,400,000	\$21,026,000	--	(\$21,026,000)

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

Family Caregiver Support Services

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
Family Caregiver Support Services	\$156,167,000	\$153,439,000	\$153,439,000	--

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

FY 2009 Authorization\$173,000,000

Allocation MethodFormula 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-two percent of caregivers are assisting two individuals, while eight percent are caring for three or more. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and 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.

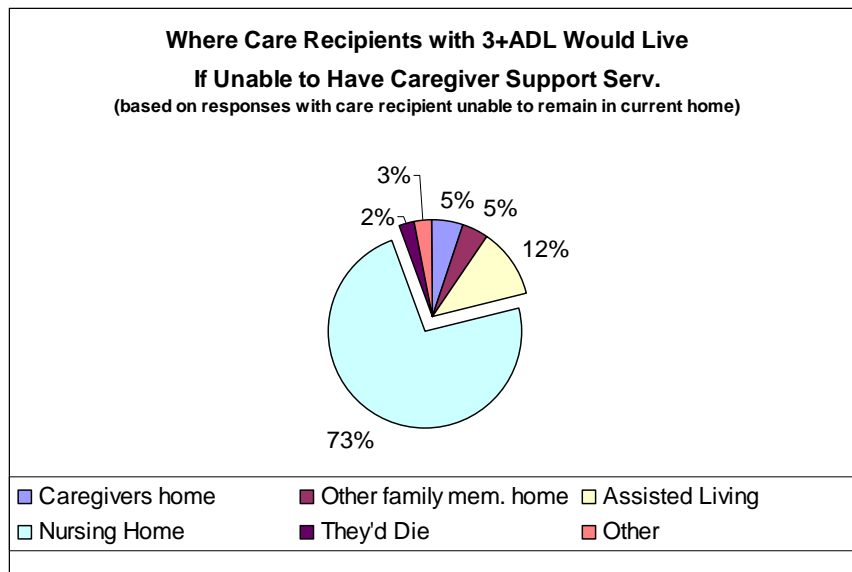
Family Caregiver Support Services provide a variety of supports to family and informal caregivers, which studies have shown can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care. A recent study, *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 an additional year before being admitted to a nursing home.

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, 95 percent of National Family Caregiver Support Program clients rated services good to

FAMILY CAREGIVER SUPPORT SERVICES

excellent exceeding the projected target in FY 2008 of 90 percent (Indicator 2.9c). Additionally 57 percent of caregivers of program clients report that services definitely enabled them to provide care longer than otherwise would have been possible, and 77 percent reported that the services have “helped a lot.”

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, 73 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 2006

- *Access Assistance Services* provided approximately 1.1 million contacts to caregivers assisting them in locating services from a variety of private and voluntary agencies (Output I).
- *Counseling and Training Services* provided over 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 69,000 with 6.5 million hours with temporary relief – at home, or in an adult day care or institutional setting – from their caregiving responsibilities (Output K).

Funding History

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

FY 2004	\$152,738,000
FY 2005	\$155,744,000
FY 2006	\$156,060,000
FY 2007	\$156,167,000
FY 2008	\$153,439,000

FAMILY CAREGIVER SUPPORT SERVICES

Budget Request

The FY 2009 request for Family Caregiver Support Services is \$153,439,000, the same as the FY 2008 enacted level. FY 2009 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 2009 target for National Family Caregiver Support Program participants who rate services good to excellent remains 90 percent. In addition, the percent of caregivers reporting difficulty in getting services is targeted to decline to 35 percent. This can be attributed to program innovation which is improving outreach and making access to services easier. While client reported assessment of service quality are expected to remain at high levels, service outputs are expected to decline, consistent with the current funding level requested, and client counts are not increasing as rapidly as originally projected.

AoA also conducted a marginal cost analysis for the National Family Caregiver Support Program which showed a direct marginal cost per caregiver served of \$193.72 for FY 2005. Based on this analysis, AoA would have projected serving 646,337 caregivers under AoA's proposed FY 2009 NFCSP funding level. However, AoA has established FY 2009 performance target of 774,000 caregivers served, based on anticipated efficiency improvements stemming from the targeted investments. While the projected increases in caregivers served appear modest, the FY 2009 projections are nearly 20 percent higher with targeted investment.

Family Caregiver Support Services Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Demonstrate continued high quality of service by maintaining the percent of Title III recipients rating services good to excellent at 90%.										
2.6	Reduce the percent of caregivers who report difficulty in getting services.	50%	49%	43%	46.5% +/- 5%	35%	Dec-08	35%	35%	35%
2.9c	90% of NFCSP clients rate services good to excellent.	N/A	93%	New in FY 08	95%	New in FY 08	Dec-08	90%	90%	90%

FAMILY CAREGIVER SUPPORT SERVICES

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Est.	FY 2009 Est.	Out-Year Est.
				Est.	Actual	Est.	Actual			
3.1	Increase the number of caregivers served.	537,137	710,546	900,000	678,489	1 M	Aug-08	762,000	774,000	1 M
Output I	Caregivers access assistance units of service.	N/A	977,372		1.1 M	1.1M	Aug-08	1.1 M	1.1 M	1.1 M
Output J	Caregivers receiving counseling and training.	N/A	157,128		148,046	148,000	Aug-08	148,000	148,740	151,000
Output K	Caregivers receiving respite care services.	N/A	69,876		68,569	68,500	Aug-08	68,500	68,850	69,900
	Appropriated Amount (\$ Million)	152.7	155.7	155.7	156.1	154.2	156.2	156.2	154.2	

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.

FAMILY CAREGIVER SUPPORT SERVICES

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

FY 2009 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Family Caregiver Support Services (CFDA 93.052)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
Alabama	2,381,708	2,348,185	2,348,185	--
Alaska.....	779,224	767,195	767,195	--
Arizona.....	2,995,882	2,928,545	2,928,545	--
Arkansas.....	1,521,391	1,499,977	1,499,977	--
California.....	15,628,998	15,409,010	15,409,010	--
Colorado.....	1,826,413	1,791,408	1,791,408	--
Connecticut.....	2,037,602	2,008,922	2,008,922	--
Delaware.....	779,224	767,195	767,195	--
District of Columbia.....	779,224	767,195	767,195	--
Florida.....	12,183,384	12,011,901	12,011,901	--
Georgia.....	3,331,292	3,267,091	3,267,091	--
Hawaii.....	779,224	767,195	767,195	--
Idaho.....	779,224	767,195	767,195	--
Illinois.....	6,242,158	6,154,299	6,154,299	--
Indiana.....	3,165,263	3,120,711	3,120,711	--
Iowa.....	1,834,939	1,809,112	1,809,112	--
Kansas.....	1,505,575	1,484,384	1,484,384	--
Kentucky.....	2,062,057	2,033,033	2,033,033	--
Louisiana.....	2,129,533	2,099,560	2,099,560	--
Maine.....	790,163	779,042	779,042	--
Maryland.....	2,577,508	2,541,230	2,541,230	--
Massachusetts.....	3,673,479	3,621,775	3,621,775	--
Michigan.....	5,159,418	5,086,799	5,086,799	--
Minnesota.....	2,565,284	2,529,177	2,529,177	--
Mississippi.....	1,399,799	1,380,097	1,380,097	--
Missouri.....	3,156,591	3,112,161	3,112,161	--
Montana.....	779,224	767,195	767,195	--
Nebraska.....	989,189	975,266	975,266	--
Nevada.....	1,012,043	978,121	978,121	--
New Hampshire.....	779,224	767,195	767,195	--

FAMILY CAREGIVER SUPPORT SERVICES

PROGRAM: Family Caregiver Support Services (CFDA 93.052)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
New Jersey	4,760,371	4,693,368	4,693,368	--
New Mexico	905,555	890,450	890,450	--
New York	10,371,250	10,225,273	10,225,273	--
North Carolina.....	4,131,012	4,053,835	4,053,835	--
North Dakota.....	779,224	767,195	767,195	--
Ohio.....	6,303,752	6,215,026	6,215,026	--
Oklahoma	1,875,313	1,848,917	1,848,917	--
Oregon.....	1,888,499	1,861,918	1,861,918	--
Pennsylvania.....	8,158,716	8,043,881	8,043,881	--
Rhode Island.....	779,224	767,195	767,195	--
South Carolina.....	2,078,850	2,026,145	2,026,145	--
South Dakota.....	779,224	767,195	767,195	--
Tennessee	2,918,820	2,877,738	2,877,738	--
Texas	8,903,184	8,723,538	8,723,538	--
Utah	844,407	815,599	815,599	--
Vermont.....	779,224	767,195	767,195	--
Virginia.....	3,393,038	3,345,281	3,345,281	--
Washington.....	2,852,106	2,811,963	2,811,963	--
West Virginia	1,113,921	1,098,243	1,098,243	--
Wisconsin.....	2,994,761	2,952,609	2,952,609	--
Wyoming.....	<u>779,224</u>	<u>767,195</u>	<u>767,195</u>	<u>--</u>
Subtotal, States	\$153,013,912	\$150,659,930	\$150,659,930	--
American Samoa	97,403	95,900	95,900	--
Guam.....	389,612	383,597	383,597	--
Northern Marianas.....	97,403	95,900	95,900	--
Puerto Rico.....	1,856,866	1,820,076	1,820,076	--
Virgin Islands	<u>389,612</u>	<u>383,597</u>	<u>383,597</u>	<u>--</u>
Subtotal, States/Territories	\$155,844,808	\$153,439,000	\$153,439,000	--
Undistributed /1	322,192	--	--	--
Total.....	\$156,167,000	\$153,439,000	\$153,439,000	--

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

Services for Native Americans

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
Nutrition & Supportive Services.....	\$26,134,000	\$26,898,000	\$26,898,000	--
Caregiver Support Services.....	<u>\$6,241,000</u>	<u>\$6,316,000</u>	<u>\$6,316,000</u>	--
Total BA.....	\$32,375,000	\$33,214,000	\$33,214,000	--

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

FY 2009 Authorization:

Nutrition and Supportive ServicesSuch Sums
 Caregiver Support Services.....\$7,200,000

Allocation MethodFormula 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 2007 grants for Nutrition and Supportive Services were awarded to 237 Tribal organizations (representing approximately 300 Tribes) and two organizations serving Native Hawaiian elders, with an average award of \$105,609 and a range of grant awards from \$72,850 to \$ 1,692,210. In FY 2007 grants for Caregiver Support Services were awarded to 197 Tribal organizations and two organizations serving Native Hawaiian elders, with an average award of \$31,127 and a range of grant awards from \$14,550 to \$59,352.

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 2006 Services for Native Americans programs increased the number of units

SERVICES FOR NATIVE AMERICANS

of service provided to Native Americans per thousand dollars of AoA funding, exceeding the FY 2006 target of 242 by 16 percent (Outcome 1.3). In FY 2006, this represented 281 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 2006 output data highlights the units of service that have been provided through funding for this program:

- *Transportation Services* provided approximately 820,000 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 almost 31,000 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 over 1.8 million meals to nearly 48,000 Native American elders in community-based settings, as well as an opportunity for elders to socialize and participate in a variety of activities, including cultural and wellness programs (Output N).
- *Information, Referral and Outreach Services* 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).
- *In-Home Services* provided nearly 1.1 million hours of personal care, chore, homemaker, home health, and other services to Native American elders (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, e-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 2004	\$32,771,000
FY 2005	\$32,702,000
FY 2006	\$32,353,000
FY 2007	\$32,375,000
FY 2008	\$33,214,000

Budget Request

The FY 2009 request for Services for Native Americans is \$33,214,000, the same as the FY 2008 enacted level. The request includes \$26,898,000 for Native American Nutrition and Supportive Services and \$6,316,000 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 are part of AoA's Aging Services Program which was rated effective during OMB's 2007 PART assessment. More information on AoA's PART rating is available at <http://www.expectmore.gov>.

SERVICES FOR NATIVE AMERICANS

Native American Nutrition and Supportive Services

In FY 2009 the targeted number of units of service provided to Native Americans per thousand dollars of AoA funding is projected to increase to 277, a 26 percent increase over the FY 2002 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 2009 that about 2.2 million meals will be provided through the home-delivered meal program, 1.6 million meals will be offered through the congregate meal program and 798,000 transportation trips will be provided

Native American Caregiver Support Services

In FY 2009 the Native American Caregiver Support Program will continue to assist family caregivers, which are critical to assisting Native American elders with disabilities to remain at home, in the community, or on the reservation. It is estimated that in FY 2009 that nearly 300,000 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

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Improve efficiency of OAA programs by at least 35% by 2012.										
1.3	For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding.	252 (+15%)	254 (+15%)	242 (+10%)	281	264 (+20%)	Apr -08	273 (+24%)	277 (+26%)	297 (+35%)
Long-Term Objective 2: Increase the annual number of caregivers served to one million.										
3.1	Increase the number of caregivers served.	537,137	710,546	900,000	678,489	1.0 M	Dec-08	762,000	774,000	1.0 M

SERVICES FOR NATIVE AMERICANS

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Est.	FY 2009 Est.	Out-Year Est.
				Est.	Actual	Est.	Actual			
Output L	Transportation Services units	829,021	892,000		821,157	821,000	Apr-08	821,000	798,000	798,000
Output M	Home-Delivered Nutrition meals	2.1 M	2.3 M		2.4 M	2.35 M	Apr-08	2.35 M	2.2 M	2.2M
Output N	Congregate Nutrition meals	1.6 M	1.9 M		1.8 M	1.75 M	Apr-08	1.70 M	1.6 M	1.55 M
Output O	Information, Referral and Outreach units	N/A	1.08 M		992,388	992,000	Apr-08	992,000	964,000	964,000
Output P	Caregiver Training & Support Groups units	N/A	29,810		26,055	26,055	Apr-08	26,055	25,742	25,433
	Appropriated Amount (\$ Million)	32.8	32.7	32.4	32.4	32.4	32.4	32.4	32.4	

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.

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Protection of Vulnerable Older Americans

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
Long-Term Care Ombudsman Program	\$15,010,000	\$15,577,000	\$15,577,000	--
Elder Abuse & Neglect.....	<u>\$5,146,000</u>	<u>\$5,056,000</u>	<u>\$5,056,000</u>	--
Total BA	\$20,156,000	\$20,633,000	\$20,633,000	--

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

FY 2009 AuthorizationSuch Sums

Allocation MethodFormula 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 2006, ombudsmen resolved or partially resolved 10,745 complaints per million dollars of AoA funding, an increase of more than 15 percent from FY 2002, meeting the target of 10,062 (Outcome 1.2). This increase in efficiency is due in large part to the strong reliance on volunteers who make up the bulk of those who resolve these issues - there was a ratio of approximately seven volunteers to one paid staff in FY 2006 for this program. While the total number of

PROTECTION OF VULNERABLE OLDER AMERICANS

complaints investigated decreased in FY 2006 (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 2006 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 9,100 certified volunteer ombudsmen regularly visited 34,000, approximately 79 percent of all nursing home facilities and 42 percent of all licensed board and care facilities (Output S).
- Ombudsmen conducted investigations on over 190,000 cases by or on behalf of residents of long-term care facilities (Output T).
- Ombudsmen handled nearly 286,000 complaints (Output Q).
- Ombudsmen provided nearly 440,000 consultations to 122,000 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 317,000 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 2006 nearly \$16 million (75 percent) of the Elder Abuse Prevention services expenditures came from non-OAA funds (Output U).

Examples of recent 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.
- In South Carolina, funds helped support the Statewide Elder Abuse Coordinating Council and regional training for law enforcement and first responders. More than

PROTECTION OF VULNERABLE OLDER AMERICANS

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 2004	\$19,444,000
FY 2005	\$19,288,000
FY 2006	\$20,142,000
FY 2007	\$20,156,000
FY 2008	\$20,633,000

Budget Request

The FY 2009 request for Protection of Vulnerable Older Americans programs is \$20,633,000, the same as the FY 2008 enacted level. The request includes \$15,577,000 for the Long-Term Care Ombudsman Program and \$5,056,000 for Prevention of Elder Abuse, Neglect and Exploitation.

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 2008

PROTECTION OF VULNERABLE OLDER AMERICANS

and 9.6 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.

Performance data indicates that Protection of Vulnerable Older Americans programs are an efficient means of addressing issues of elder abuse. Protection of Vulnerable Older Americans is part of AoA's Aging Services Program, which was rated effective during OMB's 2007 PART assessment. More information on AoA's PART rating is available at <http://www.expectmore.gov>.

Long-Term Care Ombudsman Program

In FY 2009, the targeted number of ombudsman complaints resolved or partially resolved per million dollars of AoA funding will increase by 27 percent (Outcome 1.2) over the FY 2002 base level of 9,300. Similarly the Ombudsman target for complaint resolution rates will be increased in 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 (Performance Measure 3) 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 2009 ombudsmen will investigate approximately 208,000 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 2009, 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

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Improve efficiency of OAA programs by at least 35% by 2012.										
1.2	For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding.	10,778 (+16%)	11,687 (+26%)	10,062 (+14%)	10,745 (+16%)	11,811 (+27%)	Sept-08	11,439 (+23%)	11,811 (+27%)	12,555 (+35%)
Long-Term Objective 2: By 2012, improve the Ombudsman complaint resolution rates in 35 States.										
2.7	Improve the Ombudsman complaint resolution rates.	26	26	15	27	15	Sept-08	30	32	35

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Est.	FY 2009 Est.	Out-Year Est.
				Est.	Actual	Est.	Actual			
Output Q	Number of Complaints.	287,824	306,867		285,659	291,760	Sept-08	297,810	303,960	322,260
Output R	Number of Ombudsman consultations.	461,251	478,936		439,540	459,909	Sept-08	459,909	459,909	459,909
Output S	Facilities regularly visited not in response to a complaint	33,732	33,541		34,153	33,808	Sept-08	33,808	33,808	33,808
Output T	Number of Ombudsman Investigations	192,092	194,146		190,354	196,333	Sept-08	202,312	208,291	226,228
Output U	Elder Abuse prevention non-OAA service expenditures (\$ Thousand)	N/A	\$14,068		\$15,491	\$18,245	Sept-08	\$18,245	\$18,245	
	Appropriated Amount (\$ Million)	19.4	19.3	19.4	20.1	19.2	20.2	19.2	19.2	

Note: For presentation within the budget AoA highlighted specific measures that are most directly related 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.

PROTECTION OF VULNERABLE OLDER AMERICANS

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

FY 2009 DISCRETIONARY STATE FORMULA GRANTS

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

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
Alabama	235,502	244,077	244,077	--
Alaska.....	74,680	77,106	77,106	--
Arizona.....	294,406	311,785	311,785	--
Arkansas.....	149,533	154,532	154,532	--
California.....	1,514,049	1,558,498	1,558,498	--
Colorado.....	184,800	196,260	196,260	--
Connecticut.....	183,811	185,826	185,826	--
Delaware.....	74,680	77,106	77,106	--
District of Columbia.....	74,680	77,106	77,106	--
Florida.....	1,115,096	1,153,739	1,153,739	--
Georgia.....	351,988	379,084	379,084	--
Hawaii.....	74,680	77,106	77,106	--
Idaho.....	74,680	77,106	77,106	--
Illinois.....	592,254	604,431	604,431	--
Indiana.....	301,186	310,162	310,162	--
Iowa.....	163,441	166,199	166,199	--
Kansas.....	135,253	138,521	138,521	--
Kentucky.....	207,034	214,910	214,910	--
Louisiana.....	208,884	207,971	207,971	--
Maine.....	75,071	77,106	77,106	--
Maryland.....	257,033	263,374	263,374	--
Massachusetts.....	326,288	335,261	335,261	--
Michigan.....	489,995	502,578	502,578	--
Minnesota.....	240,447	247,386	247,386	--
Mississippi.....	139,227	143,417	143,417	--
Missouri.....	299,248	306,690	306,690	--
Montana.....	74,680	77,106	77,106	--
Nebraska.....	88,282	90,172	90,172	--
Nevada.....	110,519	115,528	115,528	--
New Hampshire.....	74,680	77,106	77,106	--

PROTECTION OF VULNERABLE OLDER AMERICANS

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

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
New Jersey	436,449	445,033	445,033	--
New Mexico	91,572	94,591	94,591	--
New York	971,802	991,788	991,788	--
North Carolina.....	413,377	435,747	435,747	--
North Dakota.....	74,680	77,106	77,106	--
Ohio.....	586,172	597,501	597,501	--
Oklahoma	182,166	186,957	186,957	--
Oregon.....	182,784	192,039	192,039	--
Pennsylvania.....	713,011	722,431	722,431	--
Rhode Island.....	74,680	77,106	77,106	--
South Carolina.....	212,492	224,930	224,930	--
South Dakota.....	74,680	77,106	77,106	--
Tennessee	296,506	309,921	309,921	--
Texas	900,373	943,844	943,844	--
Utah.....	83,980	89,735	89,735	--
Vermont.....	74,680	77,106	77,106	--
Virginia.....	347,805	360,798	360,798	--
Washington.....	286,296	300,836	300,836	--
West Virginia	107,438	109,300	109,300	--
Wisconsin	276,887	283,289	283,289	--
Wyoming.....	<u>74,680</u>	<u>77,106</u>	<u>77,106</u>	<u>--</u>
Subtotal, States	\$14,648,617	\$15,121,519	\$15,121,519	--
American Samoa	9,335	9,638	9,638	--
Guam.....	37,340	38,553	38,553	--
Northern Marianas.....	9,335	9,638	9,638	--
Puerto Rico.....	193,975	203,360	203,360	--
Virgin Islands	<u>37,340</u>	<u>38,553</u>	<u>38,553</u>	<u>--</u>
Subtotal, States/Territories	\$14,935,942	\$15,421,261	\$15,421,261	--
Undistributed /1	74,058	155,739	155,739	--
Total.....	\$15,010,000	\$15,577,000	\$15,577,000	--

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 2009 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Prevention of Elder Abuse, Neglect, and Exploitation (CFDA 93.041)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
Alabama	80,739	78,803	78,803	--
Alaska	25,603	25,028	25,028	--
Arizona	100,934	100,663	100,663	--
Arkansas	51,266	49,892	49,892	--
California	519,076	503,181	503,181	--
Colorado	63,356	63,365	63,365	--
Connecticut	63,017	59,996	59,996	--
Delaware	25,603	25,028	25,028	--
District of Columbia	25,603	25,028	25,028	--
Florida	382,298	372,498	372,498	--
Georgia	120,675	122,392	122,392	--
Hawaii	25,603	25,028	25,028	--
Idaho	25,603	25,028	25,028	--
Illinois	203,047	197,384	197,384	--
Indiana	103,258	100,139	100,139	--
Iowa	56,034	55,927	55,927	--
Kansas	46,370	45,843	45,843	--
Kentucky	70,979	69,386	69,386	--
Louisiana	71,613	68,518	68,518	--
Maine	25,737	25,028	25,028	--
Maryland	88,121	85,033	85,033	--
Massachusetts	111,864	109,606	109,606	--
Michigan	167,989	162,263	162,263	--
Minnesota	82,435	79,872	79,872	--
Mississippi	47,732	46,304	46,304	--
Missouri	102,594	99,018	99,018	--
Montana	25,603	25,028	25,028	--
Nebraska	30,266	29,770	29,770	--
Nevada	37,890	37,300	37,300	--
New Hampshire	25,603	25,028	25,028	--

PROTECTION OF VULNERABLE OLDER AMERICANS

PROGRAM: Prevention of Elder Abuse, Neglect, and Exploitation (CFDA 93.041)

<u>State/Territory</u>	<u>FY 2007 Actual</u>	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>FY 2009 +/- FY 2008</u>
New Jersey.....	149,632	143,950	143,950	--
New Mexico.....	31,395	30,540	30,540	--
New York.....	333,171	320,210	320,210	--
North Carolina.....	141,721	140,686	140,686	--
North Dakota.....	25,603	25,028	25,028	--
Ohio.....	200,962	197,185	197,185	--
Oklahoma.....	62,453	60,361	60,361	--
Oregon.....	62,665	62,002	62,002	--
Pennsylvania.....	244,447	242,944	242,944	--
Rhode Island.....	25,603	25,028	25,028	--
South Carolina.....	72,851	72,621	72,621	--
South Dakota.....	25,603	25,028	25,028	--
Tennessee.....	101,653	100,062	100,062	--
Texas.....	308,682	304,731	304,731	--
Utah.....	28,791	28,972	28,972	--
Vermont.....	25,603	25,028	25,028	--
Virginia.....	119,241	116,488	116,488	--
Washington.....	98,153	97,129	97,129	--
West Virginia.....	36,834	36,736	36,736	--
Wisconsin.....	94,927	91,463	91,463	--
Wyoming.....	<u>25,603</u>	<u>25,028</u>	<u>25,028</u>	<u>--</u>
Subtotal, States.....	\$5,022,104	\$4,908,597	\$4,908,597	\$ --
American Samoa.....	3,200	3,128	3,128	--
Guam.....	12,802	12,514	12,514	--
Northern Marianas.....	3,200	3,128	3,128	--
Puerto Rico.....	66,502	65,657	65,657	--
Virgin Islands.....	<u>12,802</u>	<u>12,514</u>	<u>12,514</u>	<u>--</u>
Subtotal, States/Territories.....	\$5,120,610	\$5,005,538	\$5,005,538	\$ --
Undistributed /1.....	25,390	50,462	50,462	--
Total.....	\$5,146,000	\$5,056,000	\$5,056,000	\$ --

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

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Program Innovations

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted 1/</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
BA	\$24,058,000	\$30,867,000	\$32,918,000	+\$2,051,000

1/ The FY 2008 Consolidated Appropriations Act appropriated \$14,655,000 for Program Innovations. This table has been comparably adjusted in FY 2008 to include \$16,212,000 appropriated for Choices for Independence under the Aging Network Support Activities line item.

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

FY 2009 AuthorizationSuch Sums

Allocation MethodCompetitive Grants/Co-operative Agreements and Contracts

Program Description and Accomplishments:

Program Innovations funding provides a means for AoA to carry out its statutory responsibility for developing policies and programs that meet the needs of our nation’s rapidly growing older population. The program allows AoA to develop and evaluate innovative approaches that can help seniors to stay active, healthy, and independent; remain in their own homes and communities; prevent or delay nursing home placement; and avoid unnecessary spend-down. Competitive grants, cooperative agreements and contracts for Program Innovations are awarded to eligible public and nonprofit agencies, including State units on aging, area agencies on aging, institutions of higher learning, community and faith-based organizations, and other entities representing or serving older people. 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 2007 Program Innovations funded 94 grants with an average award of \$220,579 and a range of grant awards from \$14,065 to \$980,584.

Recent investments in Program Innovations have provided the foundation for AoA’s Choices for Independence demonstration, a randomized control experiment, which seeks to test and evaluate a three-pronged approach to giving consumers more control over their long-term care and changing the systemic bias towards institutionalization in the long-term care system. Choices for Independence is designed to help older individuals and their families to make informed decisions about their long-term care, conserve and extend their personal resources, avoid spend-down to Medicaid and prevent unwanted and unnecessary institutionalization through the use of low-cost community-based alternatives. Choices is also designed to help individuals plan ahead for their long-term care, and help them learn about and utilize private financing options such as private long-term care insurance and reverse mortgages. Choices was developed from AoA’s investments over the past five years in innovative work in long-term care systems change, including Aging and Disability Resource Centers (ADRC), Evidenced-Based Disease Prevention and Nursing Home Diversion grants to States.

Aging and Disability Resource Centers (ADRC)

This joint AoA/CMS program began in FY 2003 and is currently operating in over 140 pilot sites in 43 States. The ADRC program provides competitive grants to States to help them develop and implement “one stop shop” access to information and individualized advice on long-term support options; and to assist States to reduce fragmentation and to streamline access to all long-term care programs. The goal has been for ADRCs to serve as “visible and trusted” entry points at the community level where people of any age, disability, or income can get information on all available long-term support options. Data from AoA’s ADRC programs suggest ADRCs are making significant progress toward that goal. Between March 2004 and March 2006 ADRCs:

- Made more than 750,000 contacts;
- Increased the average number of contacts per month per site by over 200 percent across all sites;
- 55 percent of all referrals to ADRCs were from “critical pathways” providers such as hospital and discharge planners, doctors’ offices, rehabilitation nursing homes, and intake agencies from home and community-based services.

A slight majority of all contacts came from new consumers, but the substantial number of repeat contacts indicates that ADRCs have begun to establish themselves as a trusted source of information. Seventy-five percent of the ADRC grantees reported consumer satisfaction survey results indicating that over 90 percent of their users would recommend the ADRC to others.

Many ADRCs are providing consumers and their caregivers with accessible tools that assist them in understanding and making informed decisions about their long-term support options. Examples included web-based community resource directions, on-line assessment and care planning tools for consumers, and on-line applications for Medicaid and other public benefits. ADRCs have also shown the ability to target individuals in transition.

Evidence-Based Prevention

This partnership with the National Institutes of Health, the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and others uses scientific research to develop and advance low-cost interventions that have proven effective in reducing the risk of disease, disability and injury among older people. In FY 2003, AoA funded 12 community projects to demonstrate the ability of aging services providers to effectively implement evidence-based disease and disability prevention interventions in diverse settings at the community level. Based on the success of these projects, in FY 2006 and FY 2007 AoA, in partnership with Atlantic Philanthropies, funded 27 State projects to demonstrate how States can develop the systems to build, implement, and sustain high quality evidence-based programs throughout the aging services network. Operating through AoA’s national network of community-based organizations – including senior centers, faith-based organizations and nutrition providers – these programs are helping older people make behavioral changes that empower them to better manage their chronic diseases, prevent falls, and maintain and improve their physical and mental health through better nutrition, exercise and other activities. One example is the Chronic Disease

Self-Management Program (CDSMP), developed at Stanford University with funding from the Agency for Healthcare Research and Quality, which is a six-week workshop designed to empower people with various chronic diseases to take control of their health. The program has been shown to significantly improve participant health status and to reduce the use of hospital care and physician services.¹ An analysis of results of Stanford University's CDSMP indicates that over \$1,000 in hospital expenses will be avoided for every program participant.

Nursing Home Diversion

In FY 2007 AoA awarded 12 Nursing Home Diversion grants to States to develop flexible, consumer-directed models of care and supports targeted at individuals who are at risk of nursing home placement and Medicaid spend-down. These grants build on existing models in several States and are designed to complement the CMS "Money Follows the Person Initiative" by strengthening the capacity of States to reach older adults before they enter a nursing home and spend down to Medicaid. This strategy will provide a flexible service model that will help individuals remain at home and in the community which is what they prefer. All consumers receiving services under the model would be offered a consumer-directed option like the Cash and Counseling model.

Choices for Independence will allow AoA to take the findings from these three innovation grant programs and rigorously evaluate the approaches in three to five States to determine their effectiveness in keeping people at home and reducing Medicaid costs. AoA will use an approach similar to the one HHS used to rigorously evaluate the Cash and Counseling model prior to making a decision about replicating the model nationwide. Cash and Counseling was a randomized controlled experiment conducted in three States (Arkansas, New Jersey, and Florida) to compare two different approaches to providing personal care to Medicaid-eligible individuals: the "traditional model" where consumers have little say over the forms of care they receive and the manner in which they receive it compared to a "consumer-directed model" where consumers have the authority to direct and manage their own care within a prescribed monthly allowance. Mathematica Policy Research, Inc. evaluated the experiment and found that Cash and Counseling, compared to the traditional model of care, increased access to care and improved the well-being of consumers and their family caregivers.

Ongoing National Activities

In addition to supporting a number of recent grants that have provided the foundation for the Choices demonstration, Program Innovations also includes funding for a number of ongoing projects that provide demonstrated benefits to elderly Americans and support the activities of the aging services network. These activities include:

National Resource Centers: AoA supports several projects which assist States, Tribal organizations, area agencies on aging, and community providers by providing information, technical assistance, and services. These resource centers focus on either specific aging related issues or on the needs of vulnerable subgroups of the elderly, including minority populations.

¹ Sobel, DS, Lorig, KR, Hobbs, M. Chronic Disease Self-Management Program: From Development to Dissemination. *Permanente Journal*; Spring 2002.

Multigenerational Civic Engagement: Projects will 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.

Program Evaluation: 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.

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 the core services sections of this budget.

Funding History

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

FY 2004	\$33,509,000
FY 2005	\$43,286,000
FY 2006	\$24,595,000
FY 2007	\$24,058,000
FY 2008	\$30,867,000

Rationale for the Request

The FY 2009 request for Program Innovations is \$32,918,000, an increase of +\$2,051,000 above the comparably adjusted FY 2008 enacted level. The request includes \$28,000,000 that will be invested in the Choices for Independence demonstration. The balance of the request provides \$4,908,000 to maintain support for ongoing national activities and to continue investments in initiatives to assist aging services providers to better use their resources.

Choices for Independence Demonstration

Choices for Independence seeks to test an approach to helping individuals to remain living in the community and reducing the systemic bias in favor of institutional care. Choices builds on AoA's prior investments and will use a time-limited, randomized trial design that will include a rigorous evaluation plan conducted by an independent entity for determining the impact of Aging and

Disability Resource Centers, Evidence-Based Prevention, and Nursing Home Diversion on consumers, their family caregivers and savings to Medicare and Medicaid. This evaluation will be conducted in three to five States and will test whether the Choices strategies can cost-effectively enable individuals to remain in their homes and communities. Choices will also demonstrate whether targeting individuals at high-risk of nursing home placement and spend-down to Medicaid can divert them from unnecessary and expensive nursing home stays. Choices will provide controlled, randomized groups of seniors in the demonstration States with information and assistance as they confront difficult long-term care decisions; help them to conserve and extend their personal resources so as to maintain their independence; help people plan ahead for long-term care so that more people take advantage of private pay options, such as long-term care insurance; and give States greater capacity to help certain individuals at high risk of nursing home placement, but not yet eligible for Medicaid, to remain at home for a longer period of time and thereby delay or avoid altogether nursing home placement and spend-down to Medicaid.

People generally are unaware of their potential risk of needing long-term care or what this care will cost (many Americans erroneously believe that Medicare pays for long-term care). If provided with good information, experience shows that seniors make choices that reflect their preferences for care at home. One recent study reports that 81 percent of persons over age 50 would prefer to avoid a nursing home even if they need 24-hour care. Unfortunately, the current system is a complex maze of fragmented and inefficient public and private options, administered by a variety of agencies operating under different and sometimes conflicting rules, and is confusing and frustrating to consumers. These difficulties are compounded by the fact that most people face these decisions amidst a crisis, such as an unexpected hospital admission (65 percent of nursing home admissions are directly from hospitals) or the collapse of an unpaid caregiver support network. With little time to explore their options, a nursing home admission or the unnecessary use of other expensive forms of care is often the result.

The Choices for Independence demonstration seeks to demonstrate an approach to modernizing the infrastructure of the national aging services network and increasing its capacity to address these issues, and the findings from the demonstration will be used to inform future funding decisions.

Aging and Disability Resource Centers: Informed individuals are empowered to actively participate in decisions about their care needs and make choices that reflect their preference for care at home. ADRCs are intended to empower seniors and caregivers to take more ownership of their health and long-term care. Under Choices, ADRCs will provide public education, information and assistance to those in immediate need. For those with less immediate needs, this component of Choices for Independence will help individuals plan ahead for what supports might be needed and how to pay for them (including private financing options such as long-term care insurance and home-equity conversions). Choices will also provide information about home modifications, assistive technology and alternative living arrangements. These activities are designed to help States' systems of long-term care become more consumer-directed, more efficient, and reduce consumer frustration by streamlining access to public long-term care programs.

Evidence-Based Prevention: Helping seniors who already are living longer to live healthier, more active lives will be the second component of the Choices for Independence demonstration, one that will further forestall the need for high-cost services, including institutional placement. Building on current Evidence-Based Prevention projects, this element of the Choices for Independence demonstration will assist seniors to make behavioral changes that have proven effective in reducing the risk of disease and disability among the elderly. Low-cost interventions at the community level will include areas such as falls prevention, physical activity, nutrition, chronic disease self-management, and medication management.

Nursing Home Diversion: For certain seniors at a crossroads, who are at high risk of nursing home placement but not yet eligible for Medicaid, Choices for Independence will give States a flexible funding source – not tied to any particular service category as with existing OAA funding – that they can use as an incentive to divert moderate to low-income individuals from institutionalization. Under this approach, States will be able to offer all participating clients the option of using the Cash and Counseling model. The Nursing Home Diversion Program will be case managed through the ADRCs, based on a care plan developed with each client and their family caregiver. These incentives can be used by a State in a variety of ways; for example, when an older person is discharged from a hospital after a fall/hip fracture, funds can be used to temporarily stabilize to provide paid care to temporarily stabilize the situation while the family is arranging an ongoing support structure such as family members, friends and neighbors to provide care and funding, possibly through home-equity. By targeting moderate to low-income individuals, and helping them to stay at home, the program will attempt to help people to avoid or delay spend-down to Medicaid which often occurs when a person enters a nursing home.

The Choices for Independence demonstration requires States to match 25 percent of the Federal funding for all three components. As a condition for participating in the demonstration, States will be required to meet measurable performance and outcome standards. A technical assistance component will also be funded to help ensure consistent and effective implementation. An independent entity will rigorously evaluate the demonstration to ensure that States are effectively meeting performance outcomes as well as to determine the effectiveness of Choices for Independence in advancing changes that redirect the overall system of long-term care to make it more consumer-directed and supportive of home and community-based care.

The FY 2009 request provides increased funding for the Choices for Independence demonstration. Through this demonstration in FY 2009 it is estimated that there will be 156,000 ADRC contacts, 10,000 participants in the evidence-based Chronic Disease Self-Management Program and 359 individuals provided with services through a consumer-directed care model targeted to those most at risk of spend down to Medicaid due to unnecessary nursing home care.

Ongoing National Activities

The FY 2009 request for Program Innovations also includes \$4.908 million for ongoing projects that provide demonstrated benefits to elderly Americans and support the activities of the aging services network. These projects provide ongoing support for the national aging services network and continue to be needed to support the activities of AoA’s core service delivery programs.

This request continues support for targeted Program Innovations investments in innovation and demonstration grants that will develop and test new models for delivering home and community-based services to seniors and their caregivers. These investments will help to generate knowledge that can be used to improve AoA’s performance in 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.

Program Innovations Outputs

Program Innovations outcomes are reflected in performance targets for State and Community-Based Services and Protection of Vulnerable Older Americans. Outputs reflect the first year of the three-State Choices for Independence demonstration.

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Est.	FY 2009 Est.	Out-Year Est.
				Est.	Actual	Est.	Actual			
4.1	Total number of ADRC contacts.								156,399	
4.2	Total number of participants completing the CDSMP program.								9,514	
4.3	Number of individuals enrolled in the nursing home diversion program.								359	
	Appropriated Amount (\$ Million)							16.2	28.0	

Note: For presentation within the budget AoA has highlighted specific measures that are most directly related to Program Innovations, however multiple performance outcomes are impacted by this program because AoA’s performance measures (efficiency, effective targeting, and client outcomes) assess network-wide performance.

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Aging Network Support Activities

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
BA	\$13,133,000	\$15,377,000	\$13,133,000	-\$2,244,000

1/ The FY 2008 Consolidated Appropriations Act appropriated \$31,589,000 for Aging Network Support Activities which includes \$16,212,000 for Choices for Independence. Choices for Independence is discussed under the Program Innovations section of this budget. In FY 2008 Aging Network Support Activities has been reduced by this amount for comparability.

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

FY 2009 AuthorizationSuch Sums

Allocation MethodCompetitive 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 missions. 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 2007 Aging Network Support Activities funded 70 grants with an average award of \$180,805 and a range of grant awards from \$63,930 to \$812,176.

Five activities are funded through the program:

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 (<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

Aging Network Support Activities

continues to grow as a resource tool for older adults and their caregivers. There was a nine percent increase in users from 2005 to 2006.

Pension Counseling and Information

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.

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. 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 57 Senior Medicare Patrol projects operate in virtually all States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Data for the programs shows that through FY 2006, SMP projects have:

- Trained over 68,000 new volunteers and retired professionals (Output V).
- Educated over 2.8 million beneficiaries during 906,414 group training sessions and one-on-one sessions. As a result, the projects have received over 86,879 complaints regarding Medicare, Medicaid and other health care integrity issues.
- AoA’s initiatives in this area have combined to directly save over \$105 million for the Medicare and Medicaid programs, and for other payors. In addition, the Office of Inspector General notes that additional significant savings may have

Aging Network Support Activities

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.

Performance data shows that these accomplishments have occurred during a time of increased efficiency in the SMP program. In FY 2006 42,767 beneficiaries were trained per million dollars of AoA funding meeting and exceeding the target of 37,200 (Outcome 1.4). 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 the Protection of Vulnerable Older Americans program. The Center works to enhance the skills, knowledge and management capacity of the State 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 2007 outcomes included publication and distribution of the final module for a State and local long-term care ombudsman training curriculum and a DVD on the history of the Long-Term Care Ombudsman Program; a series of conference training calls on specific quality topics for ombudsmen, residents, and families that are now compiled in CD format for ombudsmen to use while traveling from facility to facility; a national training conference for State Ombudsmen in Little Rock, Arkansas; and continued high and increasing 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 elder abuse information to professionals and the public, and it provides technical assistance and training to States and to community-based organizations. The Center 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 2006 the NCEA:

- Continued to expand its outreach by registering over 1,700 subscribers to its newsletter and 1,670 members to the Elder Abuse Listserv.
- Expanded its ability to provide information to the network by cataloguing over 6,000 holdings in the Clearinghouse on Abuse and Neglect of the Elderly database, the largest collection of peer-reviewed and scholarly publications on all aspects of elder abuse.

Aging Network Support Activities

- Effectively utilized technology to provide cost-effective trainings to over 700 professionals through live Webcast forums on issues relevant to elder rights and consumer protection.
- Supported systems change by maintaining a searchable online Promising Practices database that includes 400 promising local models and practices which aim to improve the prevention, identification, and remedy of elder mistreatment.

Funding History

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

FY 2004	\$13,294,000
FY 2005	\$13,266,000
FY 2006	\$13,124,000
FY 2007	\$13,133,000
FY 2008	\$15,377,000

Rationale for the Request

The FY 2009 request for Aging Network Support Activities is \$13,133,000, a decrease of -\$2,244,000 below the FY 2008 enacted level. FY 2009 funding does not include additional funding for new activities appropriated by Congress in the FY 2008 Consolidated Appropriations Act.

The FY 2009 request for Aging Network Support Activities focuses on maintaining support for the five activities funded with this appropriation. These five projects 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. For SMP, in FY 2009, a 62 percent increase over the base in the number of beneficiaries trained per million dollars of AoA funding is targeted (Outcome 1.4). Beneficiaries who are trained are more likely to detect and prevent Medicare fraud and waste. Similarly, AoA will continue to enhance its performance measurement through a new measure under development designed to gauge the percent of Medicare beneficiaries who will read their Medicare Summary Notices as a result of training. This measure will help ensure that this program is driving the outcomes and results desired for SMP.

In FY 2009 AoA estimates that for SMP 69,000 professionals and volunteers will be trained through the SMP project (Output V) and 412,000 beneficiaries will be educated (Output W).

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

Aging Network Support Activities

information and assistance in accessing services and benefits. 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

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Improve efficiency of OAA programs by at least 35% by 2012.										
1.4	For Senior Medicare Patrol, increase the number of beneficiaries trained per million dollars of AoA funding.	46,229 (+49%)	47,758 (+54%)	37,200 (+20%)	42,767 (+38%)	48,980 (+58%)	Sept-08	49,600 (+60%)	50,220 (+62%)	54,645 (+65%)

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Est.	FY 2009 Est.	Out-Year Est.
				Est.	Actual	Est.	Actual			
Output V	Professionals and volunteers trained through SMP.	48,315	58,437		68,008	69,000	Sept-08	69,000	69,000	70,000
Output W	Beneficiaries Educated.	427,599	483,432		411,458	412,000	Sept-08	412,000	412,000	414,000
Output X	Eldercare Locator calls.	121,238	131,359		131,961	N/A	114,940	118,389	121,940	133,247
Output Y	Eldercare Locator web contacts.	N/A	187,642		271,390	N/A	268,876	282,319	296,434	343,157
	Appropriated Amount (\$ Million)	13.3	13.3	13.3	13.1	13.1	15.4	13.1	13.1	

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.

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Alzheimer's Disease Demonstration Grants

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
BA	\$11,668,000	\$11,464,000	--	-\$11,464,000

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

FY 2009 AuthorizationExpired

Allocation MethodDiscretionary Grant/Cooperative Agreement and Contract

Program Description and Accomplishments:

The Alzheimer's Disease Demonstration Grants 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 Alzheimer's Disease Demonstration Grants program enables each State to develop service and outreach programs that are specific to its needs and resources. The primary components of the Alzheimer's Disease Demonstration Grants program include:

- 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.
- Delivering supportive services including respite care, home health care, personal care, adult day care, and companion services to persons with Alzheimer's disease.
- Incorporating evidence-based research in the formulation of 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.

In FY 2007 a total of 31 States (including the District of Columbia and Puerto Rico) received grant funding through the program, with an average award of \$285,446 and a range of grant awards from \$162,112 to \$381,045. Grants were awarded to States to develop effective models of care for serving persons with Alzheimer's and their caregivers and to introduce evidence-based and consumer-directed approaches to Alzheimer's-related services. Grantees offered both direct services and other additional services to thousands of families. The program also supports the provision of technical assistance to grantees, including evaluations of programs and services.

ALZHEIMER'S DISEASE DEMONSTRATION GRANTS

Alzheimer's Disease Demonstration Grants is part of AoA's Aging Services Government Performance and Results Act (GPRA) program. The knowledge generated by the Alzheimer's Disease Demonstration Grants program helps to ensure that AoA's core programs, particularly its caregiver programs, maintain and improve performance. The Alzheimer's Disease Demonstration Grants program is not directly measured by AoA's performance indicators.

Funding History

Funding for Alzheimer's Disease Demonstration Grants during the past five years is as follows:

FY 2004	\$11,883,000
FY 2005	\$11,786,000
FY 2006	\$11,660,000
FY 2007	\$11,668,000
FY 2008	\$11,464,000

Budget Request

No funding is requested in FY 2009 for the Alzheimer's Disease Demonstration Grants, a decrease of -\$11,464,000 below the FY 2008 enacted level. The program was first proposed for elimination in the President's FY 2007 budget. Most States have received funding for one or more demonstrations that tested and implemented successful, cost-effective approaches for serving persons with Alzheimer's disease. This program has been active since 1992 and has served the purpose of generating new models and approaches that States can now incorporate into their own State and community programs. States are able to use funding provided through State and Community-Based services, including Family Caregiver Support Services, to fund health promotion and disease prevention activities and provide care for individuals with Alzheimer's and their caregivers.

Program Administration

	FY 2007 <u>Actual</u>	FY 2008 <u>Enacted</u>	FY 2009 <u>Estimate</u>	FY 2009 <u>+/- FY 2008</u>
BA 1/.....	\$18,379,000	\$18,064,000	\$18,696,000	+\$632,000
FTE	112	116	120	+4

1/ Prior to FY 2008, certain services were paid for through TAPs on each Operating Division to the General Departmental Management appropriation; beginning in FY 2008, these services will be paid for directly with appropriated funds. FY 2007 has been adjusted by -\$6 thousand for comparability.

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

FY 2009 AuthorizationSuch Sums

Allocation MethodDirect Federal/Contract

Program Description and Accomplishments:

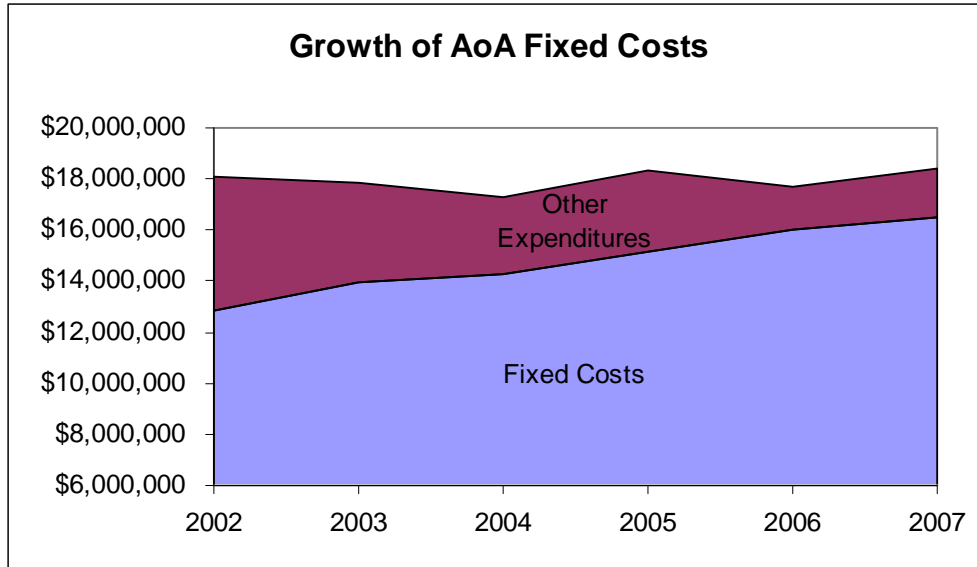
Program Administration funds the direction of AoA programs established under the Older Americans Act (OAA), as well as the Alzheimer’s Disease Demonstration Grants program, authorized by Section 398 of the Public Health Services Act (PHSA). AoA’s mission, as embodied in the OAA, is to develop a comprehensive 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 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, achieve its performance goals, and carry out the President’s Management Agenda (PMA).

Over the last five years, in addition to making mandatory and discretionary grants to fund long-term care services, AoA has partnered with other HHS agencies to focus on policies to transform long-term care for seniors, assisted with implementation of the Medicare Modernization Act, participated in national initiatives such as Cash and Counseling. 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. These efforts have largely been accomplished by redirecting existing resources, particularly from non-staffing expenditures.

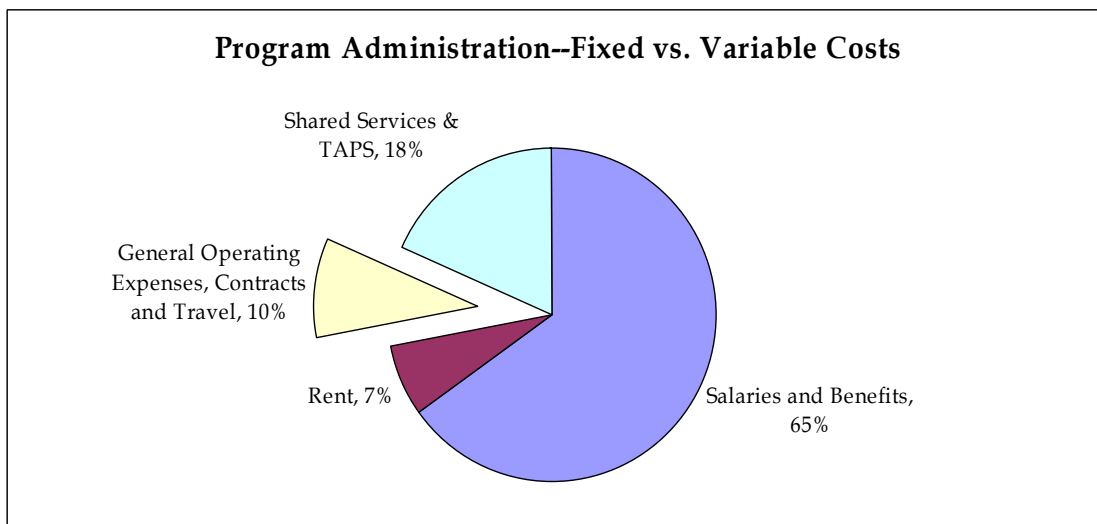
At the same time, fixed costs, which in FY 2002 accounted for approximately 71 percent of appropriated funds, have grown in FY 2007 to 90 percent of appropriated funds, as reflected in the chart below:

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Fixed costs are those over which AoA has relatively little control in the short run. These include – in addition to Federal salaries and benefits – rent, Departmental TAPs and the cost of external shared support services. External shared support services include those procured from the Program Support Center (PSC) (payment management, financial management including UFMS, procurement and strategic sourcing), and services AoA procures through one-HHS systems: human resources from the Rockville HR Center, grants management services from the Administration for Children and Families’ Grants Administration, Tracking and Evaluation System (GATES), and information technology (IT) services from the HHS Information Technology Support Center (ITSC).

Having the majority of AoA’s resources committed to fixed costs has left resources for non-fixed costs including human capital development, general operating expenses, contracts and travel constrained, as the chart below illustrates:



PROGRAM ADMINISTRATION

The impact of rising fixed costs over the last five years as a proportion of AoA's Program Administration budget has been a steady decline in the FTE that could be supported, as the chart below indicates:

AoA FTE Usage					
2002	2003	2004	2005	2006	2007
120	117	116	112	113	112

To begin to reverse this trend, the FY 2009 request is critically needed to continue to bring staffing back into line with current needs.

Funding History

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

FY 2004	\$17,324,000	116 FTE
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	116 FTE

Budget Request

The FY 2009 request for Program Administration is \$18,696,000, and 120 FTE, and increase of +\$632,000 and +4 FTE more than the FY 2008 enacted level. The requested level of funding is needed to reverse the crowding-out effect that has occurred in the last several years as fixed costs have represented a larger and larger share of administrative resources and caused a steady decline in staffing and human capital resources. This request will put AoA on a path toward funding 120 FTE and the projected FY 2009 pay increases.

Of the additional +\$632,000:

- \$524,000 will be used to allow AoA to fully realize its anticipated staffing level of 120 FTE. These additional staff are needed to maintain and build the agency's outreach and interactions with the national aging services network, to pursue efforts related to evaluation and implementation of the Choices for Independence demonstration, and to further support improvements in the management of its day-to-day operations, including the implementation of the PMA.
- \$108,000, the remaining balance, is needed for the projected FY 2009 pay increases.

Information Technology

The Administration on Aging also will contribute \$69,500 of its FY 2009 budget to support Department enterprise information technology initiatives as well as the President's Management Agenda (PMA) Expanding 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

PROGRAM ADMINISTRATION

Technology Capital Planning and Investment Control process and the PMA 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. The HHS Department initiatives also position the Department to have a consolidated approach, ready to join in PMA initiatives.

Of the amount specified above, \$46,699 is allocated to support the President’s Management Agenda Expanding E-Government initiatives for FY 2009. This amount supports the PMA E-Government initiatives as follows:

PMA e-Gov Initiative	FY 2009 Allocation
Business Gateway	\$0
E-Authentication	\$0
E-Rulemaking	\$0
E-Travel	\$0
Grants.Gov	\$17,395
Integrated Acquisition	\$0
Geospatial LOB	\$0
Federal Health Architecture LoB	\$0
Human Resources LoB	\$257
Grants Management LoB	\$1,822
Financial Management LoB	\$287
Budget Formulation & Execution LoB	\$191
IT Infrastructure LoB	\$0
Integrated Acquisition – Loans and Grants	\$6,747
Disaster Assistance Improvement Plan	\$20,000
TOTAL	\$46,699

Prospective benefits from these initiatives are:

- **Grants.gov:** Allows HHS to publish grant funding opportunities and application packages online while allowing the grant community, (State, local and tribal governments, education and research organizations, non-profit organization, public housing agencies and individuals) to search for opportunities, download application forms, complete applications locally, and electronically submit applications using common forms, processes and systems. In FY 2007, HHS posted over 1,000 packages and received 108,436 application submissions – more than doubling 52,088 received in FY 2007 with NIH substantially increasing its applications submissions from 47,254 to 89,439 submissions.
- **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

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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-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.
- **Integrated Acquisition Environment for Loans and Grants:** Managed by GSA, all agencies participating in the posting and/or awarding of Loans and Grants are required by the Federal Funding Accountability and Transparency Act (FFATA) to disclose award information on a publicly accessible website. Cross-government cooperation with the Office of Management and Budget's Integrated Acquisition Environment initiative in determining unique identifiers for Loans & Grants transactions furthers the agency in complying with the Transparency Act, which enhances transparency of federal program performance information, funding, and Loans & Grants solicitation.
- **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. The DAIP program office, during its first year of operation, will quantify and report on the benefits and cost savings or cost reductions for each member agency.

Unified Financial Management System Operations and Maintenance (UFMS O&M)

UFMS has now been fully deployed. The Program Support Center, through the Service and Supply Fund, manages the ongoing Operations and Maintenance (O & M) activities for UFMS. The scope of O & M services includes post deployment support and ongoing business and technical operations services, as well as an upgrade of Oracle software from version 11.5.9 to version 12.0. The Administration on Aging will use \$509,784 for these O&M costs in FY 2009.

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HHS Consolidated Acquisition System

The HHS Consolidated Acquisition System (HCAS) initiative is a Department-wide contract management system that will integrate with the Unified Financial Management System (UFMS). The applications within the HCAS are Compusearch PRISM and a portion of the Oracle Compusearch Interface (OCI). PRISM is a federal contract management system that streamlines the procurement process. PRISM automates contract writing, simplified acquisitions, electronic approvals and routing, pre-award tracking, contract monitoring, post award tracking, contract closeout and reporting. The Administration on Aging will use \$8,000 to support the completion of HCAS implementation in FY 2009.

President's Management Agenda (PMA)

Program Administration also provides the resources needed to support improvements in the management of day-to-day operations, including the implementation of the PMA. AoA is committed to the goals of the PMA and has made them an integral part of its strategic planning process. AoA has undertaken a variety of activities in support of the PMA, including:

- Strategic Management of Human Capital: Reauthorization of the OAA in October 2006, coupled with management reforms that have placed greater focus on accountability and outcomes, have reinforced the need for AoA to look strategically at how our human capital resources are being utilized. In December 2007, AoA implemented a reorganization designed to maximize our human capital resources and ensure that AoA can operate effectively in a more complex policy environment. The reorganization streamlined the agency by reducing the number of operating Centers from four to two; consolidated and elevated disaster preparedness and responses activities, improved the integration of budget development and policy analysis functions; and enhanced the agency's capacity to implement the provisions of the 2006 amendments. The reorganization builds on a number of previous steps taken to strategically address AoA's human capital challenges, including development of technical competency models for the mission-critical Aging Services Program Specialist (101) series; identification of strategies to use aging services network resources to close competency gaps for mission critical and leadership positions; implementation of a training program for managers in order to develop our future leaders; and implementation of the Performance Management Appraisal Program which links employee performance with AoA goals. AoA has also been working to restructure positions to incorporate new duties; utilize tools such as early retirement authority to help address skill imbalances and accelerate our workforce restructuring; implement recruitment strategies to attract employees with experience in the field of aging but different skills than current staff; and streamline administrative of operations to allow more staff to focus on mission-related activities.
- Competitive Sourcing: In the FY 2007 FAIR Act inventory, AoA identified 107 FTE as inherently governmental and eight FTEs as commercial, mostly in the areas of administrative and clerical support. Three previous cost comparison studies, which were completed in FY 2003, FY 2004, and FY 2006 for eight positions in the public inquiry, correspondence, training, and administrative

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support functions have resulted in activities being shifted to private sector performance.

- Improved Financial Performance: AoA began using the Unified Financial Management System (UFMS) in October 2006 and has been actively involved in both the governance and the continued implementation of system. AoA relies on and uses UFMS for funds control and for all financial system requirements and reports. AoA staff fully supported the Department's efforts on the accelerated, top-down FY 2007 audit, in which the Department maintained a clean opinion. AoA also conducts annual reviews of its internal controls as required by the Federal Managers Financial Integrity Act including conducting reviews of internal controls over financial reporting as required by Circular A-123. No material weaknesses in internal controls (including internal controls over financial reporting), or material non-compliances with laws and regulations, were identified for AoA's internal business processes.
- Expanded Electronic Government: AoA continues to utilize e-government tools to increase citizen access to relevant and timely information and improve and enhance our internal efficiencies. AoA's web sites are an important vehicle for providing pertinent information to the national aging services network about AoA programs, initiatives, and events. In cooperation with other HHS agencies, AoA has recently developed a new website to provide information about long-term care planning to consumers as part of the effort to implement the National Long-Term Care Clearinghouse that was created under the Deficit Reduction Act. AoA continues to post all grant application packages on the government-wide Grants.gov website where grantees submit their applications for funding opportunities electronically, and has recently begun issuing electronic Notice of Awards to its discretionary grantees. AoA continues to transition to HHS' consolidated systems and other Federal systems that support the Federal Enterprise Architecture line of business concept such as the Grants Administration Tracking and Evaluation system (GATES), GovTrip, UFMS, and the HHS Consolidated Acquisition System (HCAS).
- Program Improvement Initiative: AoA's entire budget decision-making process is informed by the linkage between budget and performance information. For FY 2009, AoA developed its fourth Performance Budget, which continues to fully integrate AoA program performance measures into the budget justification. AoA has consolidated all of its program activities into a single GPRA and Program Assessment Rating Tool (PART) program, which is consistent with the common fundamental purpose of all AoA programs: to make community-based services available to elders who are at risk of losing their independence, to prevent disease and disability through community-based activities, and to support the efforts of family caregivers. AoA has defined three performance outcome measures (program efficiency, consumer assessment and outcome, and targeting) that cut across all programs; and AoA has also complied with all requirements for the full costing of programs and has incorporated results from AoA's OMB-approved

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marginal cost analysis. The FY 2009 Performance Budget also includes measures identified in the PART process. In 2007, OMB conducted a PART reassessment for AoA's Aging Services Program which found that AoA's programs are well-managed and have appropriate financial and program management practices in place; efficiently provide high quality home and community based services while maintaining high quality of services, and promote the well-being and independence of the elderly. As a result, AoA increased its PART score from Moderately Effective to Effective.

- Real Property: Since the implementation of the HHS Real Property Asset Management Plan in December 2005, AoA has been compliant with ensuring that all leased property is maintained in the Automated Real Property Inventory System (ARIS). AoA, as a non-landholding OPDIV, has maintained a complete and accurate inventory of all leased real property for its headquarters and nine regional offices. In addition, AoA has been participating in the Real Property Human Capital Workgroup (RPHCW). The RPHCW was established to determine the human capital needs as well as any gaps between current employment and future needs in mission critical positions.

**Budget Authority by Object
Administration on Aging
FY 2009 Budget Submission
(Dollars in Thousands)**

	<u>FY 2008 Enacted</u>	<u>FY 2009 Estimate</u>	<u>Increase or Decrease</u>
Full-time equivalent employment	116	120	4
Full-time equivalent of overtime and holiday hours	--	--	--
Average SES Salary	181	186	5
Average GS Grade 1/	12.9	12.9	
Average GS Salary	101	104	3
<hr/>			
Personnel Compensation:			
Full-time Permanent	10,335	11,015	680
Other than Full-Time Permanent	403	430	27
Other Personnel Compensation	<u>202</u>	<u>215</u>	<u>13</u>
Subtotal, Personnel Compensation.....	10,940	11,660	720
Personnel Benefits.....	<u>2,464</u>	<u>2,626</u>	<u>162</u>
Subtotal, Pay Costs	13,404	14,286	882
Travel and Transportation of Persons	363	363	--
Transportation of Things.....	5	5	--
Rental Payments to GSA.....	1,654	1,687	33
Communications, Utilities, and Miscellaneous	190	190	--
Printing and Reproduction	15	15	--
Other Contractual Services:			
Advisory and Assistance Services.....	7,700	9,635	1,935
Other Services	42	42	--
Purchases from Government Accounts	7,318	7,860	542
Operation and Maintenance of Equipment	<u>63</u>	<u>63</u>	<u>--</u>
Subtotal, Other Contractual Services.....	15,123	17,600	2,477
Supplies and Materials	58	58	--
Equipment.....	11	11	--
Grants, Subsidies and Contributions	<u>1,382,612</u>	<u>1,347,169</u>	<u>(35,443)</u>
Subtotal, Non-Pay Costs.....	1,400,031	1,367,098	(32,933)
 Total, Budget Authority by Object Class.....	 1,413,435	 1,381,384	 (32,051)

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

**Salaries and Expenses
Administration on Aging
FY 2009 Budget Submission
(Dollars in Thousands)**

	<u>FY 2008</u> <u>Enacted</u>	<u>FY 2009</u> <u>Estimate</u>	<u>Increase or</u> <u>Decrease</u>
Personnel Compensation:			
Full-time Permanent (11.1)	10,335	11,015	680
Other than Full-Time Permanent (11.3)	403	430	27
Other Personnel Compensation (11.5)	<u>202</u>	<u>215</u>	<u>13</u>
Subtotal, Personnel Compensation.....	10,940	11,660	720
Personnel Benefits (12.1).....	<u>2,464</u>	<u>2,626</u>	<u>162</u>
Subtotal, Pay Costs	13,404	14,286	882
Travel and Transportation of Persons (21.0).....	363	363	--
Transportation of Things (22.0).....	5	5	--
Communications, Utilities, and Miscellaneous (23.3)	190	190	--
Printing and Reproduction (24.0).....	15	15	--
Other Contractual Services:			
Advisory and Assistance Services (25.1)	7,700	9,635	1,935
Other Services (25.2).....	42	42	--
Purchases from Government Accounts (25.3).....	7,318	7,860	542
Operation and Maintenance of Equipment (25.7)	<u>63</u>	<u>63</u>	<u>--</u>
Subtotal, Other Contractual Services	15,123	17,600	2,477
Supplies and Materials (26.0)	<u>58</u>	<u>58</u>	<u>--</u>
Subtotal, Non-Pay Costs	15,754	18,231	2,477
Total, Salaries and Expenses.....	29,158	32,517	3,359

**Detail of Full-Time Equivalent (FTE)
Administration on Aging
FY 2009 Budget Submission
(Dollars in Thousands)**

	2007 Actual	2008 Estimate	2009 Estimate
Immediate Office of the Assistant Secretary	15	15	15
Center for Policy and Management	32	34	36
Center for Program Operations.....	25	27	29
Office of Regional Operations.....	40	40	40
OPDIV FTE Total	112	116	120

Centers for Policy and Management and Program Operations: The increase of 4 FTE in FY 2009 is needed to ensure that AoA can operate effectively in a more complex policy environment. In December 2007, AoA implemented a reorganization designed to maximize our human capital resources and streamline administrative operations to allow more staff to focus on mission-related activities.

Average GS Grade 1/

2004.....	12.5
2005.....	12.4
2006.....	12.5
2007.....	12.9
2008.....	12.9

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
FY 2009 Budget Submission
(Dollars in Thousands)**

	<u>2007 Actual</u>	<u>2008 Estimate</u>	<u>2009 Estimate</u>
Executive level I	--	--	--
Executive level II	--	--	--
Executive level III	--	--	--
Executive level IV	1	1	1
Executive level V	<u>--</u>	<u>--</u>	<u>--</u>
Subtotal	1	1	1
Total - Exec. Level Salaries	144,300	150,000	154,000
ES-6	--	--	--
ES-5	--	--	--
ES-4	--	--	--
ES-3	1	1	1
ES-2	--	--	--
ES-1	<u>2</u>	<u>2</u>	<u>2</u>
Subtotal	3	3	3
Total - ES Salary	521,700	542,200	556,600
GS-15	20	20	21
GS-14	16	17	18
GS-13	50	52	54
GS-12	6	5	5
GS-11	7	9	9
GS-10	2	3	3
GS-9	5	4	4
GS-7	2	2	2
GS-6	<u>1</u>	<u>1</u>	<u>1</u>
Subtotal	109	113	117
Total - GS Salary	10,561,000	11,394,800	12,126,400
Average ES level	1.7	1.7	1.7
Average ES salary	173,900	180,733	185,533
Average GS grade 1/	12.9	12.9	12.9
Average GS salary	96,890	100,839	103,644

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

Programs Proposed for Elimination

(Budget Authority in Millions)

	<u>FY 2008</u>
Preventive Health Services	\$21.026
Alzheimer's Disease Demonstration Grants	\$11.464

AoA proposes two programs for elimination in the FY 2009 budget.

Preventive Health Services (-\$21.026 million)

In FY 2009 no funding is requested for Preventive Health Services, a decrease of -\$21,026,000 below the FY 2008 enacted level. Prevention is a focus and an underlying principle of each of the AoA services provided by States and their communities. Integrating the provision of prevention services into AoA's core program structures will provide a more effective means to address preventive health needs than the previous approach of using a small funding stream to provide States with unfocused seed money.

Alzheimer's Disease Demonstration Grants (-\$11,464,000)

No funding is requested in FY 2009 for the Alzheimer's Disease Demonstration Grants, a decrease of -\$11,464,000 below the FY 2008 enacted level. Most States have received funding for one or more demonstrations that tested and implemented successful, cost-effective approaches for serving persons with Alzheimer's disease. This program has been active since 1992 and has served the purpose of generating new models and approaches that States and communities can incorporate into their own State programs. States are able to use funding provided through State and Community-Based Services, including Family Caregiver Support Services, to fund health promotion and disease prevention activities and provide care for individuals with Alzheimer's and their caregivers.

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Significant Items in House and Senate Appropriations Committee Reports

FY 2008 Conference Report Language (Conference Report 110-424)

Item

[Senior Legal Helplines] --The conferees encourage the Administration on Aging to allocate funding for a national program of statewide Senior Legal Hotlines (also called Senior Legal Helplines) at a minimum at their current levels and ideally to provide an increase in the number of States in which these services are available for seniors. Statewide Senior Legal Hotlines/Helplines provide free legal advice, information, referrals and a variety of additional services to older Americans over 60, enabling more seniors to maintain healthy, independent lives, free from the threats of poverty, exploitation or abuse. (p. 159)

Action Taken or To Be Taken

AoA funds Senior Legal Hotlines/Helplines (helplines), which provide States with a cost-effective way to increase the number of older Americans who receive legal assistance. Legal helplines are low-cost mechanisms which have been tested and shown to enhance access to legal services for underserved seniors in an efficient, streamlined and measurable manner.

Over the years, appropriated funds enabled the competitive award, on average, of 12 or 13 legal helpline grants. But while reviews of these projects highlighted the efficiency and effectiveness of the helplines, they also found that they were not being consistently implemented across the network. Many remained stand-alone programs that were not sustainable without AoA support, not fully coordinated with full-service legal services programs, with the aging network, or with other service networks within the State.

AoA recognized that sustaining and expanding this very cost-effective and valuable service required a new approach. To meet this challenge, AoA released program announcements in FY 2006 and FY 2007 titled "Model Approaches to Statewide Legal Assistance Systems." This was a departure from past announcements for helpline grants. These grants represented an attempt to modernize the approach to support activities for seniors in a strategic manner that directly supports the mission of the Older Americans Act (OAA) and that conceptually and concretely incorporates legal services into the broader group of OAA support services. Through these grants, AoA endeavors to assist States in integrating helplines and other low-cost legal assistance mechanisms as an integral component of a comprehensive legal services delivery program.

Six three-year cooperative agreements were awarded in September 2006. In September 2007, seven additional three-year cooperative agreements were awarded, bringing the total number of grants to 13. In the future, AoA will target increasing participation among those States who have not yet participated in the Model Approaches to Statewide

SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

Legal Assistance Systems, but all States will have the benefit of learning from the models developed and adapting best practices.

FY 2008 Senate Appropriations Committee Report Language (Senate Report 110-107)

Item

[Caregiver services] -- 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 Administration on Aging [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. 200)

Action Taken or To Be Taken

AoA recognizes the value of the supports and services provided to family caregivers.

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 has provided vital services and support to more than 2.8 million caregivers of the elderly and to grandparents/relative caregivers. Data reported to AoA by States for Fiscal Year 2006 indicates that 289,000 caregivers received either counseling, support groups or caregiver training, over 71,000 caregivers have benefited from respite care, and 40,000 caregivers have received supplemental services, such as home modifications to assist with the provision of needed care. 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

[24 hour call center for Alzheimer's patients caregivers] -- Recognizing that Alzheimer's disease often causes patients to exhibit unusual and unpredictable behavior, the AoA supports a 24-hour call center to provide family caregivers with professional care consultation and crisis intervention through a national network of community-based organizations. The Committee has provided \$1,000,000 to continue this valuable program. (p. 202)

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Action Taken or To Be Taken

Since FY 2003, AoA has funded the operation of a 24-hour Alzheimer's Disease National Call Center that serves people with Alzheimer's disease, their caregivers, and health care professionals. The National Call Center provides information and referral services and care-consultation services; focuses on expanding service to traditionally underserved populations, in particular Hispanic/Latino communities; provides an online communication forum through the use of message boards and chat rooms, available in both English and Spanish; and shares best practices and lessons learned to assist the aging services network in developing, improving, or expanding telephone or web-based assistance to the elderly and their caregivers. In FY 2007, the National Call Center was charged with developing and sustaining collaborations between the National Alzheimer's Call Center and Aging and Disability Resource Centers (ADRC), AoA Alzheimer's Disease Demonstration Grants to States grantees, members of the aging services network, State and local governments as well as community-based organizations, including non-profit agencies and organizations, to ensure local, on-the-ground capacity to respond to emergency and on-going needs of people with Alzheimer's disease, their families, and informal caregivers in the event of an emergency (disaster) situation, whether natural or man-made. The National Call Center can be accessed 24 hours a day, 7 days a week, and 365 days a year by calling 1-800-272-3900.

FY 2008 House Appropriations Committee Report Language (House Report 110-231)

Item

[Caregivers] -- The Committee recognizes the efforts of AoA in supporting caregivers of older individuals and older relative caregivers through the National Family Caregiver Support Program. . . . Congress intended to include this broad population of older relative caregivers and not limit the program to grandparent caregivers in the case of adult relatives with disabilities. The Committee urges AoA to provide sufficient funds to serve this population of older relative caregivers of adults with disabilities within the national family caregiver support program. (p. 205)

Action Taken or To Be Taken

All older Americans, including older relative caregivers are served through the core Older Americans Act programs as well as through initiatives such as Aging and Disability Resource Centers, Evidence-Based Disease Prevention programs, and Nursing Home Diversion. The national aging services network recognizes the need to serve all caregivers including older relative caregivers and has demonstrated its effectiveness in employing resources for this purpose since the National Family Caregiver Support Program was established.

SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

Item

[Coordination of services to the aging] --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. (p. 207)

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 President's New Freedom Initiative and is a critical element in the AoA strategy for modernizing the aging services network. To date, 143 pilots have been funded in 43 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. In September of 2007, AoA awarded 12 States with grants to develop nursing home diversion programs that serve people at risk of nursing home placement and spend-down to Medicaid. 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. AoA has used the lessons learned from ADRCs, Evidence-Based Disease Prevention Programs, and Nursing Home Diversions to design the three to five State FY 2009 Choices for Independence demonstration.