

DEPARTMENT  
of HEALTH  
and HUMAN  
SERVICES  
  
Fiscal Year  
2025  
Administration for  
Community Living  
 *Justification of* *Estimates for  
Appropriations Committees*

# Letter from Alison Barkoff

I am pleased to present the Administration for Community Living FY 2025 Budget, which includes a discretionary request for $2.6 billion in budget authority. The request maintains funding for ACL’s programs, which will sustain the progress made in recent years to begin addressing the significant unmet needs of older adults and people with disabilities. The request also includes modest increases focused on supporting mission-critical infrastructure needs and small – but strategic – investments to address several issues that are of the utmost importance to the disability and aging communities.

For example, urgent action is needed to expand and strengthen the direct care workforce. The shortage of professionals who provide the services many older adults and people with disabilities need to live in the community has become a dire crisis in recent years, and the gap between demand and capacity continues to widen as both populations continue to grow. Today, many people who need services cannot get them, and those who do receive services often experience disruptions and inconsistent quality, both of which jeopardize the health and safety of the people receiving services and increase demands on family caregivers – and ultimately threatens to reverse decades of progress in community living. ACL proposes to increase investment in its multi-pronged direct care workforce initiative to improve recruiting, retention, and development of direct care professionals to increase and accelerate its impact.

Similarly, it is imperative to improve our national capability and capacity to meet the unique needs of disabled people and older adults during disasters. Inability to evacuate, loss of services, inaccessible shelters, and other issues can result in unnecessary institutionalization, poor health outcomes, and even death for older adults and people with disabilities. ACL proposes to invest in emergency and disaster preparedness for the disability and aging networks to avoid these tragedies.

The request maintains the increase requested in FY 2024 to continue to operate the Disability Information and Access Line (DIAL), a national hotline that connects disabled people to information and local services to support community living, and proposes new funding to support: a suicide prevention initiative focused on older adults – the population at greatest risk, which will be jointly funded with the Substance Abuse and Mental Health Services Administration (SAMHSA); the decennial White House Conference on Aging; and the creation of an ACL-specific tribal consultation program.

In addition, to offset significant increases in the cost to provide meals, which otherwise would result in a reduction in the number of meals served, ACL proposes to increase overall nutrition funding and to reallocate funding among the three Older Americans Act Nutrition Services programs. By shifting a portion of funding from the Nutrition Services Incentive Program to the primary nutrition programs (Congregate and Home-Delivered Meals), the request will increase states’ ability to leverage federal funding to generate state and local investment in the program, ultimately stretching ACL’s funding to reach more people.

Finally, this request reflects ACL’s continued need to establish adequate infrastructure to properly administer its programs and meet its advocacy responsibilities. ACL has faced staffing challenges dating back to its creation, and both its program portfolio and the scope and complexity of its responsibilities continue to expand. Maintaining staffing levels and addressing information technology and other essential operational needs remains critically important.

ACL was created around the fundamental principle that all people, regardless of age or disability, should be able to live and fully participate in their communities. With this budget, ACL will invest in solutions to the most pressing issues facing older adults and disabled people and address the most challenging barriers to equal opportunity and inclusion to make community living possible for all people.

Alison Barkoff,

Senior Official performing the duties of the ACL Administrator and Assistant Secretary for Aging

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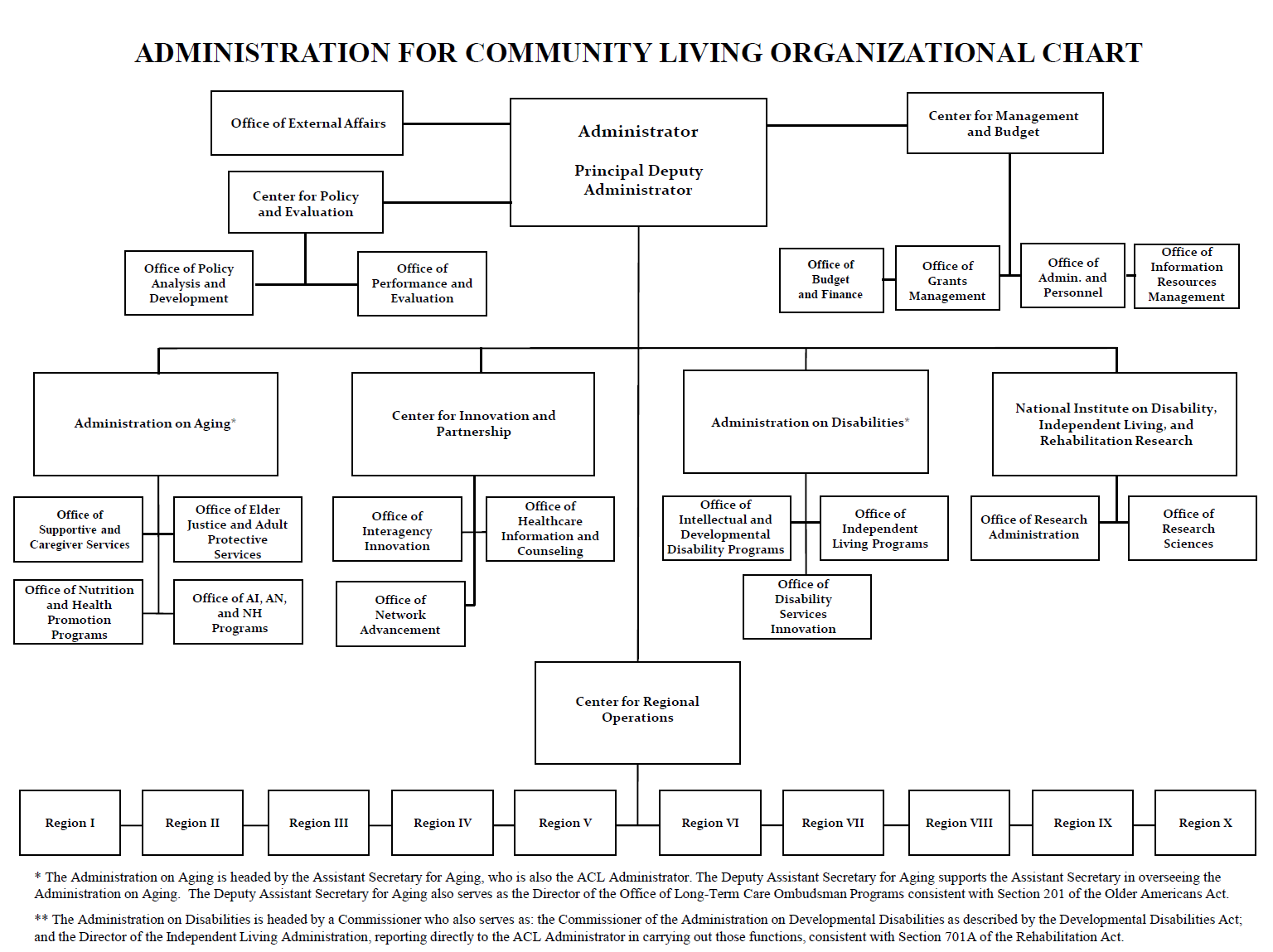
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# Organization Chart



# Executive Summary

## Introduction and Mission

The Administration for Community Living exists to make it possible for older adults and people with disabilities to live and participate fully in their communities.

To that end, ACL funds services and supports provided primarily by networks of community-based organizations; advocates to ensure the needs of disabled people and older adults are reflected in federal policy and programs; and invests in research, education, and innovation. This is critical given the number of people these programs serve:

* The U.S. population over age 60 is projected to increase by 20 percent between 2022 and 2035, from 78.9 million to 94.7 million.[[1]](#footnote-2)
* According to the U.S. Centers for Disease Control and Prevention, 61 million people in the United States – 26 percent of the population – have disabilities.[[2]](#footnote-3)
* There are an estimated 3.9 to 5.4 million individuals with developmental disabilities.[[3]](#footnote-4)
* By 2035, the number of people 65 and older with significant disabilities is projected to reach 6 million. This population is at the greatest risk of nursing home admission.[[4]](#footnote-5)

“Community living” means that older adults and disabled people live alongside people of all ages, with and without disabilities, and have the same opportunities as everyone else to participate in community life, earn a living, and make decisions about their lives. Community living is an exceptional value – people overwhelmingly prefer it to living in institutions, it is usually less expensive than institutional care, and it results in better health. As the health care system shifts to one that pays for outcomes and prioritizes cost-effective care, community living – and the services and supports funded by ACL to make community living possible – will play an increasingly important role in the Department’s efforts to deliver more effective services at lower costs.

## Overview of the Budget Request

 To make community living possible for millions of people with disabilities and older adults, ACL funds direct services and supports provided primarily through networks of community-based organizations; invests in training, education, research, and innovation; and advocates to ensure federal policy and programs consider the needs of both populations. ACL’s programs work together to encourage and support health, independence, and resilience throughout the lifespan and play a critical role in reducing costs of health care. ACL works closely with states, tribes, and the aging and disability networks, and – most important – with older adults and people with disabilities, to ensure that ACL’s programs are tailored to the unique needs of the people they serve.

The FY 2025 discretionary request for ACL is $2,606,343,000, an increase of $68,556,000 above the FY 2023 final level of $2,537,787,000. In addition to its request for budget authority, ACL is requesting $50,000,000 in mandatory funding for the Medicare Improvements for Patients and Providers Act. This request maintains funding for all programs to sustain the increased levels of services achieved in recent years, which have begun to address the significant unmet needs of older adults and people with disabilities. It also requests modest increases focused solely on mission-critical infrastructure needs and small – but strategic – investments to address issues that are of the utmost importance to the disability and aging communities. In addition, the request includes additional funding and a shift in allocation across ACL’s nutrition services programs to offset increases in costs of providing meals, which otherwise would result in fewer meals served.

**Building Adequate Infrastructure to Support ACL’s Mission    
(+$7.5 million)**

Ensuring the adequacy of the operational infrastructure that makes it possible for ACL administer programs, conduct appropriate oversight, and meet its responsibilities to advocate for older adults and people with disabilities is a foundational need that continues to be a top priority for ACL. The significant increase in responsibilities that ACL has seen in recent years, combined with the growing complexity of those functions, have created needs that exceed staff capacity and current resources. In addition, in FY 2025 ACL expects to see a substantial increase in fixed costs. ACL is requesting an increase of $7.5 million in Program Administration to address the most urgent of these needs. The majority of this increase ($5.5 million) covers unavoidable fixed cost increases, l and shared services. Without this increase, ACL will need to cut an estimated 15 FTE to cover these costs, which would significantly degrade program and fiscal oversight. The request also includes a modest increase (+$2.0 million) to fund 10 additional FTE and support ACL’s continued progress toward adequate staffing levels.

**Increasing Access to Critical Community Living Services**

**(+$94.7 million)**

ACL’s FY 2025 budget request includes several investments to increase access to the services and supports that make community living possible for millions of older adults and people with disabilities.

Strengthening the Direct Care Workforce (+$10.0 million):

Many people with disabilities and older adults need services and supports to live in the community. These home and community-based services are provided by a combination of unpaid family caregivers and direct care professionals. However, the direct care workforce is in crisis. Home and community-based services programs have struggled with workforce shortages for many years. Today, more than three-quarters of providers nationally are turning down referrals – and half are discontinuing services altogether – because they are unable to hire and retain staff. State waitlists for Medicaid-funded HCBS, which already include an estimated 700,000 people, are growing, and people who are authorized for services often cannot get them.[[5]](#footnote-6)

These pressures, in turn, affect family caregivers. A critical shortage of direct care professionals has made it difficult for people to get services they need to live in the community and for family caregivers to access respite care. As a direct result, family caregivers are having to take on even more – and ever more complex – caregiving responsibilities, often at significant cost to their physical, mental, and financial well-being. When they become overwhelmed and can no longer provide support, their loved ones often find themselves with no choice but to move to nursing homes or other congregate settings – typically at a much higher cost – and which is usually paid for by public programs.

This situation will not be resolved on its own. The demand for services will continue to increase. The number of people with disabilities is growing, and disabled people are living longer than ever before. In addition, the population of older adults is also increasing rapidly. Overall, more than 70 percent of Americans can expect to need assistance in order to remain in the community as they age. Without action now, the fragility of our current system of long-term services and supports will worsen, undermining the ability of people with disabilities and older adults to live in community and putting them at risk of poorer health and higher costs of care.

To begin to address this complex issue, ACL established the Direct Care Workforce (DCW) Strategies Center in September 2022. The DCW Strategies Center provides technical assistance, training and other resources to state systems, service providers, and aging and disability stakeholders to improve recruitment, training, and retention of the nation’s direct care workforce. In FY 2025, ACL proposes to expand the Strategies Center and to fund capacity-building grants to states to: strengthen partnerships between state Medicaid, aging, disability, and workforce agencies; leverage and coordinate all available funding streams; and develop and test strategies to attract new professionals to the field, train, and develop them throughout their careers, and reduce turnover. ACL would fund this as follows:

* Aging Network Support Activities (+$6.0 million)
* Developmental Disabilities Projects of National Significance (+$2.0 million)
* Independent Living Projects of National Significance (+$2.0 million)

Partnership to Prevent Older Adult Suicide (+$1.0 million):

Older adults have the highest suicide rate of any population. This initiative, which will be jointly funded with the Substance Abuse and Mental Health Services Administration (SAMHSA), will leverage ACL’s aging networks and SAMHSA’s mental health services programs to increase screening, referrals to connect older adults to mental health and other services, and other interventions. The initiative also will train and support mental health, medical, and human services practitioners on meeting the unique needs of older adults. This collaboration would be funded with $1 million from ACL’s Aging Network Support Activities and $1.75 million from SAMHSA.

The Disability Information and Access Line (DIAL, +$1.0 million):

Even when services and resources are available to help people live in the community, it can be very challenging for people to access them. People often have questions about which programs are available in their states and communities, which will best meet their needs, whether they or their loved one are eligible, how to enroll in programs, and how to coordinate services. Without assistance to navigate these systems, people often do not receive help they need to live independently.

Initially established as a national hotline to help disabled people access COVID-19 vaccinations, tests, and therapeutics, DIAL now connects people with disabilities to a broad range of community services such as transportation, housing, legal assistance, assistance with Medicaid redeterminations, and more to support independent living in the community. As of January 2024, DIAL had responded to more than 100,000 calls, emails, texts, and online chats, and volume continues to increase as more people become aware of this service (USAging ongoing summary of data). DIAL was created and funded through FY 2023 with supplemental funding. Starting in FY 2024, and continuing in FY 2025, DIAL must be funded through ACL’s budget in order to continue operating. Therefore, ACL is requesting an increase of $1.0 million, as follows:

* Independent Living Projects of National Significance (+$0.9 million)
* Developmental Disabilities Projects of National Significance (+$0.1 million)

Preventing Service Reductions in Nutrition Services Programs (+$82.7 million):

ACL’s Nutrition Services program provides formula grants to states and territories to provide nutritionally balanced meals to people aged 60 and over. To offset the impact of significantly increased costs of providing meals, which otherwise would result in reductions in the number of meals served, ACL proposes both an increase in overall funding to the programs and a shift in funding from the Nutrition Services Incentive Program (NSIP) to the Congregate Nutrition Services and Home-Delivered Nutrition Services programs. Shifting funds from NSIP, which does not have a match requirement, to the Congregate and Home-Delivered Nutrition Programs, both of which require matching funds from state and local sources and generate an average of $4 for every $1 of federal investment, will increase states’ ability to leverage federal funding to generate state and local investment in the program, ultimately stretching ACL’s funding to reach more people.

The shift of NSIP funding to the two primary nutrition programs will also expand the flexibility of states to cover ancillary expenses related to the provision of meals such as labor, transportation, or equipment costs, none of which are allowable under NSIP. These additional flexibilities are vital to ensuring the nation’s network of nutrition service providers are prepared to meet growing demand and changing demographics among older adults in the years to come. Specifically, ACL requests:

* Congregate Nutrition (+$81.35 million)
* Home-Delivered Nutrition (+$81.35 million)
* Nutrition Services Incentive Program (-$80 million)

**Emergency and Disaster Preparedness and Response**

**(+$5.0 million)**

People with disabilities and older adults are disproportionately impacted in all types of disasters. Emergency management plans frequently do not adequately address the unique needs of disabled people and older adults. Lack of accessible transportation and emergency shelters and other barriers often mean that older adults and people with disabilities are unable to evacuate their homes safely. When they do evacuate, they often are unnecessarily placed in nursing homes and other facilities – and often are unable to return home when the emergency ends. They also face higher rates of death and injury.

In addition, the aging and disability networks have spikes in demand for services during and after emergencies and disasters. The networks perform heroically and innovatively to meet these needs, but demand frequently outstrips capacity. There is a critical need to build surge capacity to ensure needs can be met, particularly for those in greatest need, when disasters strike.

ACL requests $5 million for an initiative to improve emergency preparedness and response for older adults and people with disabilities. Included in this request is the establishment of a national center to provide training and technical assistance to ACL’s networks, emergency management authorities and public health authorities. The request also will fund demonstration grants to support development of inclusive planning models and to increase the capacity of states and communities to meet increased needs during disasters. ACL would fund this as follows:

* Aging Network Support Activities (+$3.0 million)
* Developmental Disabilities Projects of National Significance (+$1.0 million)
* Independent Living Projects of National Significance (+$1.0 million)

**Establishing an ACL-Specific Tribal Consultation Program**

**(+$0.5 million)**

ACL proposes to establish an ACL-specific tribal consultation program. This shift from informal engagement to a more formal consultation would complement ACL’s participation in HHS-wide tribal consultations result in more frequent – and more direct – engagement with tribal leaders on issues specific to tribal elders and people with disabilities in tribal communities.

**Supporting the Decennial White House Conference on Aging**

**(+$2.5 million)**

The White House Conference on Aging (WHCoA) provides a dedicated forum for the President, Congress, state governors, tribal leaders, federal agencies, the aging services networks, and advocates to meet once a decade to plan future aging policy for the nation. ACL’s request of $2.5 million would offset costs the agency expects to incur to support this event.

### Requested Statutory Changes:

In addition to the requested funding and appropriations language, ACL includes descriptions of its legislative proposals in corresponding narratives. The full proposals can be found in the legislative proposal section. The proposals would:

* Establish a cross-population emergency and disaster preparedness and response authority to allow ACL to award capacity-building grants and fund technical assistance to improve the nation’s ability to meet the needs of people with all types of disabilities and older adults during and after emergencies and disasters.
* Establish an Alzheimer’s disease and related disorders formula grant program under the Older Americans Act. For two decades, the Alzheimer’s Disease Program Initiative has funded time-limited competitive grants to advance dementia-capable systems and models in almost every state. An ongoing formula grant program is a natural progression to support widespread implementation of these proven and effective models. Up to five percent of funding would be reserved for continued improvement, innovation, and testing.

### Continuation of FY 2024 Requested Statutory Changes:

* Increase the allowance for program evaluation from 0.5 percent to 1 percent of funds appropriated under the Older Americans Act Title III.
* Amend the Older Americans Act to allow funds to be used to cover the costs of acquisition, alteration, or renovation of any type of facility used to provide services under the Older Americans Act.
* Amend the Elder Justice Act to permit all tribes and tribal organizations to be eligible for adult protective services funding authorized under the statute.
* Provide states with flexibility to determine how funds are distributed among Part C centers for independent living to enable states to address population shifts or significant changes within their states.
* Authorize grants, cooperative agreements, and contracts for Projects of National Significance that advance independent living and promote the philosophy of independent living across disabilities under the Rehabilitation Act of 1973.
* Eliminate the requirement that compliance reviews of centers for independent living under the Rehabilitation Act of 1973 must occur onsite, allowing for remote approaches that are equally or more effective at a fraction of the cost.
* Authorize program evaluation and performance measurement as an allowable activity with funds appropriated for training and technical assistance to centers for independent living and Statewide Independent Living councils under the Rehabilitation Act of 1973.
* Reauthorize the Medicare Improvements for Patients and Providers Act program and direct all MIPPA funding to ACL.

## Overview of Performance

The Administration for Community Living (ACL) was created around the fundamental principle that older adults and people with disabilities of all ages should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities. By funding services and supports provided primarily by networks of community-based organizations, and with investments in research, education, and innovation, ACL helps make this principle a reality for millions of Americans. ACL focuses on two categories of performance measures to measure effective provision of services for older adults and people with disabilities: (1) supporting people’s ability to remain independent and live in the community and (2) generating new knowledge about what programs and services work for older adults and people with disabilities. These measures support HHS Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans Across the Lifespan, with a particular focus on Strategic Objective 3.4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers.

ACL’s programs continue to perform well despite economic and pandemic-related fluctuations in funding and demand. ACL is developing new methodological approaches and exploring alternative data sources to measure what “normal” may look like in a post-COVID environment. ACL also seeks to identify innovative ways to demonstrate its programs’ adaptability, as ACL continually monitors trends before, during, and after the COVID-19 public health emergency through its performance management approach, which entails a systematic assessment of programs to understand the impact of changing norms. Despite pandemic related fluctuations in funding and demand, many of ACL’s performance targets continue to meet or exceed expectations. However, when completing systematic assessments through its performance management-based approach, ACL discovered outliers in 2020 through 2022 performance data likely attributable to system-wide shocks and unforeseen economic stressors resulting from the pandemic (e.g., temporary program closures, changing state and local contributions, increased fixed costs, and rising food prices).

Specifically, ACL reviewed and identified several measures that exhibited an annual change greater than 10 percent. Measures found to produce large 2021-2022 percentage changes, as well as unstable estimates of future program behavior, were not used to develop targets for the FY 2025 budget cycle. As a result of these outliers, prior methodology and estimation methods did not exhibit the capacity to account for pandemic-related disruptions and economic stressors that the U.S. has experienced since 2020 that are simultaneously linked with changes to ACL’s programs and services. Therefore, ACL has developed a new, integrated statistical methodology using mixed or multilevel growth models (MLGMs) to account for these outliers as well as ongoing economic and pandemic-related fluctuations in funding and demand.

Because ACL’s original methodological approach did not have the capacity to account for pandemic-related disruptions, outputs and targets presented for the following measures impacted by outliers are partially based on the new, integrated methodology using MLGM predicted, model-based estimates:

* Output AB: Health Promotion and Disease Prevention
* Output C: Transportation Services
* Output D: Personal Care, Homemaker and Chore Services Units
* Output F: Case Management Services
* Output G: Number of Home-Delivered Meals Served
* Output H: Number of Congregate Meals Served
* Output G and H: Total Number of Meals Served
* Output I: Caregivers Access Assistance Units
* Output J: Caregivers Receiving Counseling and Training
* Output K: Caregivers Receiving Respite Care Services
* Output L: Title VI Transportation Services
* Output M: Title VI Home-Delivered Meals
* Output N: Title VI Congregate Nutrition Meals
* Output O: Title VI Information, Referral, and Outreach

ACL continues to refine the methodology used to account for outliers and considers alternative data sources for its performance measures. It is likely that for this and future years ACL will consistently use MLGMs to generate predicted, model-based estimates to be included as part of an integrated approach in generating budgetary projections for the ACL services listed above. All model-based estimates are denoted in this document by two asterisks. Additionally, ACL is assuming for performance purposes an FY 2024 and FY 2025 level equal to FY 2023 final except for where there are increases in requested appropriations.

**ACL’s Internal Performance Management Process:**

ACL reports and tracks it performance data for three primary reasons: (1) to monitor the administration’s progress towards achieving departmental and agency strategic goals, objectives, and priorities; (2) to support ACL’s budget justifications; and (3) to monitor program performance and support improvement. ACL is currently updating its performance management strategy. The strategy will reflect the continuous effort to build and enhance our repository of data and evidence, including high quality performance data in support of our mission and vision. This includes priority setting for ACL in coordination and collaboration with other agencies and organizations, enhanced partnerships between aging and disability networks, and senior leadership involvement in performance management. In collaboration with the aging and disability networks, ACL is committed to continuously creating and sustaining a culture of continuous learning, improvement, innovation, and growth through the understanding and use of credible, valid, and reliable high-performance data to accomplish our performance goals.

**ACL’s Use of Performance Information and Risk Management Process:**

ACL annually evaluates the effectiveness and efficiency of grantee performance and internal control and financial management systems. ACL addresses the risks and opportunities through the Department’s Enterprise Risk Management profile budget and policy environments by careful review of data submissions by grantees and financial systems to support the mission in a continually changing environment. Budget, financial management, and performance management work together to review and ensure that ACL programs are performing as targeted, and to assess any outliers or changes where technical assistance may be required or needed to improve performance.

**ACL’s Other Evidence Building Activities:**

ACL supports research, evaluation, and assessments of its programs, policies, and the people served by ACL programs to develop and use the best evidence and information available to understand how to improve and innovate in ACL’s programs and services. Additionally, ACL publishes evaluation reports, issue briefs, webinars, data profiles, and blog posts in support of the evaluation, analysis, research, and evidence development on its website, which in turn supports ACL’s mission. ACL is in the process of updating its research and evaluation agenda and NIDILRR’s long-range plan. The research and evaluation agenda will identify priority questions of interest in the coming three years, and the NIDILRR Long-Range Plan is a five-year agenda to support ACL’s research efforts in the areas of applied disability, independent living, and rehabilitation research and will guide the development and refinement of performance measurement for NIDILRR’s programs. Both plans will emphasize consumer relevance and scientific rigor, present an agenda that is scientifically sound and accountable, and will contribute to the refinement of national policy affecting older adults and people with disabilities.

## All Purpose Table

Administration for Community Living

(Dollars in Millions)

| Account and Program Name | FY 2023 Final/1/2 | FY 2024 CR | FY 2025 President's Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| **Health and Independence for Older Adults** | -- | -- | -- | -- |
| Home and Community-Based Services | 410.000 | 410.000 | 410.000 | 0.000 |
| Nutrition Services | 1066.753 | 1066.753 | 1149.453 | 82.700 |
| *Congregate Nutrition Services (non-add)* | 540.342 | 540.342 | 621.692 | 81.350 |
| *Home-Delivered Nutrition Services (non-add)* | 366.342 | 366.342 | 447.692 | 81.350 |
| *Nutrition Services Incentive Program (non-add)* | 160.069 | 160.069 | 80.069 | (80.000) |
| Preventive Health Services | 26.339 | 26.339 | 26.339 | 0.000 |
| Chronic Disease Self-Management Education [PPHF]/3 | 8.000 | 8.000 | 8.000 | 0.000 |
| Elder Falls Prevention | 7.500 | 7.500 | 7.500 | 0.000 |
| *Falls Prevention from PPHF {Non-Add}/3* | 5.000 | 5.000 | 5.000 | 0.000 |
| *Falls Prevention from Direct Appropriations {Non-Add}* | 2.500 | 2.500 | 2.500 | 0.000 |
| Native American Nutrition & Supportive Services | 38.264 | 38.264 | 38.264 | 0.000 |
| Aging Network Support Activities | 30.461 | 30.461 | 40.461 | 10.000 |
| *Direct Care Workforce Demonstration (non-add)* | 2.000 | 2.000 | 8.000 | 6.000 |
| *Holocaust Survivor Assistance (non-add)* | 8.500 | 8.500 | 8.500 | 0.000 |
| *Care Corp (non-add)* | 5.500 | 5.500 | 5.500 | 0.000 |
| *Interagency Coordinating Committee (non-add)* | 1.000 | 1.000 | 1.000 | 0.000 |
| *Suicide Prevention (non-add)* | 0.000 | 0.000 | 1.000 | 1.000 |
| *Disaster Preparedness (non-add)* | 0.000 | 0.000 | 3.000 | 3.000 |
| *RD&E Center for the Aging Network (non-add)* | 5.000 | 5.000 | 5.000 | 0.000 |
| Subtotal, Health & Independence for Older Adults | 1587.317 | 1587.317 | 1680.017 | 92.700 |
| **Caregiver & Family Support Services** | -- | -- | -- | -- |
| Family Caregiver Support Services | 205.000 | 205.000 | 205.000 | 0.000 |
| *SGRG (non-add)* | 0.300 | 0.300 | 0.300 | 0.000 |
| *Raise (non-add)* | 0.400 | 0.400 | 0.400 | 0.000 |
| Native American Caregiver Support Services | 12.000 | 12.000 | 12.000 | 0.000 |
| Alzheimer's Disease Program | 31.500 | 31.500 | 31.500 | 0.000 |
| *Alzheimer's Disease Program from Direct Appropriations/(non-add)* | 16.800 | 16.800 | 16.800 | 0.000 |
| *Alzheimer's Call Center from Direct Appropriations (non-add)* | 0.000 | 0.000 | 0.000 | 0.000 |
| *Alzheimer's Disease Program from PPHF (non-add)/3* | 14.700 | 14.700 | 14.700 | 0.000 |
| Lifespan Respite Care | 10.000 | 10.000 | 10.000 | 0.000 |
| Subtotal, Caregiver & Family Support Services | 258.500 | 258.500 | 258.500 | 0.000 |
| **Protection of Vulnerable Adults** | -- | -- | -- | -- |
| Long-Term Care Ombudsman Program | 21.885 | 21.885 | 21.885 | 0.000 |
| Prevention of Elder Abuse & Neglect | 4.773 | 4.773 | 4.773 | 0.000 |
| *Senior Medicare Patrol Program/HCFAC/4* | 35.000 | 35.000 | 35.000 | 0.000 |
| *Senior Medicare Patrol Program/HCFAC Wedge Funding/5* | 1.300 | 2.350 | 0.000 | (1.300) |
| Elder Rights Support Activities | 3.874 | 3.874 | 3.874 | 0.000 |
| Elder Justice/Adult Protective Services | 30.000 | 30.000 | 30.000 | 0.000 |
| *Elder Justice - Opioids (non-add)* | 2.000 | 2.000 | 2.000 | 0.000 |
| *Elder Justice - Guardianship (non-add)* | 2.000 | 2.000 | 2.000 | 0.000 |
| *Elder Justice - Infrastructure (non-add)* | 11.000 | 11.000 | 11.000 | 0.000 |
| *Elder Justice - State APS Grants/APS Funding/Other Activities (non-add)* | 15.000 | 15.000 | 15.000 | 0.000 |
| Subtotal, Protection of Vulnerable Adults | 96.832 | 97.882 | 95.532 | (1.300) |
| **Disability Programs, Research, & Services** | -- | -- | -- | -- |
| State Councils on Developmental Disabilities | 81.000 | 81.000 | 81.000 | 0.000 |
| Developmental Disabilities Protection and Advocacy | 45.000 | 45.000 | 45.000 | 0.000 |
| University Centers for Excellence in Developmental Disabilities | 43.119 | 43.119 | 43.119 | 0.000 |
| Projects of National Significance | 12.250 | 12.250 | 15.350 | 3.100 |
| Independent Living | 128.183 | 128.183 | 132.083 | 3.900 |
| *Independent Living State Grants (non-add)* | 26.078 | 26.078 | 26.078 | 0.000 |
| *Centers for Independent Living (non-add)* | 102.105 | 102.105 | 102.105 | 0.000 |
| *Independent Living - Projects of National Significance (non-add)* | 0.000 | 0.000 | 3.900 | 3.900 |
| Limb Loss Resource Center | 4.200 | 4.200 | 4.200 | 0.000 |
| Paralysis Resource Center | 10.700 | 10.700 | 10.700 | 0.000 |
| Traumatic Brain Injury | 13.118 | 13.118 | 13.118 | 0.000 |
| Nat. Institute on Disability, Independent Living, and Rehab. Research | 119.000 | 119.000 | 119.000 | 0.000 |
| Subtotal, Disability Programs, Research, & Services | 456.570 | 456.570 | 463.570 | 7.000 |
| **Consumer Information, Access, and Outreach** | -- | -- | -- | -- |
| Aging and Disability Resource Centers | 8.619 | 8.619 | 8.619 | 0.000 |
| State Health Insurance Assistance Program | 55.242 | 55.242 | 55.242 | 0.000 |
| Voting Access for People with Disabilities (HAVA) | 10.000 | 10.000 | 10.000 | 0.000 |
| Assistive Technology | 40.000 | 40.000 | 40.000 | 0.000 |
| *Assistive Technology - (non-add)* | 38.000 | 40.000 | 40.000 | 2.000 |
| *Assistive Technology - Alternative Financing Program (non-add)* | 2.000 | 0.000 | 0.000 | (2.000) |
| Medicare Improvements for Patients and Providers Act/6 | 47.150 | 50.000 | 50.000 | 2.850 |
| Subtotal, Consumer Information, Access, & Outreach | 161.011 | 163.861 | 163.861 | 2.850 |
| Program Administration | 47.063 | 47.063 | 55.063 | 8.000 |
| White House Conference on Aging | 0.000 | 0.000 | 2.500 | 2.500 |
| Congressionally Directed Spending | 41.644 | 41.644 | 0.000 | (41.644) |
| **Total, ACL Program Level** | **2648.937** | **2652.837** | **2719.043** | **70.106** |
| **Less: Funds From Mandatory Sources** | -- | -- | -- | -- |
| *HCFAC Funds for Senior Medicare Patrol Program/4* | (35.000) | (35.000) | (35.000) | 0.000 |
| *Senior Medicare Patrol Program/HCFAC Wedge Funding/5* | (1.300) | (2.350) | 0.000 | 1.300 |
| Prevention & Public Health Fund/3 | (27.700) | (27.700) | (27.700) | 0.000 |
| Medicare Improvements for Patients and Providers Act/6 | (47.150) | (50.000) | (50.000) | (2.850) |
| **Total, Discretionary Budget Authority** | **2537.787** | **2537.787** | **2606.343** | **68.556** |

1/ Excludes emergency and supplemental funding of $15 million in the Disaster Relief Supplemental Appropriations Act (P.L. 117-328 Division N).

2/ Reflects amounts appropriated, and any reprogramming or reallocation notified to Congress except for the Nutrition Services Incentive Program transfer to USDA ($2.2 million in FY 2023) which is shown for consistency with appropriated levels, and across fiscal years.

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

4/ The FY 2023 appropriation states that SMP/Health Care Fraud and Abuse Control Program (HCFAC) can be paid for with discretionary CMS/HCFAC appropriations and/or HCFAC Wedge funds, the amount is based on the Secretary of HHS's determination but no less than the $35 million floor provided in appropriations language. The FY 2024, and FY 2025 amounts are placeholders for the Secretary's final decision.

5/ In FY 2023 ACL received $1.3 million, and in FY 2024 ACL received $2.4 million from the HCFAC Wedge. No decision has yet been made on FY 2025 funding.

6/ Amounts shown in FY 2023 reflect a sequester of 5.7 percent in FY 2023. The FY 2024 and FY 2025 amounts match ACL's request to reauthorize the Medicare Improvements for Patients and Providers Act program and direct all MIPPA funding to ACL.

## Full Time Equivalents by Funding Source

Administration for Community Living

| Funding Source/1 | FY 2023 | FY 2024 | FY 2025 | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Direct | -- | -- | -- | -- |
| Program Administration | 161 | 167 | 178 | 17 |
| Title II Section 201 of the OAA (Evaluation)/2 | 5 | 9 | 9 | 4 |
| Home and Community Based Supportive Services | 0 | 0 | 1 | 1 |
| Nutrition Services | 0 | 3 | 7 | 7 |
| Aging Network Support Activities | 1 | 1 | 2 | 1 |
| National Caregiver | 0 | 2 | 4 | 4 |
| Alzheimer’s Disease | 0 | 2 | 3 | 3 |
| Elder Justice/Adult Protective Services | 2 | 2 | 2 | 0 |
| Traumatic Brain Injury | 2 | 2 | 2 | 0 |
| Independent Living | 1 | 1 | 1 | 0 |
| Assistive Technology/3 | 0 | 0 | 0 | 0 |
| HCFAC - Wedge/4 | 4 | 0 | 0 | -4 |
| Subtotal Direct FTE | 176 | 188 | 208 | 32 |
| Reimbursable | -- | -- | -- | 0 |
| State Health Insurance Assistance Program | 5 | 5 | 5 | 0 |
| Senior Medicare Patrol Program/HCFAC/5 | 5 | 5 | 5 | 0 |
| Medicare Improvements for Patients & Providers Act | 5 | 5 | 5 | 0 |
| Subtotal, Reimbursable FTE | 14 | 14 | 14 | 0 |
| Other Funding Sources | -- | -- | -- | -- |
| American Rescue Plan Act | 4 | 0 | 0 | -4 |
| IAA with the Centers for Medicare & Medicaid Services/6 | 3 | 3 | 3 | 0 |
| Subtotal, Other FTE | 7 | 3 | 3 | -4 |
| **Total, FTE** | **198** | **205** | **225** | **27** |

1/ Totals may not add due to rounding.

2/ Title II Section 201 of the OAA provides funding for Evaluation of OAA programs, with funding taken out of the base appropriations for Home and Community Based Supportive Services, Nutrition Services, Preventive Health Services, and Family Caregiver Support Services.

3/ Assistive Technology partially funds an FTE that rounds to zero.

4/ HCFAC - Wedge funding is based on the Secretary's determination. FY 2024/FY 2025 levels are placeholders for the Secretary's final decision.

5/ The FY 2023 appropriation states that SMP/Health Care Fraud and Abuse Control Program (HCFAC) can be paid for with discretionary CMS HCFAC approrpriations and/or HCFAC Wedge funds, the amount based on the Secretary of HHS's determination, but no less than $35m floor provided in appropriations language. The FY 2024 and FY 2025 amounts are placeholders for the Secretary's final decision.

6/ This is a long-standing interagency agreement with the Center for Medicare & Medicaid Innovation with the Centers for Medicare & Medicaid Services.

## Mandatory Proposals Summary Table

Administration for Community Living

(Dollars in Thousands)

| **Proposal (Outlays unless otherwise specified)** | **1 Year**  **2025** | **5 Years**  **2025-2029** |
| --- | --- | --- |
| Extend the MIPPA Program FY 2025-2029 | 50 | 250 |
| Savings/Offsets | -- | -- |
| Net Proposed Change | 50 | 250 |

## Appropriations Language

Administration for Community Living

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

(INCLUDING TRANSFER OF FUNDS)

*For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 ("OAA"), the RAISE Family Caregivers Act, the Supporting Grandparents Raising Grandchildren Act, titles III and XXIX of the PHS Act, sections 1252 and 1253 of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, title XX-B of the Social Security Act, the Developmental Disabilities Assistance and Bill of Rights Act of 2000, parts 2 and 5 of subtitle D of title II of the Help America Vote Act of 2002, the Assistive Technology Act of 1998, titles II and VII (and section 14 with respect to such titles) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities, $2,551,101,000, together with $55,242,000 to be transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to carry out section 4360 of the Omnibus Budget Reconciliation Act of 1990: Provided, That of amounts made available under this heading to carry out section 321 of the OAA, up to one percent shall be available for grants to develop and implement evidence-based practices to enhance home and community-based supportive services: Provided further, That of amounts made available under this heading to carry out sections 311, 331, and 336 of the OAA, up to one percent of such amounts shall be available for developing and implementing evidence-based practices for enhancing senior nutrition, including medically-tailored meals: Provided further, That notwithstanding any other provision of this Act, funds made available under his heading to carry out section 311 of the OAA may be transferred to the Secretary of Agriculture in accordance with such section: Provided further, That notwithstanding section 206(h) of the OAA, up to one percent of amounts appropriated to carry out programs authorized under title III of such Act shall be available for conducting evaluations: Provided further, That up to 5 percent of the funds provided for adult protective services grants under section 2042 of title XX of the Social Security Act may be used to make grants to Tribes and tribal organizations: Provided further, That of the amounts made available under this heading, up to $3,900,000 shall be available for competitive grants to centers for independent living that have received a grant under part C of chapter 1 of title VII of the Rehabilitation Act of 1973, for the development of evidence based interventions: Provided further, That the amounts made available in the preceding proviso may also be used for the evaluation of grants made under such proviso: Provided further, That none of the funds made available under this heading may be used by an eligible system (as defined in section 102 of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10802)) to continue to pursue any legal action in a Federal or State court on behalf of an individual or group of individuals with a developmental disability (as defined in section 102(8)(A) of the Developmental Disabilities and Assistance and Bill of Rights Act of 2000 (20 U.S.C. 15002(8)(A)) that is attributable to a mental impairment (or a combination of mental and physical impairments), that has as the requested remedy the closure of State operated intermediate care facilities for people with intellectual or developmental disabilities, unless reasonable public notice of the action has been provided to such individuals (or, in the case of mental incapacitation, the legal guardians who have been specifically awarded authority by the courts to make healthcare and residential decisions on behalf of such individuals) who are affected by such action, within 90 days of instituting such legal action, which informs such individuals (or such legal guardians) of their legal rights and how to exercise such rights consistent with current Federal Rules of Civil Procedure: Provided further, That the limitations in the immediately preceding proviso shall not apply in the case of an individual who is neither competent to consent nor has a legal guardian, nor shall the proviso apply in the case of individuals who are a ward of the State or subject to public guardianship.*

Note—A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118–15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.

GENERAL PROVISIONS

*SEC. 228. An Operating or Staff Division in HHS may enter into a reimbursable agreement with another major organizational unit within HHS or of another agency under which the ordering agency or unit delegates to the servicing agency or unit the authority and funding to issue a grant or cooperative agreement on its behalf: Provided, That the head of the ordering agency or unit certify that amounts are available and that the order is in the best interests of the United States Government: Provided further, That funding may be provided by way of advance or reimbursement, as deemed appropriate by the order agency or unit, with proper adjustments of estimated amounts provided in advance to be made based on actual costs: Provided further, That an agreement made under this section obligates an appropriation of the ordering agency or unit, including for costs to administer such grant or cooperative agreement, and such obligation shall be deemed to be an obligation for any purpose of law: Provided further, That an agreement made under this section may be performed for a period that extends beyond the current fiscal year.*

## Appropriations Language Analysis

Administration for Community Living

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

(INCLUDING TRANSFER OF FUNDS)

| **Language Provision** | **Explanation** |
| --- | --- |
| *For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965 ("OAA"), the RAISE Family Caregivers Act, the Supporting Grandparents Raising Grandchildren Act, titles III and XXIX of the PHS Act, sections 1252 and 1253 of the PHS Act, section 119 of the Medicare Improvements for Patients and Providers Act of 2008, title XX-B of the Social Security Act, the Developmental Disabilities Assistance and Bill of Rights Act of 2000, parts 2 and 5 of subtitle D of title II of the Help America Vote Act of 2002, the Assistive Technology Act of 1998, titles II and VII (and section 14 with respect to such titles) of the Rehabilitation Act of 1973, and for Department-wide coordination of policy and program activities that assist individuals with disabilities, $2,551,101,000, together with $55,242,000 to be transferred from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to carry out section 4360 of the Omnibus Budget Reconciliation Act of 1990:* | Sets out the budget authority for the Aging and Disability Services Programs appropriation |
| *Provided, That of amounts made available under this heading to carry out section 321 of the OAA, up to one percent shall be available for grants to develop and implement evidence-based practices to enhance home and community-based supportive services:* | Proposes new language to allow ACL to use up to 1 percent of appropriations for Home and Community-Based Supportive Services for innovation demonstrations to improve and enhance HCBS services, comparable to the innovation authority provided for the nutrition programs |
| *Provided further, That notwithstanding any other provision of this Act, funds made available under his heading to carry out section 311 of the OAA may be transferred to the Secretary of Agriculture in accordance with such section:* | Continues existing language allowing ACL to use up to 1 percent of nutrition appropriations for innovation demonstrations to develop and implement evidence-based practices that enhance senior nutrition |
| *Provided further, That notwithstanding section 206(h) of the OAA, up to one percent of amounts appropriated to carry out programs authorized under title III of such Act shall be available for conducting evaluations:* | Allows for transfer of Nutrition Services Incentives Program (NSIP) funding to USDA to provide reimbursement for commodities elected by states or tribes in lieu of part or all of their NSIP allocation |
| *Provided further*, *That notwithstanding section 206(h) of the OAA, up to one percent of amounts appropriated to carry out programs authorized under title III of such Act shall be available for conducting evaluations:* | Increases the amount of funds available to evaluate programs under Title III of the Older Americans Act, from not to exceed half of one percent of funds appropriated for these programs to up to one percent of funds appropriated for these programs |
| *Provided further, That up to 5 percent of the funds provided for adult protective services grants under section 2042 of title XX of the Social Security Act may be used to make grants to Tribes and tribal organizations:* | Allows up to five percent of the funds appropriated for Adult Protective Services grants to states to be used for APS grants to tribes and tribal organizations |
| *Provided further, That of the amounts made available under this heading, up to $3,900,000 shall be available for competitive grants to centers for independent living that have received a grant under part C of chapter 1 of title VII of the Rehabilitation Act of 1973,:* | Provides authority to conduct independent living grants, contracts, and cooperative agreements, This is vital to ACL’s budget request as cross aging/disability proposals require broad independent living authority to be successful. |
| *Provided further, That the amounts made available in the preceding proviso may also be used for the evaluation of grants made under such proviso:* | Provides authority to evaluate independent living grants, contracts, and cooperative agreements. |
| *Provided further, That none of the funds made available under this heading may be used by an eligible system (as defined in section 102 of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10802)) to continue to pursue any legal action in a Federal or State court on behalf of an individual or group of individuals with a developmental disability (as defined in section 102(8)(A) of the Developmental Disabilities and Assistance and Bill of Rights Act of 2000 (20 U.S.C. 15002(8)(A)) that is attributable to a mental impairment (or a combination of mental and physical impairments), that has as the requested remedy the closure of State operated intermediate care facilities for people with intellectual or developmental disabilities, unless reasonable public notice of the action has been provided to such individuals (or, in the case of mental incapacitation, the legal guardians who have been specifically awarded authority by the courts to make healthcare and residential decisions on behalf of such individuals) who are affected by such action, within 90 days of instituting such legal action, which informs such individuals (or such legal guardians) of their legal rights and how to exercise such rights consistent with current Federal Rules of Civil Procedure: Provided further, That the limitations in the immediately preceding proviso shall not apply in the case of an individual who is neither competent to consent nor has a legal guardian, nor shall the proviso apply in the case of individuals who are a ward of the State or subject to public guardianship.* | Identifies the purpose, and limits on the use of funds provided for protection and advocacy |

Note: A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118–15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.

Further the Budget assumes the operating appropriations language for FY 2024 is the language proposed in the FY 2024 President’s Budget

GENERAL PROVISIONS

| **Language Provision** | **Explanation** |
| --- | --- |
| *SEC. 228. An Operating or Staff Division in HHS may enter into a reimbursable agreement with another major organizational unit within HHS or of another agency under which the ordering agency or unit delegates to the servicing agency or unit the authority and funding to issue a grant or cooperative agreement on its behalf: Provided, That the head of the ordering agency or unit certify that amounts are available and that the order is in the best interests of the United States Government: Provided further, That funding may be provided by way of advance or reimbursement, as deemed appropriate by the order agency or unit, with proper adjustments of estimated amounts provided in advance to be made based on actual costs: Provided further, That an agreement made under this section obligates an appropriation of the ordering agency or unit, including for costs to administer such grant or cooperative agreement, and such obligation shall be deemed to be an obligation for any purpose of law: Provided further, That an agreement made under this section may be performed for a period that extends beyond the current fiscal year.* | Proposed language would simplify the accounting processes used when one Operating Division (OPDIV) has agreed to issue and manage a grant on behalf of a second OPDIV. This general provision would allow HHS to use the reimbursable processing features within the accounting system, rather than the more cumbersome execution process currently used. This provision would also enable an HHS OPDIV to collaborate in the same way with an outside Department for the purpose of making grants or cooperative agreements. Currently, the lack of specific authority precludes collaboration. The new proposed language would provide HHS OPDIVs with the authority to transfer funds via reimbursable agreements from one agency to another for the purposes of making grants, allowing NIDILRR to collaborate on a wider scale (e.g., with the Department of Veteran’s affairs on research projects to address the needs of disabled veterans). Collaboration allows the grantees to create a synergy that cannot be realized when working in silos. That synergy brings opportunities to people with disabilities with greater speed and impact. NIDILRR had such authority when it was part of the Department of Education. The same language has been included in the request for FY 2018 through FY 2024. |

## Authorizing Legislation

Administration for Community Living

| **Category** | **FY 2024 Amount Authorized** | **FY 2024 Amount Appropriated** | **FY 2025 Amount Authorized** | **FY 2025 President's Budget** |
| --- | --- | --- | --- | --- |
| 1) Home and Community-Based Supportive Services: | -- | -- | -- | -- |
| OAA Section 303 (a)(1) | 520,177,347 | 410,000,000 | Expired | 410,000,000 |
| 2) Nutrition Services: | -- | -- | -- | -- |
| OAA Section 303 (b)(1)(2), 311(e) | 1,224,887,605 | 1,066,753,000 | Expired | 1,149,453,000 |
| 3) Preventive Health Services: | -- | -- | -- | -- |
| OAA Section 361 | 33,565,929 | 26,339,000 | Expired | 26,399,000 |
| 4) Chronic Disease Self-Management Education: | -- | -- | -- | -- |
| OAA Section 411 | Expired | 8,000,000 | Expired | 8,000,000 |
| 5) Falls Prevention: | -- | -- | -- | -- |
| OAA Section 411 | Expired | 7,500,000 | Expired | 7,500,000 |
| 6) National Family Caregiver Support Program: | -- | -- | -- | -- |
| OAA Section 303 (e) | 244,755,171 | 205,000,000 | Expired | 205,000,000 |
| 7) Native American Nutrition and Supportive Services: | -- | -- | -- | -- |
| OAA Section 643 | 46,709,889 | 38,264,000 | Expired | 38,264,000 |
| 8) Native American Caregiver Support Program: | -- | -- | -- | -- |
| OAA Section 631 | 13,584,151 | 12,000,000 | Expired | 12,000,000 |
| 9) Alzheimer's Disease Program: | -- | -- | -- | -- |
| OAA Section 411 | N/A | 16,800,000 | N/A | 16,800,000 |
| Patient Protection & Affordable Care Act, Sect 4002 | Expired | 14,700,000 | Expired | 14,700,000 |
| 10) Long-Term Care Ombudsman Program: | -- | -- | -- | -- |
| OAA Section 702(a) | 22,809,108 | 21,885,000 | Expired | 21,885,000 |
| 11) Prevention of Elder Abuse and Neglect: | -- | -- | -- | -- |
| OAA Section 702(b) 1/ | 6,447,609 | 4,773,000 | Expired | 4,773,000 |
| 12) Elder Rights Support Activities | -- | -- | -- | -- |
| OAA Sections 201, 202, and 411, 751, and 752 as amended. | 21,443,398 | 3,874,000 | Expired | 3,874,000 |
| 13) Elder Justice/Adult Protective Services | -- | -- | -- | -- |
| OAA Section 411 as amended | -- | -- | -- | -- |
| Social Security Act, Title XX-B, Section 2042 | N/A/Expired | 30,000,000 | N/A/Expired | 30,000,000 |
| 14) Aging Network Support Activities: | -- | -- | -- | -- |
| OAA Sections 202, 215 and 411 | 23,587,198 | 30,461,000 | Expired | 40,461,000 |
| 15) Lifespan Respite Care | -- | -- | -- | -- |
| Lifespan Respite Care Act of 2006 and | -- | -- | -- | -- |
| Public Health Service Act Title XXIX | Expired | 10,000,000 | Expired | 10,000,000 |
| 16) Program Administration: | -- | -- | -- | -- |
| OAA Section 216 (a) | 55,469,968 | 47,063,000 | Expired | 55,063,000 |
| 17) Aging and Disability Resource Centers | -- | -- | -- | -- |
| OAA Sections 216 (b)(4) | 10,967,554 | 8,619,000 | Expired | 8,619,000 |
| 18) State Health Insurance Assistance Program: | -- | -- | -- | -- |
| Omnibus Budget Reconciliation Act of 1990 Section 4360 | Expired | 55,242,000 | Expired | 55,242,000 |
| 19) State Councils on Developmental Disabilities | -- | -- | -- | -- |
| DD Act Section 129(a) | Expired | 81,000,000 | Expired | 81,000,000 |
| 20) Protection and Advocacy | -- | -- | -- | -- |
| DD Act Section 145 | Expired | 45,000,000 | Expired | 45,000,000 |
| 21) University Centers for Excellence in Developmental Disabilities | -- | -- | -- | -- |
| DD Act Section 156 | Expired | 43,119,000 | Expired | 43,119,000 |
| 22) Projects of National Significance | -- | -- | -- | -- |
| DD Act Section 163 | Expired | 12,250,000 | Expired | 15,350,000 |
| 23) Voting Assistance for People with Disabilities | -- | -- | -- | -- |
| Help America Vote Act Section 291 | Expired | 10,000,000 | Expired | 10,000,000 |
| 24) Paralysis Resource Center | -- | -- | -- | -- |
| Section 241 of the Public Health Service (PHS) Act | Expired | 10,700,000 | Expired | 10,700,000 |
| 25) National Institute on Disability, Independent Living, and Rehabilitation Research | -- | -- | -- | -- |
| Rehabilitation Act of 1973 Sect. 201 | Expired | 119,000,000 | Expired | 119,000,000 |
| 26) Independent Living | -- | -- | -- | -- |
| Rehabilitation Act of 1973, Title VII, Parts B, C, and Chapter 2 | -- | -- | -- | -- |
| Independent Living State Grants Section 714 | Expired | 26,078,000 | Expired | 26,078,000 |
| Centers for Independent Living Section 727 | Expired | 102,105,000 | Expired | 102,105,000 |
| IL Projects of National Significance Section 303 | Expired | -- | Expired | 3,900,000 |
| 27) Assistive Technology (AT) | -- | -- | -- | -- |
| AT Act (including but not limited to Section 4-6) | 40,000,000 | 40,000,000 | 40,000,000 | 40,000,000 |
| 28) Limb Loss Resource Center | -- | -- | -- | -- |
| Section 241 of the Public Health Service (PHS) Act | Expired | 4,200,000 | Expired | 4,200,000 |
| 29) Traumatic Brain Injury | -- | -- | -- | -- |
| Sections 1252 and 1253 of the Public Health Service Act as amended by the Traumatic Brain Injury Program Reauthorization Act of 2018, P.L. 115-377 | -- | -- | -- | -- |
| Traumatic Brain Injury State Grants | 7,321,000 | 7,718,000 | Expired | 7,718,000 |
| Traumatic Brain Injury Protection and Advocacy | 4,000,000 | 5,400,000 | Expired | 5,400,000 |
| 30) Senior Medicare Patrols/Health Care Fraud and Abuse Prevention | -- | -- | -- | -- |
| OAA Section 411 and Health Insurance Portability and Accountability Act (HIPAA) of 1996 | Expired | 35,000,000 | Expired | 35,000,000 |
| 31) Health Care Fraud and Abuse Control Wedge Funding | -- | -- | -- | -- |
| OAA Section 411 and Health Insurance Portability and Accountability Act (HIPAA) of 1996 | Expired | 2,350,000 | Expired | -- |
| 32) National Technical Assistance Center on Kinship & Grandfamilies | -- | -- | -- | -- |
| American Rescue Plan Act of 2021, Subtitle L, Section 2922, P.L. 117-2 | 2/ | 2,000,000 | 2/ | 2,000,000 |
| 33) Medicare Improvements for Patients and Providers Act | -- | -- | -- | -- |
| Aging and Disability Resource Centers | Expired | 5,000,000 | Expired | 5,000,000 |
| Area Agencies on Aging | Expired | 15,000,000 | Expired | 15,000,000 |
| National Center for Benefits Outreach and Enrollment | Expired | 15,000,000 | Expired | 15,000,000 |
| State Health Insurance Assistance Program | Expired | 15,000,000 | Expired | 15,000,000 |
| 34) White House Conference On Aging | -- | -- | -- | -- |
| OAA Section 211 | Expired | -- | Expired | 2,500,000 |
| Total Request Level | -- | 2,610,843,000 | -- | 2,721,103,000 |
| Unfunded Authorizations: | -- | -- | -- | -- |
| 1) Legal Assistance: | -- | -- | -- | -- |
| OAA Section 702(b) 1/ | 6,447,609 | -- | Expired | -- |

1/ Authorization is provided for both Prevention of Elder Abuse and Neglect and Legal Assistance

2/ Authorized and appropriated at $10 million to cover fiscal years 2021 through 2025.

## Amounts Available for Obligation

Administration for Community Living

| **Category** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** |
| --- | --- | --- | --- |
| General Fund Discretionary Appropriation | -- | -- | -- |
| Appropriation (L/HHS) | 2,482,545,000 | 2,482,545,000 | 2,551,101,000 |
| **Subtotal, Appropriation (L/HHS, Ag, or Interior)** | **2,482,545,000** | **2,482,545,000** | **2,551,101,000** |
| Real Transfer to Department of Agriculture 1/ | (2,192,565) | (2,260,884) | -- |
| **Total, Discretionary Appropriation** | 2,480,352,435 | 2,480,284,116 | 2,551,101,000 |
| Supplemental Appropriation (Hurricane Relief) (CAA, P.L. 117-328) | 15,000,000 | 7,809,232 | -- |
| **Subtotal, adjusted general fund discr. appropriation** | 2,495,352,435 | 2,488,093,348 | 2,551,101,000 |
| Mandatory Appropriation: | -- | -- | -- |
| BA Transfer (PPACA) from Prevention Funds 2/ | 52,003,677 | 64,985,577 | 27,700,000 |
| Appropriation, MIPPA (CAA, FY 2021) 3/ | 41,980,207 | 44,028,034 | 50,000,000 |
| American Rescue Plan Act of 2021, P.L. 117-2 | 12,281,937 | 404,279 | -- |
| Sequestration (MIPPA) | (1,995,000) | -- | -- |
| **Subtotal, adjusted mandatory appropriation** | **104,270,821** | **109,417,889** | **77,700,000** |
| Offsetting collections from: | -- | -- | -- |
| Trust Funds: HCFAC HI (Discretionary Appropriations) 4/ | 35,229,345 | 35,000,000 | 35,000,000 |
| Trust Funds: HCFAC HI (Mandatory Wedge) | 1,300,000 | 2,350,000 | -- |
| Trust Funds: SHIP HI/SMI | 55,242,000 | 55,242,000 | 55,242,000 |
| **Subtotal, offsetting collections** | **91,771,345** | **92,592,000** | **90,242,000** |
| Unobligated balance, lapsing | -- | -- | -- |
| **Total obligations** | **2,691,394,601** | **2,690,103,237** | **2,719,043,000** |

1/ Funding transferred to the Department of Agriculture is included within the Nutrition Services Incentives Program. Discretionary appropriations on this table will therefore differ by this amount from amounts listed on ACL's APT.

2/ Includes carryover funding in FY 2023 and FY 2024.

3/ MIPPA Funding excludes $15,000,000 in fiscal years 2022, 2023 and 2024 that is directly appropriated to CMS for MIPPA-SHIP and then made available to ACL through an Intra-Departmental Delegation of Authority. Amounts include carryover in FY 2023 and FY 2024.

4/ Amount for FY 2024 are a placeholder pending a Secretarial decision on the final amount. FY 2023 and FY 2024 amounts include carryover.

## Summary of Changes

Administration for Community Living

(Dollars in Millions)

|  |  |
| --- | --- |
| **Funding Year** | **Amount** |
| **2023 Final** | **--** |
| Total estimated budget authority | $2,648.937 |
| **2025 President's Budget** | **--** |
| Total estimated budget authority | $2,719.043 |
| **Net Change** | +$70.106 |

| **Category** | **FY 2023 Final FTE** | **FY 2023 Final BA** | **FY 2025 President's Budget FTE** | **FY 2025 President's Budget BA** | **FY 2024 +/- FY 2023 FTE** | **FY 2025 +/- FY 2023 BA** |
| --- | --- | --- | --- | --- | --- | --- |
| **Increases:** | **--** | **--** | **--** | **--** | **--** | **--** |
| A. Built-in: | -- | -- | -- | -- | -- | -- |
| 1. Annualization of 2024/2025 civilian pay increase (Direct) | 161.0 | -- | 161.0 | 1.674 | 0.0 | 1.674 |
| **Subtotal, Built-in Increases** | **161.0** | **--** | **161.0** | **1.674** | **0.0** | **1.674** |
| A. Program: | -- | -- | -- | -- | -- | -- |
| 1. Home and Community-Based Supportive Services | 0.0 | 410.000 | 1.0 | 410.000 | 1.0 | -- |
| 2. Congregate Nutrition Services | 0.0 | 540.342 | 3.5 | 621.692 | 3.5 | 81.350 |
| 3. Home-Delivered Nutrition Services | 0.0 | 366.342 | 3.5 | 447.692 | 3.5 | 81.350 |
| 4. Aging Network Support Services | 1.1 | 30.461 | 2.1 | 40.461 | 1.0 | 10.000 |
| 5. Family Caregiver Support Services | 0.0 | 205.000 | 3.5 | 205.000 | 3.5 | -- |
| 6. Alzheimer's Disease Program | 0.0 | 31.500 | 2.5 | 31.500 | 2.5 | -- |
| 7. Developmental Disabilities Projects of National Significance | 0.0 | 12.250 | 0.0 | 15.350 | 0.0 | 3.100 |
| 8. Independent Living | 1.0 | 128.183 | 1.0 | 132.083 | 0.0 | 3.900 |
| 8. Medicare Improvements for Patients and Providers (Mandatory) | 4.6 | 47.150 | 4.6 | 50.000 | 0.0 | 2.850 |
| 8. Program Administration (Net of built-in pay increases) | 0.0 | 47.063 | 11.0 | 53.389 | 11.0 | 6.326 |
| 9. White House Conference on Aging (Program Admin.) | 0.0 | - | 1.0 | 2.500 | 1.0 | 2.500 |
| **Subtotal, Program Increases** | **6.7** | **1,818.291** | **33.7** | **2,009.667** | **27.0** | **191.376** |
| **Total Increases** | **167.7** | **1,818.291** | **194.7** | **2,011.341** | **27.0** | **193.050** |
| **Decreases:** | -- | -- | -- | -- | -- | -- |
| A. Built-in: | -- | -- | -- | -- | -- | -- |
| **Subtotal, Built-in Decreases** | **0.0** | **--** | **0.0** | **--** | **0.0** | **--** |
| A. Program: | -- | -- | -- | -- | -- | -- |
| 1. Nutrition Services Incentive Program | 0.0 | 160.069 | 0.0 | 80.069 | 0.0 | (80.000) |
| 2. Senior Medicare Patrol Program/HCFAC Wedge Funding | 4.1 | 1.300 | 4.1 | -- | 0.0 | (1.300) |
| 3. Congressionally Directed Spending | 0.0 | 41.644 | 0.0 | -- | 0.0 | (41.644) |
| **Subtotal, Program Decreases** | **4.1** | **203.013** | **4.1** | **80.069** | **0.0** | **(122.944)** |
| **Total Decreases** | **4.1** | **203.013** | **4.1** | **80.069** | **0.0** | **(122.944)** |
| **Net Change** | **171.8** | **2,021.304** | **198.8** | **2,091.410** | **27.0** | **70.106** |

## Budget Authority by Activity

Administration for Community Living

(Dollars in Millions)

| **Category** | **FY 2023 Final/1** | **FY 2024 CR** | **FY 2025 President's Budget** |
| --- | --- | --- | --- |
| Health & Independence for Older Adults | -- | -- | -- |
| Home & Community-Based Services | 410.000 | 410.000 | 410.000 |
| Nutrition Services | 1066.753 | 1066.753 | 1149.453 |
| Preventive Health Services | 26.339 | 26.339 | 26.339 |
| Elder Falls Prevention | 2.500 | 2.500 | 2.500 |
| Native American Nutrition & Supportive Services | 38.264 | 38.264 | 38.264 |
| Aging Network Support Activities | 30.461 | 30.461 | 40.461 |
| **Subtotal, Health & Independence for Older Adults** | 1574.317 | 1574.317 | 1667.017 |
| Caregiver & Family Support Services | -- | -- | -- |
| Family Caregiver Support Services | 205.000 | 205.000 | 205.000 |
| Native American Caregiver Support Services | 12.000 | 12.000 | 12.000 |
| Alzheimer's Disease Program | 16.800 | 16.800 | 16.800 |
| Lifespan Respite Care | 10.000 | 10.000 | 10.000 |
| **Subtotal, Caregiver & Family Support Services** | 243.800 | 243.800 | 243.800 |
| Protection of Vulnerable Adults | -- | -- | -- |
| Long-Term Care Ombudsman Program | 21.885 | 21.885 | 21.885 |
| Prevention of Elder Abuse & Neglect | 4.773 | 4.773 | 4.773 |
| Elder Rights Support Activities | 3.874 | 3.874 | 3.874 |
| Elder Justice/Adult Protective Services | 30.000 | 30.000 | 30.000 |
| **Subtotal, Protection of Vulnerable Adults** | 60.532 | 60.532 | 60.532 |
| Disability Programs, Research & Services | -- | -- | -- |
| State Councils on Developmental Disabilities | 81.000 | 81.000 | 81.000 |
| Developmental Disabilities Protection and Advocacy | 45.000 | 45.000 | 45.000 |
| University Centers for Excellence in Developmental Disabilities | 43.119 | 43.119 | 43.119 |
| Projects of National Significance | 12.250 | 12.250 | 15.350 |
| Independent Living | 128.183 | 128.183 | 132.083 |
| Limb Loss Resource Center | 4.200 | 4.200 | 4.200 |
| Paralysis Resource Center (PRC) | 10.700 | 10.700 | 10.700 |
| Traumatic Brain Injury (TBI) | 13.118 | 13.118 | 13.118 |
| National Institute on Disability, Independent Living, and Rehab. Research | 119.000 | 119.000 | 119.000 |
| **Subtotal, Disability Programs, Research & Services** | 456.570 | 456.570 | 463.570 |
| Consumer Information, Access & Outreach | -- | -- | -- |
| Aging and Disability Resource Centers | 8.619 | 8.619 | 8.619 |
| State Health Insurance Assistance Program | 55.242 | 55.242 | 55.242 |
| Voting Access for People with Disabilities (HAVA) | 10.000 | 10.000 | 10.000 |
| Assistive Technology | 40.000 | 40.000 | 40.000 |
| **Subtotal, Consumer Information, Access & Outreach** | 113.861 | 113.861 | 113.861 |
| Program Administration | 47.063 | 47.063 | 55.063 |
| White House Conference on Aging | 0.000 | 0.000 | 2.500 |
| Congressionally Directed Spending | 41.644 | 41.644 | 0.000 |
| **Total, Discretionary Budget Authority** | **2537.787** | **2537.787** | **2606.343** |
| *Total FTE/2* | 178 | 193 | 213 |

1/ Reflects amounts appropriated, and any reprogramming or reallocation notified to Congress except for the Nutrition Services Incentive Program transfer to USDA ($2.2 million in FY 2023) which is shown for consistency with appropriated levels, and across fiscal years.

2/ Does not reflect total agency FTE, just those FTE stemming from budget authority.

## Appropriations History

Administration for Community Living

| **Category** | **Budget Estimate to Congress** | **House Allowance** | **Senate Allowance** | **Appropriation** |
| --- | --- | --- | --- | --- |
| FY 2017 Annual /1 | 1,993,294,000 | 1,981,275,000 | 1,935,435,000 | 1,966,115,000 |
| FY 2017 Transfers | -- | -- | -- | -6,943,916 |
| Subtotal | -- | -- | -- | 1,959,171,084 |
| FY 2018 Annual /2,3 | 1,851,449,000 | 2,237,224,000 | 1,966,115,000 | 2,144,215,000 |
| FY 2018 Transfers | -- | -- | -- | -7,951,453 |
| Subtotal | -- | -- | -- | 2,136,263,547 |
| FY 2019 Annual /4 | 1,818,681,000 | 2,186,732,000 | 2,149,515,000 | 2,169,315,000 |
| FY 2019 Transfers | -- | -- | -- | -1,902,259 |
| Subtotal | -- | -- | -- | 2,167,412,741 |
| FY 2020 Annual /5 | 2,032,671,000 | 2,349,343,000 | 2,175,415,000 | 2,223,115,000 |
| Supplementals (P.L. 116-127) | -- | -- | -- | 250,000,000 |
| Supplementals (P.L. 116-136) | -- | -- | -- | 955,000,000 |
| FY 2020 Transfers | -- | -- | -- | -1,381,186 |
| Subtotal | -- | -- | -- | 3,426,733,814 |
| FY 2021 Annual /6 | 2,108,207,000 | 2,279,505,000 | 2,235,215,000 | 2,258,115,000 |
| Supplementals (P.L. 116-260) | -- | -- | -- | 275,000,000 |
| Supplementals (P.L. 117-2) | -- | -- | -- | 1,532,000,000 |
| FY 2021 Transfers | -- | -- | -- | -1,347,714 |
| Subtotal | -- | -- | -- | 2,256,767,286 |
| FY 2022 Annual /7 | 3,008,907,000 | 3,104,529,000 | 2,828,292,000 | 2,318,042,000 |
| Supplementals (P.L. 117-2) | -- | -- | -- | 188,000,000 |
| FY 2022 Transfers | -- | -- | -- | -1,437,580 |
| Subtotal | -- | -- | -- | 2,504,604,420 |
| FY 2023 Annual /8 | 2,985,733,000 | 2,918,123,000 | 2,515,088,000 | 2,537,787,000 |
| FY 2023 Transfers | -- | -- | -- | -2,192,565 |
| Subtotal | -- | -- | -- | 2,535,594,435 |
| FY 2024 Projected CR /9, 10 | 3,027,622,000 | -- | 2,524,592 | +2,537,787,000 |
| FY 2024 Transfers | -- | -- | -- | -2,260,884 |
| Subtotal | -- | -- | -- | +2,535,526,116 |
| FY 2025 Annual | 2,606,343,000 | -- | -- | -- |
| FY 2025 Transfers | -- | -- | -- | -- |
| Subtotal | -- | -- | -- | -- |

1/ Includes $2,553,916 in FY 2017 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-31.

2/ Includes $2,752,453 in FY 2018 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-141.

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

4/ Includes $1,902,259 in FY 2019 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 115-245.

5/ Includes $1,381,186 in FY 2020 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 116-94.

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

7/ Includes $1,437,580 in FY 2022 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 117-103.

8/ Includes $2,192,565 in FY 2023 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 117-328

9/ Includes $2,260,884 in FY 2024 budget authority appropriated to ACL and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 117-328.

10/ Level assumes an FY 2024 full year CR. Note, The House has not passed a full committee mark as of the creation of this table.

## Appropriations Not Authorized by Law

Administration for Community Living

| **Program** | **Last Year of Authorization** | **Authorization Level** | **Appropriations in Last Year of Authorization** | **Appropriations in FY 2024\*** |
| --- | --- | --- | --- | --- |
| Traumatic Brain Injury: Sections 1252 and 1253 of the Public Health Service Act | FY 2019 | $8,600,000 | $11,321,000 | $13,118,000 |
| Elder Justice / Adult Protective Services: Social Security Act, Title XX-B | FY 2014 | $129,000,000 | $12,000,000 | $30,000,000 |
| Lifespan Respite Care: Lifespan Respite Care Act of 2006 | FY 2011 | $94,810,000 | $2,495,000 | $10,000,000 |
| Developmental Disabilities Programs: Developmental Disabilities Assistance and Bill of Rights Act | FY 2007 | Such Sums | $155,115,000 | $181,369,000 |
| Paralysis Resource Center: Christopher and Dana Reeve Paralysis Act, title XIV of the Omnibus Public Land Management Act of 2009, P.L. 111-11 and Public Health Service Act, Sections 311 and 317(k)(2) | FY 2011 | $25,000,000 | $6,352,000 | $10,700,000 |
| Limb Loss Resource Center: Public Health Service Act Section 301 (a) and Section 317 | N/A | N/A | N/A | $4,200,000 |
| Independent Living and the National Institute on Disability, Independent Living and Rehabilitation Research: Rehabilitation Act of 1973, Titles II & VII | FY 2020 | $214,135,000 | $228,153,000 | $247,183,000 |
| Voting Access for People with Disabilities: Help America Vote Act - Section 291 | FY 2005 | $17,410,000 | $13,879,000 | $10,000,000 |
| State Health Insurance Assistance Programs: Omnibus Budget Reconciliation Act of 1990 | FY 1996 | $10,000,000 | N/A | $55,242,000 |

\*Assumes full year continuing resolution.

# Health and Independence for Older Adults

## **Summary of Request**

ACL’s Health and Independence for Older Adults programs provide an interconnected foundation of services that help older people remain healthy and independent in their homes and communities, avoiding expensive institutional care. These programs include Home and Community-Based Supportive Services, Senior Nutrition Programs (which provides meals served in congregate settings, as well as home-delivered meals), Preventive Health Services, Chronic Disease Self-Management, and Falls Prevention. Another program provides services specifically for American Indians, Alaska Natives, and Native Hawaiians. Finally, the Aging Network Support Activities program funds the development and testing of innovative service approaches and supports the aging services network in expanding capacity and improving effectiveness.

These programs make a crucial difference in the lives of the people they serve. For example, according to data from the *2022 National Survey on Older Americans Act Participants*, 82 percent of people who participate in the congregate meals program and 92 percent of home-delivered meal recipients reported that meals received through the programs allowed them to continue to live independently. Additionally, 66 percent of older adults using transportation services rely on them for the majority of their trips to doctors’ offices, pharmacies, meal sites, and other critical daily activities that help them to remain in the community.

These programs have never been more important. The U.S. population over age 60 is projected to increase by 20 percent between 2022 and 2035, from 78.9 million to 94.7 million. In addition, the number of older adults aged 65 and older with three or more limitations in activities of daily living, who are at greatest risk of nursing home admission, is projected to be six million by 2035.

With the population of older adults growing so quickly, the need for the services that make it possible for many of them to age in place also has been growing steadily for many years. The COVID-19 pandemic accelerated that increasing demand; today, more people need services, and many people need more services, than ever before. The FY 2023 final level included increases for several ACL programs that provide direct services for older people, which has allowed them to begin to meet increased needs. However, demand continues to outstrip capacity. ACL’s FY 2025 request therefore includes additional investments to further increase the reach of these key programs.

ACL is requesting $1,680,017,000 for the Health and Independence for Older Adults programs, an increase of $92,700,000 above the FY 2023 final level. Specifically, ACL requests:

* $1,149,453,000 for Nutrition Services, an increase of $82,700,000 above the FY 2023 final level. In addition, ACL proposes shifting $80,000,000 from the Nutrition Services Incentive Program to add $40,000,000 each to the Congregate and Home-Delivered Nutrition Programs. In addition, the FY 2025 request continues to propose the use of up to one percent of the funds appropriated for nutrition programs to be used for innovations to improve service delivery.
* $40,461,000 for Aging Network Support Activities, an increase of $10,000,000 above the FY 2023 final level. The increase will jointly fund initiatives to strengthen the direct care workforce, respond to emergencies and disasters and improve emergency preparedness, and prevent older adult suicide.

The request maintains funding at the FY 2023 final level for:

* $410,000,000 for Home and Community-Based Supportive Services (HCBSS)
* $26,339,000 for Preventive Health Services
* $8,000,000 for Chronic Disease Self-Management Education (CDSME)
* $7,500,000 for Falls Prevention
* $38,264,000 for Native American Nutrition and Supportive Services

### Legislative Proposals:

ACL’s request includes two legislative proposals, specifically:

* Enhance Resources for Evaluation:ACL proposes to increase the allowance for evaluation from 0.5 percent to 1 percent for enhanced evaluation and data collection. Currently, the Older Americans Act (OAA) permits the use of up to 0.5 percent of funds appropriated to OAA Title III to conduct evaluations of programs and to review their effectiveness. Due to the increasing demographics and complexity of needs of the aging population, the demand for information about the programs and their effectiveness is increasing. Additional resources are needed to review programs and provide data that supports administration and congressional actions for addressing changing needs more quickly and comprehensively.
* Allow funds to cover the cost of acquisition, construction, or modernization of any type of facility providing OAA services:ACL proposes to allow OAA funds to be used to cover the cost of acquisition, construction, renovation, or repair of any type of facility used to provide services under the OAA. Current statute limits funds for construction and modernization to multipurpose senior centers. This change would allow for construction and modernization of facilities beyond multipurpose senior centers to fully implement the services provided under the OAA and would remove obsolete and confusing language in the statute. This change would allow states, territories, tribes, tribal aging organizations, area agencies on aging, and local service providers flexibility to take the most effective approach to acquiring and maintaining facilities to providing services to older adults and family caregivers under the OAA.

### Outcomes and Outputs Table: Health and Independence for Older Adults

| **Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| 2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome) | FY 2022: 60.2 weighted average  Target: 64.3 weighted average  (Target Not Met) | 63.3 weighted average | 60.5 weighted average | -2.8 weighted average |
| 3.3 The percentage of OAA clients served who live in rural areas is at least 15% greater than the percent of all US elders who live in rural areas. (Outcome) | FY 2022: 26.08%  Target: 34.47%  (Target Not Met) | 33.85% | 33.85% | Maintain |
| 3.6 The percentage of OAA clients served who live in poverty is 150% greater than the percent of all U.S. elders living below the poverty level. (Outcome) | FY 2022: 38.73%  Target: 33.26%  (Target Exceeded) | 33.26% | 33.26% | Maintain |
| 3.12 The percent of OAA clients served who identify as members of racial/ethnic minority groups is at least 10% greater than the percent of all US elders who identify as members of racial/ethnic minority groups.\* (Outcome) | FY 2022: 31.34%  Target: Not Defined  (Historical Actual) | Set Baseline | Set Baseline | Maintain |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

## Home and Community-Based Supportive Services

| Services | FY 2023  Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Home and Community-Based Supportive Services | $410.000 | $410.000 | $410.000 | -- |
| FTEs | -- | -- | 1 | +1 |

\*BA is in millions of dollars, FTE are in whole numbers,

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Formula Grant/Competitive Grant/Contract

### Program Description:

The Home and Community-Based Supportive Services (HCBSS) program funds a broad array of low-cost services that enable older adults to continue living in their own homes. Through this program, the aging services network serves each older adult holistically, providing a combination of services selected to meet the unique needs of each person.

Services provided through the HCBSS program include: (1) access services, such as transportation, case management, and information and referral; (2) in-home services, such as personal care, chore, and homemaker assistance; and (3) community services, such as adult day care and physical fitness programs. The HCBSS program also funds multi-purpose senior centers, which coordinate and integrate services for older adults. States and area agencies on aging also have the flexibility to provide services intended to mitigate isolation as the result of illness, disability, or age. These services include virtual visits, wellness checks, telephone reassurance, and the use of electronic communications technologies (e.g., Skype, FaceTime, Zoom) to promote face-to-face interaction with family members and program staff.

Each person’s need for services, as well as the age at which they need them, is highly variable, but nearly three‑quarters of Americans will need assistance of some kind as they age, and need for

long-term supports increases with advancing age. According to the *2019 Medicare Beneficiary Survey*, almost half of people who are 85 and older are unable to perform one or more critical activity of daily living and may require long-term support. In addition, over 95 percent people in this age group have at least one chronic condition and 84 percent have at least two. The services provided through the HCBSS programs are crucial to helping millions of these older adults remain healthy and independent in their homes and communities, enabling them to avoid unnecessary and expensive nursing home care.

Data from ACL’s *2022 National Survey of OAA Participants* illustrate the impact of the HCBSS services.  For example:

* Over 50 percent of older adults receiving HCBSS transportation services report using the service at least once per week.
* More than 83 percent of clients receiving case management reported that, as a result of the services arranged by the case manager, they were better able to care for themselves.

In addition, a study published in the Journal of Aging and Health shows that the services provided by the HCBSS program, specifically personal care services, play an important role in helping frail older adults remain in their homes and out of nursing home care.[[6]](#footnote-7)

Funding through this program is provided to states and territories through formula grants based on their share of the population age 60 and older.

### Budget Request:

The FY 2025 request for the Home and Community-Based Supportive Services program is $410,000,000, the same as the FY 2023 final level. The request maintains funding for a broad array of services that make it possible for millions of older adults to continue living in their homes and maintain their health and independence, avoiding the need for more costly institutional care. Services funded by this program also indirectly support family caregivers, who otherwise might have to take time away from work and other responsibilities to perform these tasks.

To maximize the impact of the funding ACL provides, investment in innovation is also needed to continually improve the capacity, effectiveness, and sustainability of interventions and service delivery. To this end, ACL again proposes appropriations language that would give ACL the ability to use up to 1 percent of HCBSS appropriations to fund demonstration projects to develop and test new approaches that can be replicated across the country, following the model that has been successfully employed in the Nutrition Services program for many years. Based on input from grantees and other stakeholders, ACL anticipates testing innovative approaches in areas such as:

* Transportation: New approaches are needed to increasing availability of accessible transportation options, expand transportation support services to include non-business hours, and address transportation needs of volunteers, as well as for mobility management and travel training.
* Senior centers: Transforming senior centers into community hubs, expanding programming to support overall wellness, and improving centers’ relevance to the current generation of older adults are key to connecting people to the services and resources that have been proven to help them maintain their health and independence, reduce health care utilization, and avoid costly institutional care.
* Intergenerational programming: Research has demonstrated the benefits of intergenerational programming for both older adults and children. It also can provide an opportunity for civic engagement for older adults, which also has been demonstrated to have significant benefit. ACL is interested in testing ways to incorporate intergenerational programming to combat social isolation and depression in older adults, and to reap the community-wide benefits for all age groups.
* Technology: ACL is interested in exploring the practical uses of technology in providing HCBSS supports and in enhancing the ability of individuals to live independently in their homes and communities.
* Home modifications: To make homes safer and more accessible, ACL anticipates building on its earlier investment in establishing the *Home Modification Information Network* by expanding the inventory of home modification tools and practices, improving the ability of the aging network to deliver home modification services, improving coordination among home modification programs, and increasing consumer awareness of home modification options and their importance.
* Dementia innovations: ACL is interested in exploring the translation and expansion of the principles of dementia-friendly and dementia-capable communities.
* Case management and care coordination: As the intersection between healthcare and the provision of services that address social determinants of health continues to grow, investment is needed to ensure effective case management and care coordination.

***Appropriations Proposals:***ACL’s request includes the following appropriations proposal:

* Allow ACL to fund demonstration projects: ACL proposes language to allow it to use up to one percent of appropriations for Home and Community-Based Supportive Services to fund demonstration projects that develop, test, and implement innovations that improve and enhance the services provided through the program. This proposal follows the model that has been successfully employed in the Nutrition Services program for many years.

### Funding History:

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

| Fiscal Year | Amount | COVID-19 Supplemental Funding |
| --- | --- | --- |
| FY 2016 | $347,724,000 | -- |
| FY 2017 | $349,426,000 | -- |
| FY 2018 | $385,074,000 | -- |
| FY 2019 | $384,676,000 | -- |
| FY 2020 | $390,074,000 | $200,000,000 |
| FY 2021 | $392,574,000 | $460,000,000 |
| FY 2022 | $398,574,000 | -- |
| FY 2023 | $410,000,000 | -- |
| FY 2024 Continuing Resolution | $410,000,000 | -- |
| FY 2025 President’s Budget | $410,000,000 | -- |

### Program Accomplishments:

The Home and Community-Based Supportive Services (HCBSS) program funds services that enable older adults to continue to live independently in their own homes. Services funded by this program – particularly adult day care, personal care, homemaker, and chore services – also indirectly support family caregivers, who otherwise might have to take time away from work and other responsibilities to perform these tasks, further straining family resources.

In FY 2022, the services provided by the HCBSS program include:

* Transportation Services: The program provided an estimated 14.7\*\* million rides to doctor’s offices, grocery stores, pharmacies, senior centers, meal sites, and other critical daily activities (Output C).  Ninety-three percent of transportation clients report that the service helps them stay in their home for longer than would otherwise be possible.
* Personal Care, Homemaker, and Chore Services: The program provided an estimated 41.8\*\* million hours of assistance to older adults who are 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).
* Case Management Services: The program provided an estimated 3.4\*\* million hours of assistance in assessing needs, developing care plans, and arranging services for older adults or their caregivers (Output F).

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

| **Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| 2.9e Maintain at 85% or higher the percentage of transportation clients who report service helps them stay in their home longer.\* (Outcome) | FY 2022: 95%  Target: Not Defined  (Historical Actual) | Set Baseline | Set Baseline | Maintain |
| 2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome) | FY 2022: 60.2 weighted average  Target: 64.3 weighted average  (Target Not Met) | 63.3 weighted average | 60.5 weighted average | -2.8 weighted average |
| 3.3 The percentage of OAA clients served who live in rural areas is at least 15% greater than the percent of all US elders who live in rural areas. (Outcome) | FY 2022: 26.08%  Target: 34.47%  (Target Not Met) | 33.85% | 33.85% | Maintain |
| 3.6 The percentage of OAA clients served who live in poverty is 150% greater than the percent of all U.S. elders living below the poverty level. (Outcome) | FY 2022: 38.73%  Target: 33.26%  (Target Exceeded) | 33.26% | 33.26% | Maintain |
| 3.12 The percent of OAA clients served who identify as members of racial/ethnic minority groups is at least 10% greater than the percent of all US elders who identify as members of racial/ethnic minority groups.\* (Outcome) | FY 2021: 32.32%  Target: Not Defined  (Historical Actual) | Set Baseline | Not Defined | N/A |

\* This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on three years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

| **Indicator** | **Year and Most Recent Result** | **FY 2024  Projection** | **FY 2025**  **Projection** | **FY 2025  Projection   +/-FY 2024 Projection** |
| --- | --- | --- | --- | --- |
| Output C: Transportation Service units\*\* *(Output)* | FY 2022: 14.7 M | 14.4 M | 13.5 M | -0.9 M |
| Output D: Personal Care, Homemaker and Chore Services units\*\* *(Output)* | FY 2022: 41.8 M | 42.5 M | 40.4 M | -2.1 M |
| Output F: Case Management Services units\*\* *(Output)* | FY 2022: 3.4 M | 3.1 M | 3.1 M | Maintain |
| Output X: Information and Assistance Units\* *(Output)* | FY 2022: 12.0 M | Set Baseline | Set Baseline | Maintain |
| Output AD: Percent of individuals served that are of a racial/ethnic minority\* *(Output)* | FY 2022: 31.34% | Set Baseline | Set Baseline | Maintain |

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

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

\*\*These numbers are calculations drawn from model-based predicted values. For more information, please refer back to the Overview of Performance.

### Grant Awards Tables:

Home and Community-Based Supportive Services – Innovation Grants

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | -- | 13 | 13 |
| Average Award | -- | $271,000 | $271,000 |
| Range of Awards | -- | $120,000 - $750,000 | $120,000 - $750,000 |

Home and Community-Based Supportive Services – Formula Grants

| Category | FY 2023 Final Level | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $7,248,509 | $7,138,393 | $7,138,393 |
| Range of Awards\* | $254,398 - $42,285,584 | $249,844 - $41,531,248 | $249,844 - $41,534,838 |

\*Represents states and the District of Columbia

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 6,112,595 | 6,000,234 | 6,000,234 | (112,361) |
| Alaska | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| Arizona | 8,885,233 | 8,724,708 | 8,724,708 | (160,525) |
| Arkansas | 3,729,810 | 3,663,916 | 3,663,916 | (65,894) |
| California | 42,285,584 | 41,531,248 | 41,531,248 | (754,336) |
| Colorado | 6,077,946 | 5,966,202 | 5,966,202 | (111,744) |
| Connecticut | 4,594,669 | 4,511,291 | 4,511,291 | (83,378) |
| Delaware | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| District of Columbia | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| Florida | 30,439,542 | 29,905,225 | 29,905,225 | (534,317) |
| Georgia | 10,942,664 | 10,743,121 | 10,743,121 | (199,543) |
| Hawaii | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| Idaho | 2,044,973 | 2,006,722 | 2,006,722 | (38,251) |
| Illinois | 14,926,395 | 14,656,967 | 14,656,967 | (269,428) |
| Indiana | 7,872,952 | 7,732,448 | 7,732,448 | (140,504) |
| Iowa | 4,323,355 | 4,253,238 | 4,253,238 | (70,117) |
| Kansas | 3,499,275 | 3,437,101 | 3,437,101 | (62,174) |
| Kentucky | 5,442,442 | 5,344,668 | 5,344,668 | (97,774) |
| Louisiana | 5,398,300 | 5,299,640 | 5,299,640 | (98,660) |
| Maine | 2,036,784 | 2,001,008 | 2,001,008 | (35,776) |
| Maryland | 7,002,377 | 6,876,144 | 6,876,144 | (126,233) |
| Massachusetts | 8,460,360 | 8,308,484 | 8,308,484 | (151,876) |
| Michigan | 12,804,365 | 12,572,373 | 12,572,373 | (231,992) |
| Minnesota | 6,635,019 | 6,515,643 | 6,515,643 | (119,376) |
| Mississippi | 3,527,759 | 3,464,611 | 3,464,611 | (63,148) |
| Missouri | 7,644,506 | 7,506,656 | 7,506,656 | (137,850) |
| Montana | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| Nebraska | 2,336,894 | 2,296,575 | 2,296,575 | (40,319) |
| Nevada | 3,493,421 | 3,429,608 | 3,429,608 | (63,813) |
| New Hampshire | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| New Jersey | 10,851,698 | 10,650,694 | 10,650,694 | (201,004) |
| New Mexico | 2,613,433 | 2,565,671 | 2,565,671 | (47,762) |
| New York | 24,758,031 | 24,312,915 | 24,312,915 | (445,116) |
| North Carolina | 12,378,465 | 12,157,354 | 12,157,354 | (221,111) |
| North Dakota | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| Ohio | 14,854,729 | 14,586,887 | 14,586,887 | (267,842) |
| Oklahoma | 4,576,465 | 4,494,490 | 4,494,490 | (81,975) |
| Oregon | 5,379,344 | 5,282,395 | 5,282,395 | (96,949) |
| Pennsylvania | 18,181,691 | 17,871,632 | 17,871,632 | (310,059) |
| Rhode Island | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| South Carolina | 6,521,030 | 6,404,585 | 6,404,585 | (116,445) |
| South Dakota | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| Tennessee | 8,200,155 | 8,051,281 | 8,051,281 | (148,874) |
| Texas | 27,140,636 | 26,649,036 | 26,649,036 | (491,600) |
| Utah | 2,608,065 | 2,559,395 | 2,559,395 | (48,670) |
| Vermont | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| Virginia | 9,768,964 | 9,594,392 | 9,594,392 | (174,572) |
| Washington | 8,643,436 | 8,487,573 | 8,487,573 | (155,863) |
| West Virginia | 2,811,679 | 2,764,751 | 2,764,751 | (46,928) |
| Wisconsin | 7,342,482 | 7,210,559 | 7,210,559 | (131,923) |
| Wyoming | 2,035,182 | 1,998,750 | 1,998,750 | (36,432) |
| **Subtotal** | **399,534,525** | **392,377,691** | **392,377,691** | **(7,156,834)** |
| American Samoa | 453,848 | 453,574 | 453,574 | (274) |
| Guam | 1,017,591 | 999,375 | 999,375 | (18,216) |
| Northern Marianas | 254,398 | 249,844 | 249,844 | (4,554) |
| Puerto Rico | 4,758,525 | 4,670,141 | 4,670,141 | (88,384) |
| Virgin Islands | 1,017,591 | 999,375 | 999,375 | (18,216) |
| **Subtotal** | **7,501,953** | **7,372,309** | **7,372,309** | **(129,644)** |
| **Total States/Territories** | **407,036,478** | **399,750,000** | **399,750,000** | **(7,286,478)** |
| Undistributed/1 | 2,963,522 | 10,250,000 | 10,250,000 | 7,286,478 |
| **TOTAL RESOURCES** | **410,000,000** | **410,000,000** | **410,000,000** | **--** |

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

## Nutrition Services

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2024 |
| --- | --- | --- | --- | --- |
| Nutrition Services | $1,066.753 | $1,066.753 | $1,149.453 | +$82.700 |
| Congregate Nutrition | $540.342 | $540.342 | $621.692 | +$81.350 |
| Home-Delivered Nutrition | $366.342 | $366.342 | $447.692 | +$81.350 |
| Nutrition Services Incentive Program | $160.069 | $160.069 | $80.069 | -$80.000 |
| FTEs | -- | 3 | 7 | +7 |

\*BA is in millions of dollars, FTE are in whole numbers,

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Formula Grant/Competitive Grants/Contracts

### Program Description:

ACL’s Nutrition Services program helps older adults maintain their health and independence by providing nutritious meals and nutrition screening, education, and counseling. In addition, the program connects older adults who receive meals with other resources, like transportation or homemaker services, to help them stay independent and engaged in their community. Together, these services work to:

* Reduce hunger, food insecurity, and malnutrition;
* Promote socialization and reduce isolation; and
* Promote health and well-being by connecting older adults to other resources, such as chronic disease self-management programs.

Nutrition Services are provided in every state and U.S. territory through a network of more than 7,400 local providers who understand the needs of the people in their communities.

The program includes two primary components:

* Congregate Nutrition Services (Title III-C1): Provides meals and related services in a variety of community settings, such as senior centers and churches. In addition to a healthy meal, congregate meals offer participants an opportunity for social interaction and access to health promotion programs, nutrition education and counseling, volunteer activities, and more, all of which contribute to participants’ overall health and well-being.
* Home-Delivered Nutrition Services (Title III-C2): Provides in-home meals and related services to older adults who are unable to participate in the congregate program due to illness, disability, or geographic isolation. Home-delivered meals are often the first in-home service that an older adult receives and are often the primary access point for other home and community-based services. In addition to providing a meal, this service helps frail older adults combat isolation and maintain contact with the community. Home-delivered meals also are provided to spousal caregivers, which helps them maintain their own health and well-being – and their ability to continue to provide care.

Each formula grant for congregate nutrition services and home-delivered nutrition services is allocated based on the state or territory’s share of the U.S. population that is age 60 or over. The grants are effectively leveraged to generate additional funding; on average, every dollar provided to states and territories through this program is matched by four dollars in funding from state and local sources.

A third component of the Nutrition Services program, the Nutrition Services Incentive Program, provides a secondary source of funding specifically to purchase domestically produced food for meals served through congregate and home-delivered meals programs. Grant awards are based on the number of meals served in the prior year. Grantees can elect to receive part or all their grants as commodities from the U.S. Department of Agriculture if they determine that doing so will enable them to better meet the needs of older adults. (In FY 2023, five states elected to spend approximately $1,993,492 on commodities, plus $199,073 assessed by USDA as administrative expenses.)

Each year in the U.S., more than 10 million older adults face hunger. In addition, as many as 1 in 2 adults over age 65 are at risk of malnutrition, which increases the risk of illness, frailty, and falls — all of which can undermine independence and contribute to poor quality of life. The Nutrition Services program assists over 2.2 million diverse participants who are at higher risk for health care interventions, as well as institutionalization. For example:

* The percentage of home-delivered meal recipients with substantial limitations in 3 or more activities of daily living was 27 percent in 2022. This level of disability is frequently associated with nursing home admission and demonstrates the extreme frailty of a significant number of home-delivered meal clients.
* Approximately 58 percent of home-delivered meal recipients have annual incomes at or below $20,000. Nearly 43 percent of participants in congregate meal programs – and 57 percent of recipients of home-delivered meals, report the meals they receive make up half or more of their food intake for the day according to ACL’s *2022 National Survey of Older Americans Act Participants*.
* The prevalence of multiple chronic conditions is higher among congregate and home-delivered meal program participants in comparison to the general Medicare population. In fact, data from ACL’s *2022 National Survey of OAA Participants* indicate that 49 percent of congregate, and 63 percent of home-delivered, meal participants have six or more chronic health conditions.

As the population of older adults continues to grow, malnutrition and the risks of social isolation also have the potential to increase. At the same time, people are living longer, often with more complex conditions, some of which are the result of inadequate access to healthy food. ACL stands ready to serve these growing – and intertwined – needs by investing in program models that allow the Nutrition Services network of providers to have the flexibility they need to meet growing demand and changing tastes as new generations of older adults begin to need services and support.

### Budget Request:

The FY 2025 request for Nutrition Services programs is $1,149,453,000, an increase of $82,700,000 above the FY 2023 final level. The additional funding will offset significant increases in the cost of providing meals – which otherwise will result in fewer meals provided in FY 2025 than in FY 2023. Specifically, ACL is requesting an additional $41.35 million for Congregate Nutrition Services and $41.35 million for Home-Delivered Nutrition Services to cover costs that have risen sharply in recent years.

In addition, ACL is proposing to reallocate a portion of funding from the Nutrition Services Incentive Program (NSIP) (-$80 million) to the congregate and home-delivered meals programs (+$40 million for each). By shifting funds from NSIP, which does not have a match requirement, to the two primary nutrition programs, both of which do, this administrative change will increase states’ ability to leverage federal funding to generate state and local investment in the program and ultimately stretch ACL’s funding to reach more people. The shift also will increase funding available to cover expenses such as labor, transportation, or equipment costs, none of which are allowable under NSIP and all of which significantly affect the number of meals provided.

The FY 2025 request continues to allow up to one percent of the funds appropriated for Congregate and Home-Delivered Nutrition Services be used for nutrition innovations demonstration grants. Under this authority, ACL used $9.7 million in FY 2023 to fund nutrition innovations and test ways to modernize how meals are provided to a changing senior population. With the funding requested in the FY 2025 President’s Budget, ACL will maintain funding for these demonstration grants at the same level (or higher).

In addition, ACL proposes to increase funds available to evaluate programs under Title III of the Older Americans Act from half a percent to one percent of total appropriations.

### Funding History:

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

| Fiscal Year | Amount | COVID-19 Supplemental Funding |
| --- | --- | --- |
| FY 2016 | $834,753,000 | -- |
| FY 2017 | $837,753,000 | -- |
| FY 2018 | $896,753,000 | -- |
| FY 2019 | $905,815,000 | -- |
| FY 2020 | $936,753,000 | $720,000,000 |
| FY 2021 | $951,753,000 | $918,000,000 |
| FY 2022 | $966,753,000 | -- |
| FY 2023 | $1,066,753,000 | -- |
| FY 2024 Continuing Resolution | $1,066,753,000 | -- |
| FY 2025 President’s Budget | $1,149,453,000 | -- |

### Program Accomplishments:

In FY 2022, an estimated 261.8 million meals\*\* were provided to older adults across the nation; those meals represented half – or more – of the day’s food intake for more than 50 percent of the people receiving them.

Of that total, an estimated 55.6 million\*\* were served in congregate settings, where participants also benefitted from social engagement and access to a range of services – such as health screenings – that collectively can contribute to their improved health and wellbeing. An estimated 206.2 million\*\* meals were delivered to homes.

Research consistently shows that the Nutrition Services program is helping older adults improve their nutritional intake and maintain their independence and quality of life. For example, according to data from the 2022 *National Survey of Older Americans Act Participants*:

* 71 percent of congregate meal participants, and 79 percent of home-delivered meal participants, say they eat healthier meals due to the programs; and
* 80 percent of congregate meal participants, and 92 percent of home-delivered meal recipients, say that the meals enable them to continue living independently.

Annual performance data also indicate the programs help participants to live independently in the community, eat healthier foods, improve their health, and achieve or maintain a healthy weight.

Similarly, a recent evaluation of the programs found that:

* Participants in the congregate meal program were less likely than non-participants to have a hospital admission or emergency department visit leading to a hospital admission or to be admitted to a nursing home over the next 12 months;
* When compared to peers who did not participate in the congregate meals program, participants had greater food security, higher levels of socialization, and better diet quality; and
* Home-delivered meal program participants also had better diet quality than peers who did not participate in the program.

In addition, ACL has invested in demonstration projects to improve program reach, effectiveness, and sustainability. For example, currently funded projects are:

* Helping older adults improve nutrition-sensitive chronic diseases such as diabetes and hypertension through nutrition, physical activity, education, and social and behavioral interventions;
* Improving identification of – and support for – older adults with elevated suicide risk or in mental health distress;
* Providing medical nutrition therapy and medically tailored meals (particularly for patients transitioning from hospital to home);
* Developing statewide low-cost innovations to increase congregate meal participation in urban and rural communities;
* Developing referral systems for connecting participants in nutrition programs to other services such as transportation, resources to address social isolation, help with navigating benefits, health promotion workshops and other assistance offered by area agencies on aging; and
* Creating new service delivery models to attract the next generation of program participants. For example, one project developed an innovative pop-up café model that paired beautiful community buildings and a popular catering service to provide two hot meal options and a salad bar daily, along with educational nutrition and health programming. The outcomes for this project included a 208% increase in meals served over two years and a 76% average increase in contributions by participations per meal. Other projects have partnered with restaurants to offer a wider variety of culinary experiences. These projects often attract diverse populations which may be at high social and economic need.

This spirit of innovation and creativity was what carried the aging services network through the pandemic, a time when congregate meals were not possible and many older adults were isolated. ACL’s Nutrition Services program emerged from the pandemic stronger, more agile, and better prepared for future emergencies than it has ever been. The program and its network of meal providers is also ready for a rapidly changing environment, one where demographics, tastes, preferences, and expectations are changing rapidly and more older Americans than ever before will likely need support to obtain healthy food, secure optimal health, and achieve or maintain a healthy weight — all of which contribute to the ability to live and thrive in the community.

### Outcomes and Outputs Table: Nutrition Services

| **Measure** | **Year and Most Recent Result /  Target for Recent Result/  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| 2.9d Maintain at 85% or higher the percentage of home-delivered meal clients who report service helps them stay in their home longer.\* (Outcome) | FY 2022: 92.2%  Target: Not Defined  (Historical Actual) | Set Baseline | Set Baseline | Maintain |
| 2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome) | FY 2022: 60.2 weighted average  Target: 64.3 weighted average  (Target Not Met) | 63.3 weighted average | 60.5 weighted average | -2.8 weighted average |
| 3.3 The percentage of OAA clients served who live in rural areas is at least 15% greater than the percent of all US elders who live in rural areas. (Outcome) | FY 2022: 26.08%  Target: 34.47%  (Target Not Met) | 33.85% | 33.85% | Maintain |
| 3.5 Increase the percentage of older persons with severe disabilities who receive home-delivered meals. (Outcome) | FY 2022: 35.8%  Target: 41%  (Target Not Met but Improved) | 41% | 40% | -1 percentage point(s) |
| 3.6 The percentage of OAA clients served who live in poverty is 150% greater than the percent of all U.S. elders living below the poverty level. (Outcome) | FY 2022: 38.73%  Target: 33.26%  (Target Exceeded) | 33.26% | 33.26% | Maintain |
| 3.13 Maintain at least 30% the percent of OAA clients served who are assessed at being at high nutritional risk.\* (Outcome) | FY 2022: 30.14%  Target: Not Defined  (Historical Actual) | Set Baseline | Set Baseline | Maintain |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

| Indicator | Year and Most Recent Result | FY 2024 Projection | FY 2025  Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output G: Number of Home-Delivered meals served\*\* *(Output)* | FY 2022: 206.2 M | 211.9 M | 231.9 M | +20.0 M |
| Output H: Number of Congregate meals served\*\* *(Output)* | FY 2022: 55.6 M | 50.3 M | 54.9 M | +4.6 M |
| Outputs G & H: Total Number of Meals\*\* *(Output)* | FY 2022: 261.8 M | 262.2 M | 286.8 M | +24.6 M |

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

\*\*These numbers are calculations drawn from model-based predicted values. For more information, please refer back to the Overview of Performance.

### Grant Awards Tables:

Congregate Nutrition Programs Grant Awards

| Category | FY 2023 Final Level | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $9,468,752 | $9,378,505 | $10,799,647 |
| Range of Awards\* | $331,406 - $55,407,965 | $328,248 - $54,879,996 | $377,988 - $63,062,541 |

\*Represents states and the District of Columbia.

Home-Delivered Nutrition Programs Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $6,437,568 | $6,378,927 | $7,804,794 |
| Range of Awards\* | $225,315 - $37,129,719 | $223,262 - $36,719,764 | $273,168 - $44,927,652 |

\*Represents states and the District of Columbia.

Nutrition Services Incentive Program Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards/1 | 56 | 56 | 56 |
| Average Award | $2,724,644 | $2,743,804 | $1,372,493 |
| Range of Awards\* | $415,289 - $16,151,067 | $412,285 - $16,034,230 | $206,231 - $8,020,571 |

1/ Not including grants to tribes.

\*Represents states and the District of Columbia.

Nutrition Innovation Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 27 | 24 | 24 |
| Average Award | $303,788 | $378,672 | $378,672 |
| Range of Awards | $56,202 - $988,944 | $48,342 - $1,550,992 | $48,342 - $1,550,942 |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 8,012,638 | 7,932,997 | 9,140,313 | 1,127,675 |
| Alaska | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| Arizona | 11,648,130 | 11,539,221 | 13,319,617 | 1,671,487 |
| Arkansas | 4,886,105 | 4,839,551 | 5,549,449 | 663,344 |
| California | 55,407,965 | 54,879,996 | 63,062,541 | 7,654,576 |
| Colorado | 7,968,983 | 7,891,711 | 9,114,365 | 1,145,382 |
| Connecticut | 6,021,028 | 5,961,322 | 6,850,365 | 829,337 |
| Delaware | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| District of Columbia | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| Florida | 39,899,324 | 39,552,122 | 45,653,099 | 5,753,775 |
| Georgia | 14,348,116 | 14,213,304 | 16,432,783 | 2,084,667 |
| Hawaii | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| Idaho | 2,667,396 | 2,642,319 | 3,076,531 | 409,135 |
| Illinois | 19,558,425 | 19,365,539 | 22,239,000 | 2,680,575 |
| Indiana | 10,317,291 | 10,220,141 | 11,757,805 | 1,440,514 |
| Iowa | 5,323,219 | 5,274,590 | 6,042,811 | 719,592 |
| Kansas | 4,507,598 | 4,463,242 | 5,128,631 | 621,033 |
| Kentucky | 7,131,575 | 7,062,430 | 8,114,905 | 983,330 |
| Louisiana | 7,073,949 | 7,002,163 | 8,041,185 | 967,236 |
| Maine | 2,653,891 | 2,630,610 | 3,038,812 | 384,921 |
| Maryland | 9,179,675 | 9,094,282 | 10,497,177 | 1,317,502 |
| Massachusetts | 11,089,323 | 10,985,601 | 12,662,353 | 1,573,030 |
| Michigan | 16,780,160 | 16,615,457 | 19,105,309 | 2,325,149 |
| Minnesota | 8,698,309 | 8,618,115 | 9,951,204 | 1,252,895 |
| Mississippi | 4,621,817 | 4,576,546 | 5,249,340 | 627,523 |
| Missouri | 10,017,269 | 9,919,299 | 11,397,658 | 1,380,389 |
| Montana | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| Nebraska | 2,947,294 | 2,919,210 | 3,358,937 | 411,643 |
| Nevada | 4,580,589 | 4,537,309 | 5,245,189 | 664,600 |
| New Hampshire | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| New Jersey | 14,226,636 | 14,084,104 | 16,243,101 | 2,016,465 |
| New Mexico | 3,425,435 | 3,391,559 | 3,904,488 | 479,053 |
| New York | 31,457,367 | 31,134,646 | 35,842,110 | 4,384,743 |
| North Carolina | 16,225,117 | 16,075,819 | 18,536,395 | 2,311,278 |
| North Dakota | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| Ohio | 19,464,282 | 19,272,660 | 22,130,671 | 2,666,389 |
| Oklahoma | 5,995,999 | 5,937,426 | 6,813,020 | 817,021 |
| Oregon | 7,049,402 | 6,980,991 | 8,026,280 | 976,878 |
| Pennsylvania | 22,582,275 | 22,361,650 | 25,692,689 | 3,110,414 |
| Rhode Island | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| South Carolina | 8,549,118 | 8,472,378 | 9,789,671 | 1,240,553 |
| South Dakota | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| Tennessee | 10,748,375 | 10,644,546 | 12,263,536 | 1,515,161 |
| Texas | 35,582,777 | 35,250,479 | 40,716,686 | 5,133,909 |
| Utah | 3,421,037 | 3,388,095 | 3,928,695 | 507,658 |
| Vermont | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| Virginia | 12,805,307 | 12,687,998 | 14,637,122 | 1,831,815 |
| Washington | 11,330,479 | 11,224,399 | 12,949,272 | 1,618,793 |
| West Virginia | 3,459,179 | 3,423,874 | 3,906,577 | 447,398 |
| Wisconsin | 9,625,367 | 9,536,548 | 11,007,517 | 1,382,150 |
| Wyoming | 2,651,250 | 2,625,982 | 3,023,901 | 372,651 |
| **Subtotal** | **520,451,971** | **515,490,051** | **593,680,120** | **73,228,149** |
| American Samoa | 578,756 | 578,578 | 582,162 | 3,406 |
| Guam | 1,325,625 | 1,312,991 | 1,511,951 | 186,326 |
| Northern Marianas | 331,406 | 328,248 | 377,988 | 46,582 |
| Puerto Rico | 6,236,706 | 6,173,441 | 7,116,058 | 879,352 |
| Virgin Islands | 1,325,625 | 1,312,991 | 1,511,951 | 186,326 |
| **Subtotal** | **9,798,118** | **9,706,249** | **11,100,110** | **1,301,992** |
| **Total States/Territories** | **530,250,089** | **525,196,300** | **604,780,230** | **74,530,141** |
| Undistributed/1 | 10,091,911 | 15,145,700 | 16,911,770 | 6,819,859 |
| **TOTAL RESOURCES** | **540,342,000** | **540,342,000** | **621,692,000** | **81,350,000** |

1/ Undistributed- Includes funds for Older American Act statutory requirements, including evaluation and disaster assistance, grant and program reporting system costs, and starting in FY 2022 the costs of conducting innovation grants. Funds unused for these purposes at the end of the year are allocated to states.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2024 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 5,490,821 | 5,415,414 | 6,625,910 | 1,135,089 |
| Alaska | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| Arizona | 8,021,043 | 7,983,544 | 9,768,088 | 1,747,045 |
| Arkansas | 3,228,969 | 3,186,905 | 3,899,267 | 670,298 |
| California | 37,129,719 | 36,719,764 | 44,927,652 | 7,797,933 |
| Colorado | 5,529,185 | 5,482,055 | 6,707,447 | 1,178,262 |
| Connecticut | 4,054,361 | 3,989,624 | 4,881,416 | 827,055 |
| Delaware | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| District of Columbia | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| Florida | 27,262,030 | 27,357,790 | 33,473,016 | 6,210,986 |
| Georgia | 9,988,251 | 9,949,845 | 12,173,912 | 2,185,661 |
| Hawaii | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| Idaho | 1,940,709 | 1,944,454 | 2,379,094 | 438,385 |
| Illinois | 13,104,797 | 12,896,278 | 15,778,955 | 2,674,158 |
| Indiana | 6,958,128 | 6,898,962 | 8,441,072 | 1,482,944 |
| Iowa | 3,479,766 | 3,449,307 | 4,220,323 | 740,557 |
| Kansas | 3,031,594 | 2,985,987 | 3,653,438 | 621,844 |
| Kentucky | 4,786,493 | 4,723,110 | 5,778,856 | 992,363 |
| Louisiana | 4,756,187 | 4,663,194 | 5,705,547 | 949,360 |
| Maine | 1,824,232 | 1,830,206 | 2,239,308 | 415,076 |
| Maryland | 6,316,698 | 6,290,805 | 7,696,975 | 1,380,277 |
| Massachusetts | 7,565,913 | 7,520,587 | 9,201,647 | 1,635,734 |
| Michigan | 11,331,732 | 11,172,115 | 13,669,393 | 2,337,661 |
| Minnesota | 5,993,819 | 5,977,422 | 7,313,542 | 1,319,723 |
| Mississippi | 3,069,971 | 3,020,187 | 3,695,282 | 625,311 |
| Missouri | 6,730,623 | 6,634,302 | 8,117,253 | 1,386,630 |
| Montana | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| Nebraska | 1,992,373 | 1,972,849 | 2,413,836 | 421,463 |
| Nevada | 3,188,157 | 3,173,463 | 3,882,821 | 694,664 |
| New Hampshire | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| New Jersey | 9,818,397 | 9,682,628 | 11,846,964 | 2,028,567 |
| New Mexico | 2,333,476 | 2,301,069 | 2,815,423 | 481,947 |
| New York | 21,517,717 | 21,118,421 | 25,838,976 | 4,321,259 |
| North Carolina | 11,076,912 | 11,035,520 | 13,502,265 | 2,425,353 |
| North Dakota | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| Ohio | 13,032,558 | 12,827,110 | 15,694,326 | 2,661,768 |
| Oklahoma | 3,992,092 | 3,930,277 | 4,808,803 | 816,711 |
| Oregon | 4,751,035 | 4,690,356 | 5,738,781 | 987,746 |
| Pennsylvania | 15,164,597 | 14,948,590 | 18,290,016 | 3,125,419 |
| Rhode Island | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| South Carolina | 5,900,522 | 5,905,936 | 7,226,076 | 1,325,554 |
| South Dakota | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| Tennessee | 7,337,609 | 7,262,084 | 8,885,361 | 1,547,752 |
| Texas | 24,605,670 | 24,508,542 | 29,986,883 | 5,381,213 |
| Utah | 2,432,597 | 2,422,369 | 2,963,836 | 531,239 |
| Vermont | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| Virginia | 8,765,499 | 8,740,986 | 10,694,839 | 1,929,340 |
| Washington | 7,776,499 | 7,735,256 | 9,464,300 | 1,687,801 |
| West Virginia | 2,229,152 | 2,168,996 | 2,653,827 | 424,675 |
| Wisconsin | 6,617,038 | 6,596,073 | 8,070,479 | 1,453,441 |
| Wyoming | 1,802,519 | 1,786,100 | 2,185,342 | 382,823 |
| **Subtotal** | **353,954,650** | **350,759,482** | **429,163,967** | **75,209,317** |
| American Samoa | 225,315 | 223,262 | 273,168 | 47,853 |
| Guam | 901,260 | 893,050 | 1,092,671 | 191,411 |
| Northern Marianas | 225,315 | 223,262 | 273,168 | 47,853 |
| Puerto Rico | 4,296,029 | 4,227,804 | 5,172,835 | 876,806 |
| Virgin Islands | 901,260 | 893,050 | 1,092,671 | 191,411 |
| **Subtotal** | **6,549,179** | **6,460,428** | **7,904,513** | **1,355,334** |
| **Total States/Territories** | **360,503,829** | **357,219,910** | **437,068,480** | **76,564,651** |
| Undistributed/1 | 5,838,171 | 9,122,090 | 10,623,520 | 4,785,349 |
| **TOTAL RESOURCES** | **366,342,000** | **366,342,000** | **447,692,000** | **81,350,000** |

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2024 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023/1 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 3,196,215 | 3,173,094 | 1,587,231 | (1,608,984) |
| Alaska | 475,853 | 472,411 | 236,307 | (239,546) |
| Arizona | 1,894,861 | 1,881,154 | 940,982 | (953,879) |
| Arkansas | 2,349,964 | 2,332,966 | 1,166,986 | (1,182,978) |
| California | 13,237,797 | 13,142,040 | 6,573,852 | (6,663,945) |
| Colorado | 1,427,297 | 1,416,973 | 708,792 | (718,505) |
| Connecticut | 1,380,724 | 1,370,736 | 685,664 | (695,060) |
| Delaware | 504,603 | 713,874 | 357,091 | (147,512) |
| District of Columbia | 855,168 | 848,982 | 424,674 | (430,494) |
| Florida | 6,274,833 | 6,229,443 | 3,116,064 | (3,158,769) |
| Georgia | 3,034,002 | 3,012,055 | 1,506,677 | (1,527,325) |
| Hawaii | 493,352 | 489,783 | 244,997 | (248,355) |
| Idaho | 799,789 | 794,003 | 397,173 | (402,616) |
| Illinois | 7,328,019 | 7,275,011 | 3,639,073 | (3,688,946) |
| Indiana | 1,232,073 | 1,223,161 | 611,844 | (620,229) |
| Iowa | 1,384,970 | 1,374,952 | 687,772 | (697,198) |
| Kansas | 2,023,006 | 2,263,734 | 1,132,355 | (890,651) |
| Kentucky | 1,484,454 | 1,473,716 | 737,175 | (747,279) |
| Louisiana | 3,738,204 | 3,711,163 | 1,856,381 | (1,881,823) |
| Maine | 620,450 | 615,962 | 308,114 | (312,336) |
| Maryland | 1,634,138 | 1,622,317 | 811,508 | (822,630) |
| Massachusetts | 5,532,454 | 6,857,316 | 3,430,136 | (2,102,318) |
| Michigan | 7,785,369 | 7,729,052 | 3,866,192 | (3,919,177) |
| Minnesota | 1,732,646 | 1,720,113 | 860,427 | (872,219) |
| Mississippi | 1,478,127 | 1,467,435 | 734,034 | (744,093) |
| Missouri | 3,818,163 | 3,790,544 | 1,896,089 | (1,922,074) |
| Montana | 879,344 | 1,117,570 | 559,026 | (320,318) |
| Nebraska | 1,023,511 | 1,016,107 | 508,272 | (515,239) |
| Nevada | 1,573,957 | 1,661,524 | 831,120 | (742,837) |
| New Hampshire | 1,198,743 | 1,190,072 | 595,293 | (603,450) |
| New Jersey | 3,446,488 | 3,421,557 | 1,711,516 | (1,734,972) |
| New Mexico | 2,251,743 | 2,235,455 | 1,118,209 | (1,133,534) |
| New York | 16,151,067 | 16,034,230 | 8,020,571 | (8,130,496) |
| North Carolina | 3,352,372 | 3,328,122 | 1,664,778 | (1,687,594) |
| North Dakota | 798,910 | 793,131 | 396,737 | (402,173) |
| Ohio | 5,671,974 | 5,630,945 | 2,816,686 | (2,855,288) |
| Oklahoma | 1,777,539 | 1,764,681 | 882,721 | (894,818) |
| Oregon | 1,736,300 | 1,723,741 | 862,242 | (874,058) |
| Pennsylvania | 6,591,457 | 6,543,776 | 3,273,299 | (3,318,158) |
| Rhode Island | 415,289 | 412,285 | 206,231 | (209,058) |
| South Carolina | 1,758,951 | 1,746,227 | 873,490 | (885,461) |
| South Dakota | 944,402 | 937,570 | 468,987 | (475,415) |
| Tennessee | 1,684,913 | 1,672,725 | 836,723 | (848,190) |
| Texas | 10,853,506 | 10,774,995 | 5,389,820 | (5,463,686) |
| Utah | 1,306,333 | 1,296,884 | 648,721 | (657,612) |
| Vermont | 773,110 | 767,518 | 383,924 | (389,186) |
| Virginia | 1,900,042 | 1,886,298 | 943,555 | (956,487) |
| Washington | 2,324,663 | 2,307,847 | 1,154,421 | (1,170,242) |
| West Virginia | 1,527,134 | 1,516,087 | 758,370 | (768,764) |
| Wisconsin | 2,706,158 | 2,686,583 | 1,343,871 | (1,362,287) |
| Wyoming | 881,776 | 875,397 | 437,887 | (443,889) |
| **Subtotal** | **149,246,213** | **150,343,317** | **75,204,060** | **(74,042,153)** |
| American Samoa | 84,218 | 83,609 | 41,822 | (42,396) |
| Guam | 387,691 | 384,886 | 192,526 | (195,165) |
| Northern Marianas | 68,085 | 67,593 | 33,811 | (34,274) |
| Puerto Rico | 2,688,076 | 2,668,632 | 1,334,891 | (1,353,185) |
| Virgin Islands | 105,761 | 104,996 | 52,521 | (53,240) |
| Total Tribal Grants | 4,035,311 | 4,014,932 | 2,008,334 | (2,026,977) |
| **Subtotal** | **7,369,142** | **7,324,648** | **3,663,905** | **(3,705,237)** |
| **Total States/Territories** | **156,615,355** | **157,667,965** | **78,867,965** | **(77,747,390)** |
| Undistributed/2 | 3,453,645 | 2,401,035 | 1,201,035 | (2,252,610) |
| **TOTAL RESOURCES** | **160,069,000** | **160,069,000** | **80,069,000** | **(80,000,000)** |

1/ State levels include transfers for distributions of commodities which are provided by USDA to grantees; in FY 2023, the amount that was transferred is shown for comparability purposes.

2/ Undistributed- Includes funds for Older American Act statutory requirements, including evaluation and disaster assistance and grant and program reporting systems costs. Funds unused for these purposes at the end of the year are allocated to states.

## Preventive Health Services

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Preventive Health Services | $26.339 | $26.339 | $26.339 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Formula Grant

### Program Description:

The Preventive Health Services program provides grants that fund the delivery of evidence-based programs to educate older adults about the importance of healthy lifestyles and promote healthy behaviors. These evidence-based programs can help prevent chronic disease and disability, thereby reducing the need for more costly medical interventions. Preventative Health Services formula grants are awarded directly to the 56 state units on aging that work with 622 area agencies on aging and their networks of service providers. The program allows flexibility for allocating resources to best meet local needs.

Americans are leading longer and more active lives due in large part to advances in public health and medical care. On average, an American turning 65 today can expect to live an additional 18.3 years.[[7]](#footnote-8) The population of older Americans is growing, particularly the population age 85 and over, which is projected to grow from 6 million in 2021 to 9.1 million by the year 2030.1 A consequence of this increased longevity is a higher incidence of chronic diseases such as arthritis, cancer, and diabetes.[[8]](#footnote-9) In addition, approximately 25 percent of older adults report falling each year, with 3 million falls resulting in emergency department visits. This percentage is increasing for all older adults, but especially for those age 85 and over.[[9]](#footnote-10)

Evidence-based programs are interventions that have been proven through controlled trials to be effective at helping participants adopt healthy behaviors, improve their health status, reduce disability and injury, and reduce their use of hospital services and emergency room visits. Programs can be offered in a variety of formats, including in-person, videoconference, telephone, mailed toolkit, and/or a combination of these modalities. Examples of evidence-based interventions include:

* Physical Activity Programs: Physical activity programs are multi-component group exercise programs designed for community-based organizations to promote physical activity among older adults. Components may include strength training using soft wrist and ankle weights; cardiovascular workouts using dancing, aerobics, or walking; and balance and posture exercises. Becoming more physically active has many positive benefits such as increased mobility and function, decreased pain and depression, and lowering the risk of falls, type 2 diabetes, hypertension, heart disease, obesity, and some cancers.
* Medication Management Programs: Medication management programs focus on reviewing the multitude of medications that older adults are prescribed, focusing especially on high-risk medications. Medication management programs have been shown to reduce cardiovascular problems and unnecessary duplication of prescriptions. These programs have also been shown to improve medication compliance rates and decrease medication errors among older adults.
* Depression Care Management: Depression is not a normal part of aging, yet it is a prevalent and disabling condition among older adults. Older adults with depression visit the doctor and emergency room more frequently, use more medication, stay longer in the hospital, and have substantially higher total health care costs than those without depression. Cost-effective, evidence-based interventions have been shown to reduce depressive symptoms and improve quality of life in older adults.

### Budget Request:

The FY 2025 request for Preventive Health Services program is $26,339,000, the same as the FY 2023 final level. The Preventative Health Services program reduces the need for interventions that would ultimately be more costly by utilizing funding to prevent chronic diseases and disability. Preventive Health Services grants are the only source of funding provided to all states and territories to ensure evidence-based health promotion and disease prevention programs are available to older adults in every community. Continued funding will ensure that older adults, especially the most vulnerable and underserved, have access to these programs.

### Funding History:

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

| Fiscal Year | Amount | COVID-19 Supplemental |
| --- | --- | --- |
| FY 2021 | $24,848,000 | $44,000,000 |
| FY 2022 | $24,848,000 | -- |
| FY 2023 | $26,339,000 | -- |
| FY 2024 Continuing Resolution | $26,339,000 | -- |
| FY 2025 President’s Budget | $26,339,000 | -- |

### Program Accomplishments:

In FY 2022, the most recent year for which data is available, an estimated 731,733 older adults\*\* participated in evidence-based health and disease prevention programs related to the prevention and mitigation of the effects of chronic diseases (including hypertension, diabetes, and cardiovascular disease), alcohol and substance abuse, falls prevention, physical activity, nutrition, medication management, and mental and behavioral health. States also continue to expand the types of evidence-based health programs offered to address various health conditions, with over 70 programs available, focusing on pressing public health challenges like mental health and social isolation.

In recent years, states have also used funding to establish and enhance the delivery of these programs remotely, which has expanded access to older adult populations that have not previously widely engaged in health promotion and disease prevention programs including older adults 85 years and older, people with disabilities, those with mobility and transportation issues or otherwise homebound, caregivers, and those living in rural areas.

### Output Table: Preventive Health Services:

| Indicator | Year and Most Recent Result / | FY 2024  Projection | FY 2025  Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output AB: The number of people served with health and disease prevention programs.\*\* *(Output)* | FY 2022: 731,733 | 691,980 | 667,540 | -24,440 |

\*\*These numbers are calculations drawn from model-based predicted values. For more information, please refer back to the Overview of Performance.

### Grant Awards Table:

Preventive Health Services Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $466,266 | $463,284 | $463,284 |
| Range of Awards\* | $16,319 - $2,689,266 | $16,215 - $2,666,855 | $16,215 - $2,666,855 |

\*Represents states and the District of Columbia

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 397,694 | 393,307 | 393,307 | (4,387) |
| Alaska | 130,555 | 129,720 | 129,720 | (835) |
| Arizona | 580,956 | 579,823 | 579,823 | (1,133) |
| Arkansas | 233,871 | 231,456 | 231,456 | (2,415) |
| California | 2,689,266 | 2,666,855 | 2,666,855 | (22,411) |
| Colorado | 400,473 | 398,147 | 398,147 | (2,326) |
| Connecticut | 293,653 | 289,756 | 289,756 | (3,897) |
| Delaware | 130,555 | 129,720 | 129,720 | (835) |
| District of Columbia | 130,555 | 129,720 | 129,720 | (835) |
| Florida | 1,974,559 | 1,986,922 | 1,986,922 | 12,363 |
| Georgia | 723,438 | 722,630 | 722,630 | (808) |
| Hawaii | 130,555 | 129,720 | 129,720 | (835) |
| Idaho | 140,563 | 141,220 | 141,220 | 657 |
| Illinois | 949,166 | 936,622 | 936,622 | (12,544) |
| Indiana | 503,970 | 501,053 | 501,053 | (2,917) |
| Iowa | 252,036 | 250,514 | 250,514 | (1,522) |
| Kansas | 219,575 | 216,864 | 216,864 | (2,711) |
| Kentucky | 346,681 | 343,027 | 343,027 | (3,654) |
| Louisiana | 344,486 | 338,675 | 338,675 | (5,811) |
| Maine | 132,127 | 132,923 | 132,923 | 796 |
| Maryland | 457,512 | 456,884 | 456,884 | (628) |
| Massachusetts | 547,991 | 546,200 | 546,200 | (1,791) |
| Michigan | 820,745 | 811,400 | 811,400 | (9,345) |
| Minnesota | 434,126 | 434,124 | 434,124 | (2) |
| Mississippi | 222,355 | 219,348 | 219,348 | (3,007) |
| Missouri | 487,492 | 481,831 | 481,831 | (5,661) |
| Montana | 130,555 | 129,720 | 129,720 | (835) |
| Nebraska | 144,305 | 143,283 | 143,283 | (1,022) |
| Nevada | 230,915 | 230,480 | 230,480 | (435) |
| New Hampshire | 130,555 | 129,720 | 129,720 | (835) |
| New Jersey | 711,136 | 703,223 | 703,223 | (7,913) |
| New Mexico | 169,011 | 167,121 | 167,121 | (1,890) |
| New York | 1,558,505 | 1,533,773 | 1,533,773 | (24,732) |
| North Carolina | 802,289 | 801,480 | 801,480 | (809) |
| North Dakota | 130,555 | 129,720 | 129,720 | (835) |
| Ohio | 943,934 | 931,598 | 931,598 | (12,336) |
| Oklahoma | 289,143 | 285,445 | 285,445 | (3,698) |
| Oregon | 344,112 | 340,648 | 340,648 | (3,464) |
| Pennsylvania | 1,098,355 | 1,085,675 | 1,085,675 | (12,680) |
| Rhode Island | 130,555 | 129,720 | 129,720 | (835) |
| South Carolina | 427,368 | 428,932 | 428,932 | 1,564 |
| South Dakota | 130,555 | 129,720 | 129,720 | (835) |
| Tennessee | 531,455 | 527,425 | 527,425 | (4,030) |
| Texas | 1,782,162 | 1,779,989 | 1,779,989 | (2,173) |
| Utah | 176,190 | 175,930 | 175,930 | (260) |
| Vermont | 130,555 | 129,720 | 129,720 | (835) |
| Virginia | 634,876 | 634,834 | 634,834 | (42) |
| Washington | 563,243 | 561,791 | 561,791 | (1,452) |
| West Virginia | 161,455 | 157,528 | 157,528 | (3,927) |
| Wisconsin | 479,265 | 479,055 | 479,055 | (210) |
| Wyoming | 130,555 | 129,720 | 129,720 | (835) |
| **Subtotal** | **25,636,559** | **25,474,711** | **25,474,711** | **(161,848)** |
| American Samoa | 16,319 | 16,215 | 16,215 | (104) |
| Guam | 65,277 | 64,860 | 64,860 | (417) |
| Northern Marianas | 16,319 | 16,215 | 16,215 | (104) |
| Puerto Rico | 311,157 | 307,054 | 307,054 | (4,103) |
| Virgin Islands | 65,277 | 64,860 | 64,860 | (417) |
| **Subtotal** | **474,349** | **469,204** | **469,204** | **(5,145)** |
| **Total States/Territories** | **26,110,908** | **25,943,915** | **25,943,915** | **(166,993)** |
| Undistributed/1 | 228,092 | 395,085 | 395,085 | 166,993 |
| **TOTAL RESOURCES** | **26,339,000** | **26,339,000** | **26,339,000** | **--** |

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

## Chronic Disease Self-Management Education

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Chronic Disease Self-Management Education | $8.000 | $8.000 | $8.000 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Competitive Grants/Cooperative Agreements

### Program Description:

The Chronic Disease Self-Management Education (CDSME) program awards grants to state agencies, community-based organizations, educational institutions, and other non-profit organizations to support community-based programs that help older adults learn to manage their chronic health conditions. The program also provides technical assistance, education, and other resources for the aging and disability services networks to increase capacity and improve effectiveness of CDSME programs.

ACL’s CDSME programs are low-cost, practical, community-based disease prevention and management models based on rigorous research. They are proven to help people with chronic conditions – such as diabetes, heart disease, arthritis, cancer, HIV, depression, and pain – manage their conditions and reduce the need for costly medical care.

These programs are usually conducted by trained leaders/facilitators – often non-healthcare professionals or lay people with chronic diseases themselves – and take place one or more times per week, over several weeks. They can be offered virtually or in community settings (e.g., senior centers, congregate meal sites, hospitals, churches, libraries, residential settings, etc.). Core topics covered in many of the include information and skills that are essential for effective health and chronic disease management, such as problem solving, goal setting, exercising, nutrition, and effective communication with healthcare providers and family. Participants are taught how to incorporate the program content into their lives in ways that are actionable, realistic, and sustainable, and thus, most likely to produce health behavior change.

In the United States, chronic conditions account for 93 percent of Medicare expenditures.[[10]](#footnote-11) Of Medicare beneficiaries aged 65 and over, 71 percent have two or more chronic conditions, placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events, and nursing home placement.[[11]](#footnote-12) CDMSE programs help older adults live healthier lives and maintain their independence, which also can lower health care expenditures.

### Budget Request:

The FY 2025 request for the Chronic Disease Self-Management Education (CDSME) program is $8,000,000, the same as the FY 2023 final level. The request would maintain current levels of service in the community-based programs that have been proven effective in helping older adults with chronic conditions maintain their health and independence, avoiding the need for more costly medical care. The request also maintains funding for the CDSME Resource Center. Funding for CDSME comes from the Prevention and Public Health Funds.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $8,000,000 |
| FY 2022 | $8,000,000 |
| FY 2023 | $8,000,000 |
| FY 2024 Continuing Resolution Level | $8,000,000 |
| FY 2025 President’s Budget | $8,000,000 |

### Program Accomplishments:

More than 498,298 older adults have participated in CDSME programs.[[12]](#footnote-13) Controlled research trials have proven that CDSME programs are effective at helping participants adopt healthy behaviors and improve their psychological and physical health.[[13]](#footnote-14) Some evidence suggests that CDSME programs may also significantly reduce the use of hospital care, physician services, and health care costs.[[14]](#footnote-15) Moreover, in a national study of CDSME programs, participants reported significant improvements in aspects of their care (communication with their physicians, medication compliance, and health literacy), better health outcomes (self-assessed health, reduction in depression and quality of life), and reduced health care utilization (lower emergency room visits and hospitalizations), resulting in potential cost savings.[[15]](#footnote-16)

Past investments in CDSME and ACL’s service delivery infrastructure have furthered the goal of improved health outcomes and reduced hospitalizations, resulting in higher quality of life for participants.

### Grant Awards Table:

Chronic Disease Self-Management Education Grant Awards

| Category | FY 2023 Final Level | FY 2024 CR | FY 2025  President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 9 | 6 | 6 |
| Average Award | $754,860 | $1,279,963 | $1,279,963 |
| Range of Awards | $599,218 - $2,000,000 | $599,998 - $3,260,699 | $599,998 - $3,260,699 |

## 

## Falls Prevention

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Falls Prevention | $7.500 | $7.500 | $7.500 | -- |
| PPHF | $5.000 | $5.000 | $5.000 | -- |
| Direct Appropriations | $2.500 | $2.500 | $2.500 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Competitive Grants/Cooperative Agreements

### Program Description:

ACL’s Falls Prevention program awards grants to community-based organizations, states, tribal organizations, and universities to provide falls prevention programs that have been proven through research to reduce falls and the risk of falls. These programs focus on mitigating risk factors, supporting increased independence, and reducing healthcare costs. In addition, the program funds the National Falls Prevention Resource Center to increase public awareness about the risk of falls and support the implementation of evidence-based falls prevention programs and strategies across the country.

As the leading cause of both fatal and nonfatal injuries among older adults,[[16]](#footnote-17) falls pose a serious threat to their health and independence. An estimated one out of four older adults reports falling each year.[[17]](#footnote-18) Each year an estimated three million older adults are treated in emergency departments for fall injuries, and more than 800,000 of these patients are hospitalized.[[18]](#footnote-19) In 2015, the estimated medical costs attributable to fatal and nonfatal falls totaled more than $50 billion.[[19]](#footnote-20) Those who have fallen may become afraid to fall again, which can lead to reduction in their everyday activities, causing them to become weaker and increasing the likelihood of a future fall.

ACL’s evidence-based falls prevention programs offer simple, cost-effective interventions that reduce or eliminate risk factors. They have been rigorously tested, proven to be effective, and translated into practice models available to community-based organizations.[[20]](#footnote-21)

The programs help participants improve strength, balance, and mobility and provide education on reducing risk factors and avoiding falls. Many of these programs also involve medication reviews and modifications; provide referrals for medical care management for selected fall risk factors; and provide home hazard assessments of ways to reduce environmental hazards.

Programs are conducted one or more times per week over several weeks, both virtually via video conference and in community settings such as hospitals, churches, libraries, community centers, and more. The programs are facilitated by trained leaders, and fidelity to the original research is tracked (to ensure participants benefit fully from the intervention).

Grantees receive funding provide evidence-based programs chosen from a list of programs approved by ACL. To receive approval, programs must demonstrate – through randomized controlled trials – their effectiveness in reducing falls. For example, when compared with control groups, the risk of falling for participants in the Tai Chi: Moving for Better Balance intervention decreased by 55 percent;18 and the Stepping On program reduction was 31 percent.

### Budget Request:

The FY 2025 request for the Falls Prevention program is $7,500,000, the same as the FY 2023 final level. Of the total, $5,000,000 comes from the Prevention and Public Health Fund. The remaining $2,500,000 comes from direct appropriations. The request will allow ACL to maintain funding for both the community-based programs that have been proven to reduce falls and the National Falls Prevention Resource Center. Together, these will provide training and education to help older adults reduce falls and risks of falls; foster partnerships and collaboration to improve falls prevention systems; and expand the evidence base that contributes to development of new interventions.

### Funding History:

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

| Fiscal Year | Amount/1 |
| --- | --- |
| FY 2021 | $5,000,000 |
| FY 2022 | $5,000,000 |
| FY 2023 | $7,500,000 |
| FY 2024 | $7,500,000 |
| FY 2025 Target Level | $7,500,000 |

1/All years include $5 million in Prevention and Public Health Fund funding.

### ***Program Accomplishments:***

Since 2014, more than 192,000 people across the nation have participated in evidence-based falls prevention programs supported by ACL grants.[[21]](#footnote-22)

Numerous studies have documented the efficacy of these programs in reducing falls and/or falls risk,as well as their potential for cost savings and positive return on investment.[[22]](#footnote-23) For example, a 2022 study that reviewed 5 years of data from the national falls prevention data repository concluded that participation in evidence-based fall prevention programs resulted in improved confidence, decreased fear of falling, and fewer reports of falls, as well all fewer injuries when falls did occur.[[23]](#footnote-24) Studies have also shown that group exercise, a hallmark of these programs, reduces loneliness and social isolation in older adults.[[24]](#footnote-25)

ACL has prioritized funding to programs serving rural communities, which often have little to no access to falls prevention programming and high rates of falls.

* In North Carolina, Appalachian State University is reaching older adults in seven rural counties of the Appalachian Mountain Region with Tai Chi for Arthritis, Fall Prevention, and Matter of Balance workshops. The program has developed a robust partnership with the county libraries to offer falls prevention interventions to the rural older adult population where they are. In addition, the university’s Institute for Health and Human Services provides ongoing assessments of falls risk.
* In South Dakota, Sanford Medical Center is reaching older adults in five rural communities with CAPABLE, a home-based risk-reduction intervention, and Matter of Balance. In addition, Sanford is partnering with emergency medical services and fire departments to identify people who have fallen and engage them in home modification and falls prevention programs, which has reduced lift assist responses by EMS.
* In Alaska, Petersburg Medical Center is bringing falls prevention programs and resources to the older adult Native Alaskan population on an island only accessible by boat or plane.

In communities across the nation, ACL’s Falls Prevention program has resulted in partnerships between falls prevention grantees and local first responders (fire departments and EMS); development and expansion of state falls prevention coalitions to create a more collaborative, efficient, and effective approach to falls prevention activity statewide; and the expansion of Falls Prevention Awareness Week, a national observance to increase awareness around falls health and injury prevention.

### Grant Awards Table:

Falls Prevention Program Grant Awards

| Category/1 | FY 2023 Final Level/2 | FY 2024 CR | FY 2025  President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 9 | 8 | 8 |
| Average Award | $808,779 | $844,612 | $844,612 |
| Range of Awards | $516,939- $919,223 | $590,000 - $2,297,972 | $590,000 - $2,297,972 |

/1 Includes grants from annual appropriations and the Prevention and Public Health Fund.

/2 The average includes a $2 million supplemental grant.

## Native American Nutrition and Supportive Services

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/-  FY 2023 |
| --- | --- | --- | --- | --- |
| Native American Nutrition and Supportive Services | $38.264 | $38.264 | $38.264 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization..........................................................................................................Expired

Authorization Expiration Date 2024

Allocation Method Formula Grant/Competitive Grant/Contract

### Program Description:

ACL’s Native American Nutrition and Supportive Services program provides grants to over 400 eligible tribal organizations across the nation to pay for services that support the health and nutritional needs of older American Indians, Alaska Natives, and Native Hawaiians. These services, which are authorized by Title VI of the Older Americans Act, include transportation; congregate and home-delivered meals; information and referral; and personal care, homes chores, and other supportive services, and adult day services.

Title VI services are unique among federal programs for older adults because they are responsive to the cultural traditions of Native American communities and represent an important part of each community’s comprehensive elder services. When offered as part of a portfolio of support to elders, they can help to reduce the need for costly nursing home care and medical interventions for people who receive the services.

Currently, there are an estimated 1.2 million people aged 60 and over who identify themselves as American Indian or Alaskan Native alone or in combination with another racial group.[[25]](#footnote-26) That number is expected to increase in the coming decades in tandem with growing populations of older adults in general. The difference, however, is that American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy results from of numerous inequities, including a combination of disproportionate poverty, barriers in accessing healthcare services, unequal educational and employment opportunities, and cultural differences. American Indians and Alaska Natives experience death at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases. In addition to these challenges, many American Indian and Alaskan Native grandparents aged 60 and older are solely responsible for the basic needs of one or more grandchildren under age 18 living with them.[[26]](#footnote-27)

The Native American Nutrition and Supportive Services program also provides training and technical assistance to tribes and tribal organizations, such as inter-tribal councils and consortiums, to support the development of comprehensive and coordinated systems of services to meet the needs of Native American elders. All training and technical assistance is designed to meet the needs and preferences of the communities receiving support. As a result, methods of delivery vary by audience Depending on the needs of the community, they can be provided through national meetings, site visits with Tribal leaders, dedicated e-newsletters, telephone calls, and written consultations, or through the Native American Resource Centers (funded under Aging Network Support Activities).

### Budget Request:

The FY 2025 request for the Native American Nutrition and Supportive Services program is $38,264,000, the same as the FY 2023 final level. This maintains the increases initially provided in FY 2021 and FY 2022 to continue to provide critical services to American Indian, Alaskan Native, and Native Hawaiian elders.

In addition, ACL is requesting additional Program Administration funding to create an ACL-specific tribal consultation program. This shift from an informal engagement approach to a more formal consultation directly with tribes would complement ACL’s participation in HHS-wide tribal consultations result in more frequent – and more direct – engagement with tribal leaders on issues specific to tribal elders and people with disabilities in tribal communities.

### Funding History:

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

| Fiscal Year | Amount | COVID-19 Supplemental |
| --- | --- | --- |
| FY 2021 | $35,208,000 | $23,670,000 |
| FY 2022 | $36,264,000 | -- |
| FY 2023 | $38,264,000 | -- |
| FY 2024 Continuing Resolution | $38,264,000 | -- |
| FY 2025 President’s Budget | $38,264,000 | -- |

### Program Accomplishments:

The value of ACL’s Title VI nutrition and supportive services cannot be overstated. In addition to improving health and wellness for a growing population of tribal elders across the nation, there is evidence to suggest that the Title VI program may reduce healthcare costs. According to ACL’s recent evaluation of the Native American Nutrition and Supportive Services, tribal elders who received meals and other supportive services through the program had improved health and wellness. They reported an average of 36 percent fewer hospital visits (for all causes) and 10 percent fewer falls per person per year than elders not using Title VI services. The difference was even greater for elders served by programs that provide a higher number of services; elders who participate in those programs. experienced 53 percent fewer hospitalization and 45 percent fewer falls per year. Title VI services also had positive outcomes on overall well-being and social engagement. Elders participating in Title VI services are almost 20 percent more likely than those who do not to engage in cultural practices on a monthly basis. Elders participating in Title VI services reported 35% more social activities per month than non-Title VI elders.

The services provided in FY 2022 include:

* Transportation Services: provided an estimated 598,757 units[[27]](#footnote-28) of services to Native American elders (output L). This transportation support enabled thousands of elders to visit their medical providers, participate in wellness classes, enjoy healthy meals, pick up much needed medicines, and remain active in their communities
* Nutrition Services: provided an estimated 4.0 million home-delivered meals[[28]](#footnote-29) and an estimated 2.1 million congregate meals to Native American elders (outputs M&N)
* Information, Referral, and Outreach: provided an estimated 777,333 hours[[29]](#footnote-30) of services to Native American elders (Output O). This support helped them in a wide variety of ways, such as with navigating health care systems and payers, finding answers to important questions about services for which they may be eligible, making appointments, finding resources in their community, and coordinating access to services.

### Outcomes and Outputs Tables: Native American Nutrition & Supportive Services

| Indicator | Year and Most Recent Result | FY 2024  Projection | FY 2025  Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output L: Transportation Services units\*\* *(Output)* | FY 2022: 598,757 | 653,295 | 650,081 | -3,214 |
| Output M: Home-Delivered Nutrition meals\*\* *(Output)* | FY2022: 4.0 M | 3.8 M | 3.8 M | Maintain |
| Output N: Congregate Nutrition meals\*\* *(Output)* | FY 2022: 2.1 M | 2.0 M | 1.9 M | -0.1 M |
| Output O: Information, Referral and Outreach units\*\* *(Output)* | FY 2022: 777,333 | 739,725 | 726,755 | -12,970 |

\*\*These numbers are calculations drawn from model-based predicted values. For more information, please refer back to the Overview of Performance.

### Grant Awards Table:

Native American Nutrition & Supportive Services Formula Grant Awards

| Category | FY 2023 Final Level | FY 2024 | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 290 | 290 | 290 |
| Average Award | $124,049 | $123,606 | $126,007 |
| Range of Awards | $80,460 - $1,505,000 | $80,160 - $1,505,000 | $81,780 - $1,505,000 |

## Aging Network Support Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President’s Budget** | **FY 2025 +/- FY 2023** |
| **Aging Network Support Activities** | $30.461 | $30.461 | $40.461 | $10.000 |
| FTEs | 1 | 1 | 2 | -- |

\*BA is in millions of dollars, FTE are in whole numbers,

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Competitive Grants/Co-operative Agreements and Contracts

### Program Description:

The Aging Network Support Activities (ANSA) program provides funding and technical assistance to help states, tribes, and aging services providers expand capacity and improve the effectiveness and efficiency of the systems that help older people live independently in their communities. Through ANSA programs, ACL also funds resources to help older adults and their families connect to local services and resources. Funding is awarded through competitive grants and cooperative agreements, as well as contracts. Typically, grantees match at least 25% of the funding they receive through these programs.

**ANSA programs include:**

#### Information and Referral: Eldercare Locator and the Information and Referral Support Center

Older Americans and their caregivers face a complicated array of choices and decisions regarding health care, pensions, insurance, housing, financial management, long-term care, and other supportive services. Helping them navigate these is a core service of the Older Americans Act and many of its programs. Each year more than 2,400 information and referral (I&R) providers in the aging network field nearly 12 million contacts from people seeking assistance for an older adult or family caregiver.

Since 1991, ACL has funded the Eldercare Locator, a national center that connects older adults and family caregivers to local services and resources. Assistance is available in 150 languages from trained information specialists through a toll-free telephone line (800-677-1116). The Eldercare Locator website ([http://www.eldercare.gov](http://www.eldercare.gov/)) offers resources on a variety of topics, such as making a home age-friendly and planning for long-term care. Users also can search for local services and resources 24/7, or chat with an information specialist during business hours.

ACL also funds the National Information and Referral Support Center, which provides technical assistance, training, and consultation to support the aging network in improving their information and referral/assistance systems.

#### engAGED: The National Resource Center for Engaging Older Adults

According to a recent report from the National Academies of Sciences, Engineering, and Medicine, *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, approximately one-quarter of older Americans living in the community are considered to be socially isolated, and a significant proportion of adults in the U.S. report feeling lonely.[[30]](#footnote-31) Preventing social isolation and loneliness is critical to healthy aging, as social isolation increases risk of heart disease by about 30 percent, is associated with a significant increased risk of dementia, and increases the risk of premature death at rates comparable to smoking, obesity, and physical inactivity. ACL is working with the aging network to help older adults remain active, engaged, and socially connected as they age. EngAGED, the national resource center for engaging older adults, provides technical assistance and serves as a repository for innovations designed to increase the aging network’s ability to tailor social engagement activities to meet the needs of older adults.

#### Strengthening the Direct Care Workforce

The paid professionals who form the direct care workforce provide vital services that make it possible for older adults and people with disabilities to live in their own homes and communities. But the direct care workforce is in crisis; long-standing workforce shortages are placing decades of progress in community living in jeopardy.

In September 2022, ACL established the Direct Care Workforce Strategies Center to help expand and strengthen the direct care workforce. The DCW Strategies Center serves as hub through which federal, state, and private entities involved in the recruitment, training, and retention of direct care workers can access best practices, training materials, technical assistance, and learning collaboratives.

#### Pension Counseling and Retirement Planning

The Pension Counseling program currently funds six regional projects covering 31 states that assist older adults in accessing information about their retirement benefits and helps them negotiate with former employers or pension plans to receive compensation to which they are entitled. The program also supports a national pension assistance resource center, which provides technical assistance, training, and other resources to the regional projects and the aging network; assists people who live outside the covered regions; and connects people to legal service providers. This assistance can be crucial to supporting the financial security of older adults. Currently there are approximately 700,000 private pension and retirement plans, as well as thousands of public plans, in the U.S. Given that an employee may have worked for several employers, and these employers may have merged, sold their plans, or gone bankrupt, it is very difficult for the average person to know whether they are receiving all pension benefits owed to them.

ACL also supports the National Resource Center on Women and Retirement ([WiserWoman.org](https://wiserwomen.org/)), which provides a one-stop gateway for women that integrates financial information and resources on retirement planning with information on health and long-term care. This resource center makes user-friendly financial education and retirement planning tools available to women, with a focus on traditionally hard-to-reach populations, including low-income women, women in rural areas, and other underserved women. Information is offered through financial and retirement planning programs, workshops tailored to meet women’s unique needs, and is published in hard copy and web-based formats. This program helps create economic mobility for women who are most at risk of not having adequate savings for retirement.

#### National Resource Centers on Native American Elders

The three National Resource Centers on Native American Elders develop community-based solutions to improve the quality of life and delivery of support services to older Native Americans and to increase awareness of their unique needs. The resource centers are administered under cooperative agreements by institutions of higher education. To expand their impact, the resource centers partner with Native American organizations and communities, educational institutions (including tribal colleges and universities), and professionals and paraprofessionals in the field.

Each center addresses at least two areas of primary concern specified in the Older Americans Act. These include health issues, long-term care (including in-home care), elder abuse, mental health, and other problems and issues facing tribal communities. For example, the University of North Dakota Resource Center has assisted Older Americans Act Title VI grantees in assessing needs of tribal elders to determine program planning and direction. This process has led to the development of a database of information about American Indian, Alaska Native, and Native Hawaiian Elders. The University of Hawaii Resource Center has focused on long-term care needs of Native Hawaiian Elders. Similarly, the University of Alaska Resource Center has focused on elder abuse and neglect issues within Native American or Alaskan Native communities.

#### Older Adults’ Equity Collaborative

The Older Adults’ Equity Collaborative includes five national minority aging technical assistance resource centers that each focus on a unique underserved community. The five centers are supported by a coordinating center that facilitates sharing of information and lessons learned, collaboration, and cross-cutting work. These six organizations work together to enhance access and reduce health disparities among older individuals from underserved populations. The centers develop and disseminate health promotion and disease prevention information tailored to the cultural and linguistic needs of their individual populations and provide technical assistance and training to the aging services network, older adults, and other stakeholders.

The Older Adults’ Equity Collaborative also promotes closer collaboration, coordination, and cross-program efforts among minority aging organizations and other ACL-funded resource centers focused on older adults, tribal elders, family caregivers, and where applicable, people with disabilities. In addition, grantees coordinate with other stakeholders and entities to promote cross-sectional work on behalf of populations of older adults and caregivers who have historically had limited access to services and supports.

#### Person-Centered, Trauma-Informed Support: Holocaust Survivor Assistance

The U.S. is home to approximately 60,000 victims of Nazi persecution, approximately 25 percent of whom are living in poverty.[[31]](#footnote-32) Because of the experiences they endured early in their lives, Holocaust survivors are likely to have greater and more complex physical and mental health needs as they age. In 2015, ACL funded an initiative to increase the capacity of community-based agencies to provide direct services to Holocaust survivors in a person-centered, trauma-informed (PCTI) manner. The program continues to support Holocaust survivors, but since 2020, the program has also served other older adults with a history of trauma and their caregivers. ACL also funds a national technical assistance center that focuses on expanding the aging services network’s capacity to deliver person-centered, trauma-informed services. As of 2023, more than 20,000 professionals have been trained in the delivery of person-centered, trauma-informed care. The program has served nearly 44,000 Holocaust survivors and more than 8,000 older adults with a history of trauma, as well as over 7,000 caregivers.

#### Program Performance and Technical Assistance

The Program Performance and Technical Assistance (PPTA) program supports cooperative efforts between ACL, selected states, and area agencies on aging to develop tools, performance measures, and best practices that can be used to effectively and efficiently identify the results produced through Older Americans Act programs on an ongoing basis. These efforts include partnerships with national aging organizations to foster innovation and provide technical assistance in strategic planning, program development, and performance improvement for programs that serve older adults.

PPTA also supports efforts to align health care and social care and to increase the capability and capacity of the community-based organizations within the aging network to contract with health care organizations to provide supportive services, needs assessments, case management, and more. Medicaid, Medicare, accountable care organizations, private insurers, and other private-pay models will offer increasing opportunities for community-based organizations to tap into new revenue streams outside of government grants. However, securing contracts and working with such payers requires thinking and operating differently. ACL is working with the aging and disability networks to strengthen community-based organizations from the inside, building their business skills and enhancing their effectiveness, efficiency, and sustainability.

#### Care Corps

The Care Corps program provides funding for grants to test innovative ways to place volunteers to provide non-medical care in communities to assist caregivers, older adults, and people with disabilities so they can maintain their independence. Through the Care Corps program, volunteers provide respite, transportation, meal preparation, minor home cleaning and modifications, education, caring calls/visits, and more.

#### ACL Innovation Lab

The ACL Innovation Lab supports a collaborative, multi-partner effort to build knowledge and advance falls prevention efforts across the nation. Funded for the first time in FY 2023, the primary activities for the Innovation Lab will include developing a taxonomy for falls prevention research; funding a cohort of community-based organizations to conduct research in order to understand and measure the extent to which existing interventions reduce falls and falls risk factors amongst older adults; developing a secure and dynamic system to house grantee data and evidence; and providing analysis, sustainability, and technical assistance support and resources for sub-grantees and the broader aging network.

#### Interagency Coordinating Committee on Healthy Aging & Age-Friendly Communities

The Interagency Coordinating Committee on Health Aging and Age-Friendly Communities (ICC) was authorized under the Older Americans Act in 2020 to focus on the coordination of aging issues across federal agencies. The ICC is charged with the development of a national set of recommendations to support the ability of older adults to age in place, with access to long-term services and supports, homelessness prevention services and preventive health care, and to promote age-friendly communities. Funded for the first time in FY 2023, the ICC is now convening federal partners and seeking input from experts and stakeholders to inform the development of a national framework for multisector plans for aging.

### Budget Request:

ACL’s FY 2025 request for Aging Network Support Activities is $40,461,000, an increase of $10,000,000 above the FY 2023 final level, to support three jointly funded initiatives. Of this increase, $6,000,000 will fund an initiative to strengthen the direct care workforce and $3,000,000 will be support states in improving emergency planning and response systems to better meet the unique needs of older adults and people with disabilities. These initiatives will be jointly funded by two of ACL’s disability programs. In addition, $1,000,000 will be paired with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support an initiative to prevent suicide among older adults.

#### Strengthening the Direct Care Workforce

The paid professionals who form the direct care workforce provide vital services that make it possible for older adults and people with disabilities to live in their own homes and communities, but there are not enough of them. The long-standing shortage has become a dire crisis. Today, more than three-quarters of service providers are not accepting new clients, and more than half have cut services, leaving many people unable to get the services they need and increasing demands on family caregivers. More than a quarter of home health providers reported in 2023 that they turned away referrals due to staffing shortages.[[32]](#footnote-33) High turnover – averaging nearly 44 percent across states – also means that people often experience service disruptions and receive inconsistent care, placing their health and safety at risk. The DCW crisis threatens to reverse decades of progress in advancing community living: increasing numbers of people are left with no option but to move to nursing homes and other institutions, and people who want to leave these facilities cannot. This diminishes quality of life and leads to poorer health outcomes and higher costs of care, which most often are borne by taxpayers.

In September 2022, ACL established the Direct Care Workforce Strategies Center to help expand and strengthen the direct care workforce. The DCW Strategies Center serves as a hub through which federal, state, and private entities involved in the recruitment, training and retention of direct care workers can access best practices, receive training materials, technical assistance, and participate in learning collaboratives. ACL proposes to expand the Direct Care Workforce Strategies Center and fund new state-based capacity building grants to strengthen partnerships between state Medicaid, aging, disability, and workforce agencies and leverage available funding streams and to demonstrate strategies to improve recruitment, training, and retention of direct care workers.

This investment will be jointly funded by $6 million from Aging Network Support Activities, $2 million from Developmental Disabilities Projects of National Significance, and $2 million from the new Independent Living Projects of National Significance program.

#### Emergency and Disaster Preparedness and Response

Emergency management plans frequently do not adequately address the unique needs of older adults and people with disabilities. For example, lack of accessible transportation and emergency shelters and other barriers often mean that older adults and people with disabilities are unable to evacuate their homes safely. When they do evacuate, they are often unnecessarily placed in nursing homes and other facilities – and often are unable to return home when the emergency ends. They also face higher rates of death and injury. In addition, the aging and disability networks experience spikes in demand for services during emergencies and disasters. The networks perform heroically and innovatively to meet these needs, but demand frequently outstrips capacity.

* There is a critical need for disaster planning and building surge capacity for disaster response and recovery for older adults and people with disabilities ensure their unique needs are met. To that end, ACL proposes a two-part initiative:  Establishment of a national center to provide training and technical assistance to ACL’s networks, emergency management authorities, and public health authorities and to facilitate partnerships among these entities.
* Demonstration grants to develop inclusive planning models and increase the capacity of states and communities to meet the needs of disabled people and older adults during and after disasters.

This initiative will be jointly funded with $3 million from Older Americans Act – Aging Network Support Activities, $1 million from Developmental Disabilities Projects of National Significance, and $1 million from the new Independent Living Projects of National Significance. ACL’s request also includes one legislative proposal to authorize these investments in supporting states to improve their disaster planning and response systems to meet the needs of older adults and people with all types of disabilities.

#### Older Adult Suicide Prevention

ACL will collaborate with SAMHSA to increase and improve screening, referral and interventions of older adults who are at high risk of suicide. Specifically, this initiative will provide grants to one or two organizations in the aging network and to four mental health entities to:

* Provide evidence-based training on risk factors, interventions, and suicide prevention to gerontologists, primary care providers, mental health professionals, and other clinicians.
* Provide evidence-based training and supports to families, caregivers, and community members.
* Foster partnerships between clinician and organizations that serve older adults to support suicide risk assessment, screening, caregiver training, and family interventions. The grantees will also partner with local 988 call centers and crisis services.

This $2.75 million initiative will be jointly funded with SAMHSA, and SAMHSA and ACL will jointly provide technical assistance support to program grantees. ACL’s proposed contribution is $1 million funded through the Aging Network Support Activities program. SAMHSA will provide $1.75 million.

ACL’s budget request also will maintain support for the 10 current ANSA programs (see table below), including the Interagency Coordinating Committee on Healthy Aging & Age-Friendly Communities and the ACL Innovation Lab (the Research, Demonstration, and Evaluation Center for the Aging Network), both of which received an appropriation for the first time in FY 2023.

### Legislative Proposal:

ACL’s request includes one legislative proposal, specifically:

* Disaster Human Services Capacity Building, Training, and Technical Assistance: ACL is seeking to statutory authority to establish a disaster human services capacity building grant program and associated national training and technical assistance center to enhance disaster preparedness of the aging and disability network and improve inclusive disaster planning.

### Funding History:

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

|  |  |
| --- | --- |
| Fiscal Year | Amount |
| FY 2021 | $16,461,000 |
| FY 2022 | $18,461,000 |
| FY 2023 | $30,461,000 |
| FY 2024 Continuing Resolution | $30,461,000 |
| FY 2025 President’s Budget | $40,461,000 |

Aging Network Support Activities

(Dollars in thousands)

| **Activity** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President’s Budget** |
| --- | --- | --- | --- |
| National Eldercare Locator and Engagement | $2,038 | $2,038 | $2,038 |
| Pension Counseling and Retirement Information | $1,858 | $1,858 | $1,858 |
| National Resource Centers on Native Americans | $655 | $655 | $655 |
| Older Adult Equity Collaborative | $1,165 | $1,165 | $1,165 |
| Program Performance and Technical Assistance | $2,745 | $2,745 | $2,745 |
| Holocaust Survivors Assistance | $8,500 | $8,500 | $8,500 |
| Care Corps | $5,500 | $5,500 | $5,500 |
| Direct Care Workforce | $2,000 | $2,000 | 8,000 |
| Interagency Coordination Committee on Healthy Aging & Age-Friendly Communities | $1,000 | $1,000 | $1,000 |
| ACL Innovation Lab (formerly the RD&E Center for the Aging Network) | $5,000 | $5,000 | $5,000 |
| Emergency Disaster Preparedness and Response | -- | -- | $3,000 |
| Older Adult Suicide Prevention | -- | -- | $1,000 |
| **Total, Aging Network Support Activities** | **$30,461** | **$30,461** | **$40,461** |

### Program Accomplishments:

The portfolio of programs within ACL’s Aging Network Support Activities (ANSA) is collectively expanding the capacity and effectiveness of systems critical to helping older adults live independently. These programs are also ensuring that older adults and their caregivers have timely access to resources designed to help them thrive in the community. Recent highlights of the impact of the ANSA program include:

* Connecting older adults to resources in their community*:* In 2022, the Eldercare Locator expanded the call center hours to add an additional hour in the morning and in the evening to accommodate more callers seeking assistance. The Eldercare Locator received almost 409,000 calls in 2022.
* Supporting retirement security*:* In 2021, pension counseling projects helped 1,898 people and recovered approximately $10.6 million in retirement income that otherwise would have been lost. Since the program’s inception:
  + Pension counseling projects have successfully recovered approximately $288.4 million in client benefits, representing a return of more than nine dollars for every federal dollar invested in the program. For many older adults, the recovered funds are the difference between needing government support and having sustainable income.
  + Projects have cumulatively directly served over 68,000 individuals, providing hands-on assistance in pursuing claims through administrative appeals processes, helping older adults to locate pension plans “lost” as a result of mergers and acquisition, answering queries about complex plan provisions, and making targeted referrals to other professionals for assistance.
  + ACL’s National Resource Center on Women and Retirement has conducted approximately 200 workshops per year on strategies to access financial and retirement planning information, since its founding. It has also developed and published over 175 fact sheets tailored to the specific needs of hard-to-reach women.
* Advancing health equity*:* The Older Adults’ Equity Collaborative has addressed health disparities among underserved older adults in a variety of ways, including:
  + Bilingual webinars, bi-monthly technical assistance chats, blog posts and learning collaboratives for English and Spanish speaking older adults and caregivers.
  + A multi-language call center program aimed to serve the Asian American/Pacific Islander older adults with low English proficiency on topics such as Medicare, Social Security, and general information and assistance.
  + Various certificate training courses and tool kits for the aging network in working with diverse older adults in the LGBTQ+ community.
  + A culturally appropriate manual/toolkit for American Indian and Alaskan Native on disabilities and working with tribes.
* Supporting Holocaust survivors*:* Since its inception in 2015, the Holocaust Survivor Assistance program has been working to advance the principles of person-centered, trauma-informed care (PCTI) for survivors and their family caregivers. In 2020, the program began expanding its reach to serve other older adults with histories of trauma and their family caregivers. To date, the program has touched the lives of neatly 44,000 Holocaust survivors with PCTI services and supports; trained nearly 20,000 professionals and volunteers in the principles and practice of PCTI; provided tailored supports to more than 7,000 family caregivers; and provided PCTI services to more than 8,000 older adults with a history of trauma.

In 2022, the center used its extensive knowledge and insight about the impact of trauma on people across a range of circumstances to develop a white paper at the request of two Congressionally mandated family caregiving councils operated by ACL. That paper, which described the imperative to embed trauma-informed support into all caregiver supportive services, helped inform the recommendations in the National Strategy to Support Family Caregivers.

* Preventing social isolation and loneliness*:* In 2022, the National Resource Center on Engaging Older Adults held a series of nine webinars for 1,946 attendees to provide the aging network with information on innovative strategies to engage older adults and people with disabilities. In August 2022, the center co-hosted with Commit to Connect a two-day virtual summit that brought together 1,400 researchers and national, state, and local leaders for discussions regarding the current state of social isolation research.
* Supporting volunteer programs: Since 2020, the Care Corps program has awarded 79 grants to organizations serving a mix of urban, suburban, rural, and tribal communities across the country to support volunteer programs that provide a wide range of non-medical services to people living in the community. These include respite care, transportation, meal preparation, minor home cleaning and modifications, education, caring calls/visits, and training. During the first two years of the project, more than 24,000 older adults, people with disabilities, and caregivers were served.

### Grant Awards Table:

Aging Network Support Grant Awards

| **Category** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President’s Budget** |
| --- | --- | --- | --- |
| Number of Awards | 33 | 31 | 49 |
| Average Award | $759,586 | $919,600 | $715,441 |
| Range of Awards | $75,000 - $4,935,000 | $75,000 - $4,935,000 | $75,000 - $4,935,000 |

# Caregiver and Family Support Services

## Summary of Request

Families and informal caregivers are the backbone of our nation’s system of long-term care – each year, more than 53 million informal caregivers provide the majority of support that makes it possible for older people and people with disabilities to live in the community. Another 2.7 million grandparent caregivers – and an unknown number of other relative caregivers – open their arms and homes each year to millions of children who cannot remain with their parents.

When family caregivers do not have the support they need, their health, well-being and quality of life often suffer. Family caregivers experience higher rates of depression than non-caregivers of the same age, and research indicates that family caregivers have a mortality rate that is 63 percent higher than non-caregivers.[[33]](#footnote-34) Their financial future also is at risk – informal caregivers lose an estimated $522 billion in wages each year due to caregiving. The American economy also is affected; employers are losing an estimated $33 billion per year due to employees’ caregiving responsibilities.[[34]](#footnote-35)

Replacing the support informal caregivers provide with paid services would cost an estimated $470 billion – if paid workers were available to provide them. As discussed in the Aging Network Support Activities chapter, long-standing shortages in the direct care workforce have become a crisis in recent years, and nearly three-quarters of service providers are turning away new referrals. In many cases, the support provided by family caregivers is irreplaceable.

When the challenges become overwhelming and families and other informal caregivers are unable to continue to provide support, the person they have been assisting often is left with no options except moving to a nursing home or other institution. In addition to negatively affecting the health and well-being of the individual who has moved from the community, institutional care also carries a tremendous financial cost – most of which is borne by taxpayers. Ensuring family caregivers have the resources they need to continue to support older adults and disabled people in the community is critical both to upholding the rights of older people and people with disabilities and to containing the rising costs of health care.

ACL’s Caregiver and Family Support programs provide services that help family caregivers balance caregiving with work and other responsibilities. Nearly three-quarters the people served by these programs report that these services allow them to provide care longer than they otherwise could have. Several of ACL’s family caregiver programs also help states and communities strengthen their family caregiving infrastructure through training of respite care providers and establishment of dementia-capable systems of support.

In addition, ACL implements the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregiver Act and the Supporting Grandparents Raising Grandchildren (SGRG) Act, which includes support to the advisory councils established by each. In September 2022, ACL delivered to Congress the *National Strategy to Support Family Caregivers*, which was developed jointly by the advisory councils, with extensive input from family caregivers, the people they support and other stakeholders. The strategy includes nearly 350 commitments from more than 15 federal agencies for near-term actions to support family caregivers. It also includes more than 150 recommended actions that can be adopted at other levels of government and across the private sector.

As populations of older adults and people with disabilities increase, the number of family caregivers also are increasing. Supporting families and other informal caregivers is an issue that affects everyone. Nearly all of us will either need assistance to live independently at some point in our lives or provide assistance to help someone else live in the community – or both. Supporting families and other informal caregivers has become an urgent public health imperative, and it is a critical component of advancing the Biden-Harris Administration’s priority of strengthening the care economy.

ACL is prioritizing level funding for these critical programs, despite constraints created by the Fiscal Responsibility Act of 2023. To that end, ACL’s FY 2025 request for family caregiving programs includes a total of $258,500,000 to maintain FY 2023 final levels for the following programs:

* $205,000,000 for Family Caregiver Support Services
* $12,000,000 for Native American Caregiver Support Services
* $31,500,000 for the Alzheimer’s Disease Program Initiative
* $10,000,000 for Lifespan Respite Care

### Legislative Proposals:

ACL’s request includes two legislative proposals, specifically:

* Enhance Resources for Evaluation: ACL proposes to increase the allowance for evaluation from 0.5 percent to 1 percent for enhanced evaluation and data collection. Currently, the Older Americans Act (OAA) permits the use of up to 0.5 percent of funds appropriated to OAA Title III to conduct evaluations of programs and to review their effectiveness. Due to the increasing demographics and complexity of needs of the aging population, the demand for information about the programs and their effectiveness is increasing. Additional resources are needed to review programs and provide data that supports administration and congressional actions for addressing changing needs more quickly and comprehensively.
* Allow Funds to Cover the Cost of Acquisition, Construction, or Modernization of Any Type of Facility Providing OAA Services:ACL proposes to allow Older Americans Act (OAA) funds to be used to cover the cost of acquisition, construction, renovation, or repair of any type of facility used to provide services under the OAA. Current statute limits funds for construction and modernization to multipurpose senior centers. This change would allow for construction and modernization of facilities beyond multipurpose senior centers to fully implement the services provided under the OAA and would remove obsolete and confusing language in the statute. This change would allow states, territories, tribes, tribal aging organizations, area agencies on aging, and local service providers flexibility to take the most effective approach to acquiring and maintaining facilities to providing services to older adults and family caregivers under the OAA.

## Family Caregiver Support

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Family Caregiver Support | $205.000 | $205.000 | $205.000 | -- |
| Supporting Grandparents Raising Grandchildren (non-add) | $0.300 | $0.300 | $0.300 | -- |
| RAISE (non-add) | $0.400 | $0.400 | $0.400 | -- |
| FTEs | -- | 2 | 4 | +4 |

\*BA is in millions of dollars, FTE are in whole numbers

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Formula Grants/Competitive Grants/Contracts

### Program Description:

Since 2000, the cornerstone of ACL’s support for family caregivers has been the National Family Caregiver Support Program (NFCSP), authorized by Title III-E of the Older Adults Act. Through the NFCSP, states and territories receive formula grants based on their proportion of the population age 70 and older, prioritizing those in the greatest social and economic need. These funds are then distributed to area agencies on aging and other service providers that deliver adult day care, respite care, counseling, support groups, and information and referral services. Typically, these services work in conjunction with other Older American Act programs, such as nutrition and chronic disease self-management programs, to provide a coordinated set of supports to help older adults age in place with dignity and while maintaining a high quality of life.

In addition, through the National Family Caregiver Support Program, ACL coordinates two advisory councils created by Congress to improve support for family caregivers. The advisory councils were established by the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act and the Supporting Grandparents Raising Grandchildren (SGRG) Act.

The need to support family caregivers has never been greater. As the populations of older adults and people with disabilities increase, the number of family caregivers also are increasing. In addition, family caregivers have had to take on more informal care because of the direct care workforce crisis that is impacting the availability of paid services. Family caregivers provide assistance with a wide variety of tasks, ranging from personal care and homemaker services to more complex health-related support, like medication administration and wound care. According to data from ACL’s *2022 National Survey of OAA Participants*, nearly a quarter of family caregivers are assisting two or more people. In addition, their tasks are growing in both number and complexity, making training for family caregivers imperative to the health and well-being of the people they support.

Research has shown that caregiving can exact a heavy emotional, physical, and financial toll. For example, family caregivers often experience conflicts between work and caregiving, with 65 percent reporting that providing care interfered with their job. In addition, 75 percent of participants in the Family Caregiver Support Program are 60 or older, making them more susceptible to a decline in their own health. Direct assistance for caregiving tasks, respite care, and other services are crucial to helping family caregivers maintain their own health, well-being, and financial security. Without that support, the challenges of caregiving can become overwhelming. When family caregivers are no longer able to provide support, the person they have been assisting often is left with no choice but institutional care. Without them, millions of older adults and people with disabilities would be forced to move to nursing homes and other institutions, and many more children would enter the foster care system.[[35]](#footnote-36)

### Budget Request:

For the FY 2025 request, ACL requests $205,000,000 for the Family Caregiver Support program, the same as the FY 2023 final level, which maintains the small but critical increases for this program that were included in the FY 2022 and FY 2023 budgets. That increase allowed ACL to establish initiatives to begin implementing the *2022* *National Strategy to Support Family Caregivers*, which will continue in FY 2025. The request also maintains support for the RAISE Family Caregivers Act at $400,000 and the SGRG Act at $300,000.

### Funding History

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

| Fiscal Year | Amount | COVID-19 Supplemental Funding |
| --- | --- | --- |
| FY 2021 | $188,936,000 | $145,000,000 |
| FY 2022 | $193,936,000 | -- |
| FY 2023 | $205,000,000 | -- |
| FY 2024 Continuing Resolution | $205,000,000 | -- |
| FY 2025 President’s Budget | $205,000,000 | -- |

### Program Accomplishments

The National Family Caregiver Support Program (NFCSP) is part of the cross-sector response to the growing challenges faced by the nation’s 53 million family caregivers. Studies have shown that the types of support provided through NFCSP reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, often while continuing to work, thereby avoiding or delaying the need for costly institutional care for their loved ones. For example, one study indicates that counseling and support for family caregivers of individuals with Alzheimer’s disease can permit the care recipient to stay at home, at significantly less cost, for an additional year.[[36]](#footnote-37)

In 2022, the latest year for which data is available, three-quarters of caregivers who responded to ACL’s *National Survey of Older Americans Act Participants* reported that ACL-funded services enable them to provide care for longer than otherwise would be possible. Approximately 80 percent of caregivers reported that caregiver services made it easier to be a caregiver and allowed them to be a better caregiver. A majority also reported feeling less stress (68 percent) and having a clearer understanding of how to get the services they and the care recipient needed (73 percent).

NFCSP provided the following services:

* In 2022, an estimated 54,880 family caregivers\*\* with nearly 5.7 million hours of temporary relief from their caregiving responsibilities by providing reliable respite care services. (Output K)
* In 2022, an estimated 1.5 million contacts\*\* to caregivers, assisting them in locating services from a variety of public and private agencies through its Access Assistance Services. (Output I)
* In 2021, an estimated 105,564 family caregivers\*\* with counseling, peer support, and training to help them better perform caregiving tasks and cope with the stresses of caregiving. (Output J)

The *2022 National Strategy to Support Family Caregivers* is a significant milestone in the nation’s efforts to improve the way we support family caregivers. ACL is working to implement the Strategy, continuing its support of five new grants awarded in FY 2023 – totaling $20 million in funding – to advance this effort. The grantees will provide technical assistance to ACL’s aging and tribal services networks to support uptake and implementation of the National Strategy, helping to fuel consistent progress across all five goals of the National Strategy. ACL also is also launching a new technical assistance center to coordinate the work of those five grantees and share best practices for family caregiver support that could be implemented across the country.

### Outcomes and Outputs Table: Family Caregiver Support

| **Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| 2.9f Maintain at 75% or higher the percentage of caregiver services clients who report that services enabled them to provide care for the care recipient for a longer time than would have been possible without these services.\* (Outcome) | FY 2022: 76.1%  Target: Not Defined  (Historical Actual) | Set Baseline | Set Baseline | Maintain |
| 2.10 Increase the likelihood that the most vulnerable people receiving Older Americans Act Home and Community-based and Caregiver Support Services will continue to live in their homes and communities. (Outcome) | FY 2022: 60.2 weighted average  Target: 64.3 weighted average  (Target Not Met) | 63.3 weighted average | 60.5 weighted average | -2.8 weighted average |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

| Indicator | Year and Most Recent Result | FY 2024  Projection | FY 2025  Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output I: Caregivers access assistance units of service.\*\* *(Output)* | FY 2022: 1.5 M | 1.4 M | 1.3 M | -0.1 M |
| Output J: Caregivers receiving counseling and training.\*\*+*(Output)* | FY 2021: 105,564 | 97,640 | 94,702 | -2,938 |
| Output K: Caregivers receiving respite care services.\*\* *(Output)* | FY 2022: 54,880 | 51,569 | 49,570 | -1,999 |
| Output AA: Number of caregivers served through the National Family Caregiver Support Program.\* *(Output)* | FY 2022: 770,700 | Set Baseline | Set Baseline | Maintain |

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

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

\*\*These numbers are calculations drawn from model-based predicted values. For more information, please refer back to the Overview of Performance.

+ACL is using 2021 data, the most recent data available, for this measure due to a reporting error in the 2022 data.

### Grant Awards Tables

Family Caregiver Projects of National Significance Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 4 | 7 | 7 |
| Average Award | $903,614 | $755,860 | $755,860 |
| Range of Awards | $500,000 - $1,000,100 | $463,501 - $1,100,000 | $463,501 - $1,100,000 |

Family Caregiver Support State Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $3,490,035 | $3,432,143 | $3,432,143 |
| Range of Awards | $122,151 - $19,944,976 | $120,125 - $19,641,128 | $120,125 - $19,641,128 |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 2,967,149 | 2,898,163 | 2,898,163 | (68,986) |
| Alaska | 977,209 | 961,000 | 961,000 | (16,209) |
| Arizona | 4,640,072 | 4,572,631 | 4,572,631 | (67,441) |
| Arkansas | 1,785,770 | 1,738,028 | 1,738,028 | (47,742) |
| California | 19,944,976 | 19,641,128 | 19,641,128 | (303,848) |
| Colorado | 2,848,880 | 2,836,702 | 2,836,702 | (12,178) |
| Connecticut | 2,194,979 | 2,111,741 | 2,111,741 | (83,238) |
| Delaware | 977,209 | 961,000 | 961,000 | (16,209) |
| District of Columbia | 977,209 | 961,000 | 961,000 | (16,209) |
| Florida | 16,199,923 | 16,022,985 | 16,022,985 | (176,938) |
| Georgia | 5,212,796 | 5,141,369 | 5,141,369 | (71,427) |
| Hawaii | 977,501 | 978,511 | 978,511 | 1,010 |
| Idaho | 1,036,336 | 1,036,270 | 1,036,270 | (66) |
| Illinois | 7,011,250 | 6,861,928 | 6,861,928 | (149,322) |
| Indiana | 3,682,481 | 3,630,902 | 3,630,902 | (51,579) |
| Iowa | 1,895,054 | 1,876,261 | 1,876,261 | (18,793) |
| Kansas | 1,628,702 | 1,592,293 | 1,592,293 | (36,409) |
| Kentucky | 2,548,147 | 2,491,927 | 2,491,927 | (56,220) |
| Louisiana | 2,500,139 | 2,430,885 | 2,430,885 | (69,254) |
| Maine | 987,853 | 990,803 | 990,803 | 2,950 |
| Maryland | 3,349,234 | 3,318,151 | 3,318,151 | (31,083) |
| Massachusetts | 4,073,880 | 4,017,156 | 4,017,156 | (56,724) |
| Michigan | 6,017,107 | 5,902,257 | 5,902,257 | (114,850) |
| Minnesota | 3,164,892 | 3,153,690 | 3,153,690 | (11,202) |
| Mississippi | 1,637,308 | 1,596,929 | 1,596,929 | (40,379) |
| Missouri | 3,628,224 | 3,535,238 | 3,535,238 | (92,986) |
| Montana | 977,209 | 961,000 | 961,000 | (16,209) |
| Nebraska | 1,072,380 | 1,057,181 | 1,057,181 | (15,199) |
| Nevada | 1,725,677 | 1,698,714 | 1,698,714 | (26,963) |
| New Hampshire | 977,209 | 961,000 | 961,000 | (16,209) |
| New Jersey | 5,280,197 | 5,145,774 | 5,145,774 | (134,423) |
| New Mexico | 1,295,901 | 1,270,385 | 1,270,385 | (25,516) |
| New York | 11,797,827 | 11,476,056 | 11,476,056 | (321,771) |
| North Carolina | 5,977,135 | 5,901,449 | 5,901,449 | (75,686) |
| North Dakota | 977,209 | 961,000 | 961,000 | (16,209) |
| Ohio | 6,976,848 | 6,822,017 | 6,822,017 | (154,831) |
| Oklahoma | 2,151,672 | 2,088,528 | 2,088,528 | (63,144) |
| Oregon | 2,620,514 | 2,607,699 | 2,607,699 | (12,815) |
| Pennsylvania | 8,283,819 | 8,116,116 | 8,116,116 | (167,703) |
| Rhode Island | 977,209 | 961,000 | 961,000 | (16,209) |
| South Carolina | 3,224,182 | 3,196,494 | 3,196,494 | (27,688) |
| South Dakota | 977,209 | 961,000 | 961,000 | (16,209) |
| Tennessee | 3,941,580 | 3,844,494 | 3,844,494 | (97,086) |
| Texas | 12,656,560 | 12,483,646 | 12,483,646 | (172,914) |
| Utah | 1,263,526 | 1,251,936 | 1,251,936 | (11,590) |
| Vermont | 977,209 | 961,000 | 961,000 | (16,209) |
| Virginia | 4,704,771 | 4,662,804 | 4,662,804 | (41,967) |
| Washington | 4,121,774 | 4,118,950 | 4,118,950 | (2,824) |
| West Virginia | 1,246,458 | 1,208,951 | 1,208,951 | (37,507) |
| Wisconsin | 3,478,459 | 3,456,610 | 3,456,610 | (21,849) |
| Wyoming | 977,209 | 961,000 | 961,000 | (16,209) |
| **Subtotal** | **191,524,023** | **188,393,752** | **188,393,752** | **(3,130,271)** |
| American Samoa | 122,151 | 120,125 | 120,125 | (2,026) |
| Guam | 488,605 | 480,500 | 480,500 | (8,105) |
| Northern Marianas | 122,151 | 120,125 | 120,125 | (2,026) |
| Puerto Rico | 2,696,450 | 2,604,998 | 2,604,998 | (91,452) |
| Virgin Islands | 488,605 | 480,500 | 480,500 | (8,105) |
| **Subtotal** | **3,917,962** | **3,806,248** | **3,806,248** | **(111,714)** |
| **Total States/Territories** | **195,441,985** | **192,200,000** | **192,200,000** | **(3,241,985)** |
| Undistributed/1 | 9,558,015 | 12,800,000 | 12,800,000 | 3,241,985 |
| **TOTAL RESOURCES** | **205,000,000** | **205,000,000** | **205,000,000** | **--** |

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

## Native American Caregiver Support Services

| Services | FY 2023  Final | FY 2024  Continuing Resolution | FY 2025  President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Native American Caregiver Support Services | $12,000 | $12,000 | $12,000 | -- |

\*BA is in thousands of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Formula Grant

### Program Description

The Native American Caregiver Support Services program provides grants to tribal organizations to support family and informal caregivers of American Indian, Alaskan Native, and Native Hawaiian elders. Funding is allocated to eligible trial organizations based on their share of the American Indian, Alaskan Native, and Native Hawaiian populations aged 60 and over. Organizations must receive a grant under the Native American Nutrition and Supportive Services program to receive this funding.

An estimated 1.1 million people aged 60 and over identify themselves as Native American or Alaskan Native, alone or in combination with another racial group. The 2020 survey by the National Resource Center on Native American Aging, *Identifying Our Needs: A Survey of Elders,* shows that 33.7 percent of tribal elders have a family member as a caregiver.

At present, ACL oversees 233 individual grants to over 400 tribal organizations across the nation for Title VI caregiver services. Services offered by these grants include:

* Information and outreach on topics related to providing care, such as insurance coverage, dementia, diabetes, and substance misuse.
* Access assistance such as home visits to assess the needs of both caregivers and recipients of care, help with accessing insurance, Medicare, or medical services, and referrals to local health clinics or other medical providers.
* Counseling, support groups, and training on caregiving topics, including training for kin and grandparent caregivers.
* Respite care, most typically in the form of payments to a respite care worker (often a family member) for a certain number of hours per week or per month.
* Supplemental services, such as supplies and equipment available through lending closets, that support community members in their caregiving roles.

Together, these vital services help tribal elders age in place with dignity, reduce the need for costly nursing home care and medical interventions, are responsive to the needs of Native American communities, many of which are geographically isolated, and represent an integral part of each community’s comprehensive services.

Additionally, nearly one-third of Native American older adults are caring for grandchildren, and of those 11 percent are the primary caregiver. The program provides support, counseling, training, and other services to reduce the financial and emotional burden placed on these elders.

Native American Caregiver Support Services are aligned with ACL’s caregiver support programs that are funded under Title III-D of the Older Americans Act with one important difference: A core value of the Native American Caregiver Support Services program is that it does not replace the tradition of families caring for their elders. Rather the program seeks to provide culturally sensitive support that strengthens the family caregiver role. This is critical because American Indian, Alaskan Native, and Native Hawaiian families have a strong tradition and cultural emphasis on in-home care, respect for elders, and community.

### Budget Request:

The FY 2025 request for Native American Caregiver Support Services is $12,000,000, the same as the FY 2024 continuing resolution level to maintain critical services for caregivers of American Indian, Alaskan Native, and Native Hawaiian elders. The request maintains the increases provided in FY 2022 and FY 2023.

In addition, ACL is requesting additional Program Administration funding to create an ACL-specific tribal consultation program. This shift from an informal engagement approach to a more formal consultation directly with tribes would complement ACL’s participation in HHS-wide tribal consultations result in more frequent — and more direct — engagement with tribal leaders on issues specific to tribal elders and people with disabilities in tribal communities.

### Funding History:

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

| Fiscal Year | Amount | COVID-19 Supplemental Funding |
| --- | --- | --- |
| FY 2021 | $10,806,000 | $8,330,000 |
| FY 2022 | $11,306,000 | -- |
| FY 2023 | $12,000,000 | -- |
| FY 2024 Continuing Resolution | $12,000,000 | -- |
| FY 2025 President’s Budget | $12,000,000 | -- |

### Program Accomplishments:

ACL’s Title VI caregiver support programs reach caregivers of elders with the greatest need. According to a recent evaluation, they are older, have lower income, and are more likely to have difficulty with activities of daily living and instrumental activities of daily living than elders not using Title VI services.

In FY 2021, the most recent year for which data is available, more than 1.3 million units of family caregiver services were provided through the program. This includes services such as respite care; information and referral services; caregiver training; and support groups. ACL performance data indicate that by supporting family caregivers, these services help many Native American Elders remain independent and in the community for longer than they would be able to without these services.

### Grant Awards Table:

Native American Caregiver Support Services - Grants

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 263 | 263 | 263 |
| Average Award | $44,847 | $44,805 | $44,805 |
| Range of Awards | $18,750 - $76,684 | $18,740 - $76,226 | $18,790 - $44,943 |

## Alzheimer’s Disease Program

| Services | FY 2023 Final Level | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Alzheimer’s Disease Program | $31,500 | $31,500 | $31,500 | -- |
| Direct Appropriations | $16,800 | $16,800 | $16,800 | -- |
| PPHF | $14,700 | $14,700 | $14,700 | -- |
| FTEs | -- | 2 | 3 | +3 |

\*BA is in thousands of dollars, FTE are in whole numbers,

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131. In FY 2025 we are proposing new authority for the program under Title III-F authority (see proposed A-19).

FY 2025 Authorization Expired

Expiration Date OAA, FY 2024/ACA (§300u-11) Indefinite

Allocation Method Competitive Grants/Cooperative Agreements and Contracts

### Program Description:

Through the Alzheimer’s Disease Program Initiative (ADPI) program, ACL awards competitive grants to states, communities, and tribal organizations to support the provision of person-centered, home and community-based services to people with Alzheimer’s disease and related dementias (ADRD) and their caregivers. Each project contributes to a growing nationwide system designed to identify people with ADRD – and their caregivers – and to offer effective and coordinated services and supports that are responsive to their unique needs.

Grantees receive both funding and extensive technical assistance to support the development and delivery of culturally competent, evidence-based direct services for people living with ADRD and their caregivers. These services typically are offered through partnerships between public and private entities. This approach ensures they are effectively embedded in the local community, reflect local needs and preferences, and are sustainable once federal funding ends. While each grant reflects the needs of the community it is designed to serve, a key focus of the ADPI is piloting programs for people living alone with ADRD, people with intellectual and developmental disabilities and ADRD, people at high risk of ADRD, and caregivers who are learning to manage the behavioral challenges that may develop with ADRD.

To support this work, ACL also funds the [National Alzheimer’s and Dementia Resource Center.](https://nadrc.acl.gov/home) to provide technical assistance to program grantees, develop and disseminate resources, build awareness of ADRD, and provide training and education for both service providers and family caregivers.

As the number of people 65 and older rapidly increases, the number of people living with ADRDs is expected to reach 13.8 million by 2060. Approximately one-third of people with ADRD live alone in the community, which increases their risks of malnutrition, injury, and abuse.

Because dementia is a progressive condition, the needs of people living with ADRD increase over time. In addition to significant medical care, meeting those needs typically requires a comprehensive range of dementia-capable home and community-based services and extensive support from family caregivers. Caregiver stress and support needs also increases over time, as the volume and complexity of care they provide increase. When caregivers become overwhelmed and cannot continue to provide care, residential care – which is typically significantly more expensive – is often the only option, making support to family caregivers of people with ADRD crucial, as well.

The ADPI program supports states and communities in addressing their most critical gaps in dementia services and is building capability across the country to support growing needs, making the program of paramount importance to the nation.

### Budget Request:

The FY 2025 request for the Alzheimer’s Disease Programs Initiative is $31,500,000, the same as the FY 2023 final level. ACL also proposes to change the way grants are awarded through this program in order to better achieve the program’s overarching goals. Specifically, ACL proposes to fund formula grants to every state to support national implementation of the proven and effective models that have been developed over the last two decades through the ADPI demonstration grants.

For two decades, the Alzheimer’s Disease Program Initiative has awarded competitive grants to fund time-limited demonstration and pilot projects at the state and local level. The projects funded through those grants have advanced dementia capability in almost every state and have supported development of effective programs and interventions that can be replicated and across the country.

While tremendously effective in supporting innovation and the development and testing of new approaches, the reach of these demonstration projects is limited to a few states each year. In addition, because of the time-limited nature of the grants, the program has not been able to support sustained national implementation of the programs and services that are needed by people with ADRD and their caregivers.

ACL proposes to shift the authority used for these grants to allow for formula grants using an Older Americans Act Title III population formula. The proposal would maintain support for the Alzheimer’s Call Center and the National Alzheimer’s and Dementia Resource Center. In addition, the proposal would set aside 5 percent of funding to continue innovation efforts. Remaining funding would be allocated through formula grants to each state.

As noted above, the number of older adults continues to increase rapidly, and the number of new ADRD cases diagnosed each year is estimated to more than double in the coming decades.[[37]](#footnote-38) Rapid advancement of our national dementia capability, and increased availability of high-quality, long-term services and supports tailored to the individual needs of the people with ADRD and family caregivers who receive them, are imperative to their health and well-being.

### Legislative Proposal:

ACL’s request includes the following legislative proposal:

* Authorization of Alzheimer’s Disease Program: ACL proposes to create Title III-F of the Older Americans Act (OAA) to authorize an Alzheimer’s Disease and Related Disorders formula grant program to states. This program would support consistent implementation across states of the effective models created through ADPI demonstration grants over the last two decades.

### Funding History:

| Fiscal Year | Amount |
| --- | --- |
| FY 2021/1 | $27,500,000 |
| FY 2022/1 | $29,500,000 |
| FY 2023 /1 | $31,500,000 |
| FY 2024 Continuing Resolution | $31,500,000 |
| FY 2025 President’s Budget/1 | $31,500,000 |

/1 All years include $14.7 million in funding from the Prevention and Public Health Fund.

### Program Accomplishments:

The Alzheimer’s Disease Programs Initiative (ADPI) grants support states, communities, and tribes in developing and testing promising practices to support people living with ADRD and their caregivers. Over the past two decades, ADPI grantees have:

* Developed and implemented home and community-based services and supports to meet the individual needs of people living with ADRD and their caregivers. In 2022, more than 7,000 people living with ADRD and more than 7,500 caregivers benefitted from direct service programs; over a third of the people who received services were members of underserved populations.
* Developed and delivered training for professionals, including primary care providers, registered nurses, social workers, and community health workers. In 2022, more than 17,500 professionals participated in in-person and virtual training to better serve those with ADRD in their practices and their local communities.
* Worked with public and private entities to identify and address the unique needs of people living with ADRD and their caregivers.
* Shared lessons learned and promising practices to enable local programs serving people with ADRD and their caregivers to be scaled and replicated in other communities.
* Developed approaches to better meet the unique needs of a number of underserved populations, including people from African American, Asian/Pacific Islander, Filipino, Hispanic, Hmong, Native American, Persian and Somali communities; people with intellectual and developmental Disabilities (I/DD); and people who have low incomes and/or live in rural areas.

Collectively, these ADPI-funded projects are increasing national dementia capability, which has resulted in:

* Broader range of services and supports available to people living with ADRD.
* Improved capacity to provide specialized services to people with ADRD and their caregivers.
* Increased availability of dementia education for communities and professionals who provide services to people with ADRD.
* Adoption of standardized, measurable, and replicable procedures for community dementia screenings so that more people with ADRD can receive an early diagnosis and have access to treatments and appropriate supports and services.

Ultimately, the Alzheimer’s Disease Programs Initiative programs have made it possible for more people with ADRD to remain in their homes and communities.

### Outcome and Outputs Tables: Alzheimer’s Disease Program:

| **Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| ALZ.3 Improve dementia capability of long-term support systems to create dementia-friendly, livable communities. (Outcome) | FY 2021: 16%  Target: 17%  (Target Not Met) | 17% | 17% | Maintain |

| Indicator | Year and Most Recent Result | FY 2024  Projection | FY 2025  Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output AC: Cumulative number of individuals served (Alzheimer Program)\* *(Output)* | FY 2020: 118,250 | Set Baseline | Set Baseline | Maintain |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

### Grant Awards Tables:

Alzheimer’s Disease Program – Grants

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 39 | 49 | 3 |
| Average Award | $490,334 | $490,334 | $830,111 |
| Range of Awards | $223,771 - $2,000,000 | $223,711 - $2,000,000 | $223,711 - $2,000,000 |

Alzheimer’s Disease Program – Formula Grants

| Category | FY 2023 Final/1 | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | -- | -- | 56 |
| Average Award | -- | -- | $461,161 |
| Range of Awards | -- | -- | $16,161 - $2,654,635 |

1/ FY 2023 does not reflect grants awarded from carryover funds.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

PROGRAM/CFDA NUMBER: Alzheimer’s Disease Program (CFDA 93.052)

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | -- | -- | 391,504 | 391,504 |
| Alaska | -- | -- | 129,125 | 129,125 |
| Arizona | -- | -- | 573,361 | 573,361 |
| Arkansas | -- | -- | 230,395 | 230,395 |
| California | -- | -- | 2,654,635 | 2,654,635 |
| Colorado | -- | -- | 396,322 | 396,322 |
| Connecticut | -- | -- | 288,427 | 288,427 |
| Delaware | -- | -- | 129,125 | 129,125 |
| District of Columbia | -- | -- | 129,125 | 129,125 |
| Florida | -- | -- | 1,977,815 | 1,977,815 |
| Georgia | -- | -- | 719,318 | 719,318 |
| Hawaii | -- | -- | 129,125 | 129,125 |
| Idaho | -- | -- | 140,573 | 140,573 |
| Illinois | -- | -- | 932,329 | 932,329 |
| Indiana | -- | -- | 498,756 | 498,756 |
| Iowa | -- | -- | 249,366 | 249,366 |
| Kansas | -- | -- | 215,870 | 215,870 |
| Kentucky | -- | -- | 341,454 | 341,454 |
| Louisiana | -- | -- | 337,123 | 337,123 |
| Maine | -- | -- | 132,314 | 132,314 |
| Maryland | -- | -- | 454,790 | 454,790 |
| Massachusetts | -- | -- | 543,696 | 543,696 |
| Michigan | -- | -- | 807,681 | 807,681 |
| Minnesota | -- | -- | 432,134 | 432,134 |
| Mississippi | -- | -- | 218,343 | 218,343 |
| Missouri | -- | -- | 479,623 | 479,623 |
| Montana | -- | -- | 129,125 | 129,125 |
| Nebraska | -- | -- | 142,626 | 142,626 |
| Nevada | -- | -- | 229,424 | 229,424 |
| New Hampshire | -- | -- | 129,125 | 129,125 |
| New Jersey | -- | -- | 700,000 | 700,000 |
| New Mexico | -- | -- | 169,455 | 169,455 |
| New York | -- | -- | 1,526,744 | 1,526,744 |
| North Carolina | -- | -- | 797,806 | 797,806 |
| North Dakota | -- | -- | 129,125 | 129,125 |
| Ohio | -- | -- | 927,328 | 927,328 |
| Oklahoma | -- | -- | 284,137 | 284,137 |
| Oregon | -- | -- | 339,086 | 339,086 |
| Pennsylvania | -- | -- | 1,080,699 | 1,080,699 |
| Rhode Island | -- | -- | 129,125 | 129,125 |
| South Carolina | -- | -- | 426,966 | 426,966 |
| South Dakota | -- | -- | 129,125 | 129,125 |
| Tennessee | -- | -- | 525,008 | 525,008 |
| Texas | -- | -- | 1,771,830 | 1,771,830 |
| Utah | -- | -- | 175,827 | 175,827 |
| Vermont | -- | -- | 129,125 | 129,125 |
| Virginia | -- | -- | 631,924 | 631,924 |
| Washington | -- | -- | 559,216 | 559,216 |
| West Virginia | -- | -- | 156,806 | 156,806 |
| Wisconsin | -- | -- | 476,859 | 476,859 |
| Wyoming | -- | -- | 129,125 | 129,125 |
| **Subtotal** | **--** | **--** | **25,357,945** | **25,357,945** |
| American Samoa | -- | -- | 16,141 | 16,141 |
| Guam | -- | -- | 64,563 | 64,563 |
| Northern Marianas | -- | -- | 16,141 | 16,141 |
| Puerto Rico | -- | -- | 305,647 | 305,647 |
| Virgin Islands | -- | -- | 64,563 | 64,563 |
| **Subtotal** | **--** | -- | **467,055** | **467,055** |
| **Total States/Territories** | **--** | -- | **25,825,000** | **25,825,000** |
| Undistributed/1 | -- | -- | 5,675,000 | 5,675,000 |
| **TOTAL RESOURCES** | **--** | -- | **31,500,000** | **31,500,000** |

1/ Undistributed funding includes previous innovation grants, technical assistance, support programs and grants and contracts which support the Alzheimer’s Disease Program.

## Lifespan Respite Care

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Lifespan Respite Care | $10.000 | $10.000 | $10.000 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Expiration Date 2011

Allocation Method Competitive Grants

### Program Description:

Respite care is a critical service that gives informal caregivers a temporary break from their responsibilities, preventing caregiver burnout and making community living possible for the millions of people who rely on family members to maintain their independence. Respite care services are among the most frequently requested supportive services for family caregivers.[[38]](#footnote-39) Respite is second only to direct financial assistance as a key priority of surveyed family caregivers.[[39]](#footnote-40) However, these services are often difficult to find and access, unaffordable, or in short supply. Accessing respite care services is particularly difficult given the direct care workforce crisis. As a result, a found that 85 percent of family caregivers receive no respite services at all.[[40]](#footnote-41) The barriers to accessing and using respite services are often particularly high for caregivers of people with significant support needs, such as family caregivers of people with intellectual and developmental disabilities, Alzheimer’s disease, spinal cord injuries, multiple sclerosis, and serious emotional disorders, as well caregivers providing support to veterans and people who are autistic.[[41]](#footnote-42)

The Lifespan Respite Care program provides grants to state government agencies to improve the quality of – and access to – respite care for family caregivers of older adults and people of all ages with disabilities. Special emphasis is placed on implementing or enhancing lifespan respite care statewide and building or improving the capacity of states’ long-term care systems to respond to the comprehensive needs of care recipients.

The program also supports technical assistance and training to states, community, and nonprofit respite care programs. It helps advance state systems and capacities to deliver respite care and address the systemic infrastructure necessary to mitigate gaps in respite care services. The program also works to ensure caregivers can access quality respite care by providing information, referral services, and public education programs on respite care, as well as maintaining a publicly available national database of providers by ZIP code and type of care they offer.

### Budget Request:

The FY 2025 request for the Lifespan Respite Care program is $10,000,000, the same as the FY 2023 final level. The request will maintain access to respite services at the state level; support development of more efficient, cost-effective methods of providing respite services; and continue outreach to historically underserved communities to populations.

### Funding History:

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $7,110,000 |
| FY 2022 | $8,110,000 |
| FY 2023 | $10,000,000 |
| FY 2024 Continuing Resolution | $10,000,000 |
| FY 2025 President’s Budget | $10,000,000 |

### Program Accomplishments:

Since its inception in 2009, the Lifespan Respite Care program has awarded 139 grants to 38 states, and the District of Columbia, to develop, expand, integrate, and sustain their respite care systems and funded a National Technical Assistance Resource Center.

In almost every state in the nation, the program has resulted in the creation and adoption of statewide respite plans through the engagement of stakeholders and support for statewide coalitions to reach the broadest possible cross section of people who need respite care services. Training programs for respite providers have been replicated across states, increasing the number of trained respite professionals.

The program also provides trainings for caregivers themselves. Examples of these training programs includes therapeutic journaling to manage stress, guilt, bereavement, loss, and loneliness; support for working caregivers and underserved populations of caregivers such as those caring for medically fragile children and teens; and teaching caregivers how to manage their own health care needs while providing support to another.

A key focus of the program since its inception has been filling gaps in existing respite services, such as services in rural areas and services for caregivers of children with intellectual and developmental disabilities, adults with physical disabilities, and members of underserved communities. Feedback from caregivers who received respite care illustrate the value of these services to family caregivers across nation:

* “The respite breaks help me recharge so I can continue to be a better caregiver.”
* “Just having respite from 24/7 care for even an hour or two really makes a difference. My spirit, body, and mind can feel the relief.”
* “Being a fulltime caregiver for my sister can bring many emotional and physical challenges. Thank you for providing these much-needed services so that I can take better care of her, myself, and all of my family’s needs.”
* “Without this program I would not be able to take care of my health. I am now able to keep medical appointments and follow-up appointments recommended by my doctor and do preventative tests.”

The National Strategy to Support Family Caregivers, which was released in 2022, called for increased access to respite for family caregivers. In response, the Lifespan Respite TA center developed a [“Policy-to-Practice” brief](https://archrespite.org/library/the-role-of-respite-in-the-national-strategy-to-support-family-caregivers/) to make it easy for agencies, providers, and others to identify specific actions within the Strategy they can take to increase the use of respite – and the quality of respite services – as a part of comprehensive approach to increasing support for family caregivers.

To be truly effective, such an approach will require uniform data that shows which services are most effective. That’s why, in FY 2023, all respite grantees began using a new data collection tool to gather consistent information on the people they serve, the kinds of respite services provided, the types of education and trainings provided, plus a range of other topics. The data collected as a result of this effort will drive the creation of more evidence-based practices to better support family caregivers.

### Grant Awards Table:

Lifespan Respite Care Grant Awards

| Category | FY 2022 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 34 | 33 | 33 |
| Average Award | $284,275 | $293,205 | $293,205 |
| Range of Awards | $50,392 - $400,000 | $85,559 - $400,000 | $85,559 - $400,000 |

# Protection of Vulnerable Adults

## Summary of Request

Protection of Vulnerable Adults consists of several distinct, but complementary, programs that uphold the rights of older adults and prevent, detect, and respond to elder abuse, neglect, and exploitation, both in homes in the community and in residential facilities, such as nursing homes.

As the population of older adults increases, the problem of elder abuse, neglect, and exploitation continues to grow. Data from state adult protective services (APS) agencies show an increasing trend in reports of adult maltreatment. Prior to the COVID-19 pandemic, research suggested that that at least 10 percent of older adults in the United States, or approximately five million people, experience abuse each year, and many experience it in multiple forms.[[42]](#footnote-43) A study conducted in 2020 estimated that the prevalence of elder maltreatment during the pandemic increased by an astounding 84 percent.[[43]](#footnote-44) These increases are particularly concerning given that as few as one in 23 cases of elder abuse and one in 44 cases of financial exploitation are reported. [[44]](#footnote-45)

The negative effects of abuse, neglect, and exploitation on the health and independence of older adults are extensive. Research has demonstrated that victims of even modest forms of elder abuse have dramatically higher (300 percent) morbidity and mortality rates than older people who have not experienced abuse.[[45]](#footnote-46) Abuse, neglect, and exploitation also increase the likelihood of heart attacks, dementia, depression, chronic diseases, and psychological distress. These unnecessary health problems result in a growing number of older adults who are accessing the healthcare system more frequently (including emergency room visits and hospital admissions) and are ultimately forced to leave their homes and communities prematurely.[[46]](#footnote-47)

ACL’s programs that focus on Protection of Vulnerable Adults work together to prevent these outcomes for older people and adults with disabilities and to uphold their basic human right to live free from abuse. Together, these programs provide a foundation and establish best practices for states to expand and improve the protection of older people living in their communities and in long-term care settings. These programs (1) increase the information and technical assistance available to the public, states, and localities in preventing and addressing abuse; (2) protect the rights of older adults and people with disabilities and prevent and address abuse, neglect and exploitation; (3) reduce health-care fraud and abuse; and (4) provide assistance to states and tribes in developing elder justice systems. This multifaceted approach to resolving elder abuse, neglect, and exploitation is essential to fulfilling the shared mission of the Older Americans Act and the Elder Justice Act. To that end, ACL’s FY 2025 request for protection of vulnerable adults programs is $95,532,000 million, the same as the FY 2023 final level,[[47]](#footnote-48) which maintains the small but critical increases from FY 2022 and FY 2023, including the first annual funding for APS Formula grants in FY 2023. The request includes:

* $21,885,000 for Long-Term Care Ombudsman Program
* $4,773,000 for Prevention of Elder Abuse and Neglect
* $35,000,000 for Health Care Fraud and Abuse Control/Senior Medicare Patrol (HCFAC/SMP)
* $3,874,000 for Elder Rights Support Activities
* $30,000,000 for Elder Justice/Adult Protective Service

## Long-Term Care Ombudsman Program

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Long-Term Care Ombudsman Program | $21.885 | $21.885 | $21.885 | -- |

\*BA is in millions of dollars.

Original Authorizing Legislation: Section 702 and 712 of the Older Americans Act of 1965, Public Law 89-73.

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Formula Grant

### Program Description:

The Long-Term Care (LTC) Ombudsman program is a consumer advocacy program that works to improve the quality of life and care for the estimated three million individuals of all ages who reside in over 76,000 long-term care facilities (over 15,700 licensed nursing facilities and 60,300 assisted living/board and care facilities). Ombudsmen resolve complaints with, and on behalf of, these residents, while advocating for systemic improvement of long-term services and supports, including routinely monitoring the condition of long-term care facilities.

The program provides formula grants to states and territories based on the number of people age 60 and older to support the training, travel, and other operating costs of nearly 6,000 designated staff and volunteers. It complements ACL’s other elder rights programs and is a critical component of a comprehensive system of services that prevent, detect, and resolve elder abuse, neglect, and exploitation.

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

Ombudsmen also advocate on behalf of residents by representing their interests before government and administrative entities, providing information to residents and families about long-term services and supports, and educating the public about issues related to long-term services and supports policies and regulations.

Federal and state policy changes – including the expansion of Medicaid Home & Community Based Services (HCBS), the increase of Medicaid managed LTSS, and demonstration projects to serve people receiving both Medicare and Medicaid – have created new opportunities for people who currently reside in nursing homes or other long-term care facilities to move to homes in the community. Ombudsmen and their representatives work to ensure residents understand their options and that strong beneficiary support systems are in place in all settings.

Ombudsman roles are also changing and becoming more complex in response to changing preferences and needs of older adults. Increasingly, people are choosing to live in residential settings, such as assisted living and other residential care communities (known by various names under state laws), other than nursing homes. As a result, LTC Ombudsman programs report increasing work, both at the individual complaint and the systems levels on behalf of people living in these types of residential settings.

### Budget Request:

The FY 2025 request for the LTC Ombudsman program is $21,885,000, the same as the FY 2023 final level, which maintains the small but critical increases the program received between FY 2022 and FY 2023. The request will allow the program to continue to offer core services, particularly for the people in greatest need. These services, which include working with long-term care residents to resolve complaints, advocating for systemic improvement of long-term services and supports, and routinely monitoring the condition of long-term care facilities, are critical to upholding the rights of people living in long-term care facilities.

### Funding History:

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

| Fiscal Year | Amount | COVID-19 Supplemental Funding |
| --- | --- | --- |
| FY 2021 | $18,885,000 | $10,000,000 |
| FY 2022 /1 | $19,885,000 | -- |
| FY 2023 | $21,885,000 | -- |
| FY 2024 Continuing Resolution | $21,885,000 | -- |
| FY 2025 President’s Budget | $21,885,000 | -- |

1/ The amount listed does not include $18 million provided out of funding for Elder Justice in FY 2022 in the American Rescue Plan Act of 2021.

### Program Accomplishments:

In 2022, ombudsman and their representatives received nearly 183,000 complaints from (or on behalf of) residents of long-term care facilities – an increase of nearly 11 percent from the prior year. Despite the increase in demand, ombudsman programs were able to fully or partially resolve nearly three-quarters of these complaints.

The efficiency of the LTC Ombudsman program is due in part to strong support from volunteers who visit residents regularly and assist with problem resolution. These trained volunteer ombudsmen extend and amplify the successful work of the LTC Ombudsman. In FY 2022, volunteers provided over 231,447 hours of assistance with improving the quality of life and care for residents of long-term care facilities.

### Outcomes and Outputs Tables: Long-Term Care Ombudsman Program:

| **Measure** | **Year and Most Recent Result /  Target for Recent Result/  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| 2.14a Percent of complaints partially/fully resolved to the satisfaction of the complainant.\* (Outcome) | FY 2022: 71.08 %  Target: 71.08 %  (Baseline) | 72 % | 72 % | Maintain |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on three years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

| Indicator | Year and Most Recent Result | FY 2024  Projection | FY 2025 Projection | FY 2025  Projection  +/- FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output Y: Number of Complaints (LTCOP)\* (*Output)* | FY 2022: 182,864 | Set Baseline | Set Baseline | Maintain |
| Output Z: Number of instances of Information & Assistance\* *(Output)* | FY 2022: 407,817 | Set Baseline | Set Baseline | Maintain |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

### Grant Awards Table

Long-Term Care Ombudsman Program Formula Grant Awards

| Category | FY 2023  Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $389,100 | $386,896 | $386,896 |
| Range of Awards | $13,619 - $2,244,198 | $13,541 - $2,227,131 | $13,541 - $2,227,131 |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 331,877 | 328,456 | 328,456 | (3,421) |
| Alaska | 108,948 | 108,331 | 108,331 | (617) |
| Arizona | 484,808 | 484,219 | 484,219 | (589) |
| Arkansas | 195,166 | 193,293 | 193,293 | (1,873) |
| California | 2,244,198 | 2,227,131 | 2,227,131 | (17,067) |
| Colorado | 334,195 | 332,498 | 332,498 | (1,697) |
| Connecticut | 245,054 | 241,979 | 241,979 | (3,075) |
| Delaware | 108,948 | 108,331 | 108,331 | (617) |
| District of Columbia | 108,948 | 108,331 | 108,331 | (617) |
| Florida | 1,647,774 | 1,659,308 | 1,659,308 | 11,534 |
| Georgia | 603,711 | 603,479 | 603,479 | (232) |
| Hawaii | 108,948 | 108,331 | 108,331 | (617) |
| Idaho | 117,300 | 117,935 | 117,935 | 635 |
| Illinois | 792,081 | 782,187 | 782,187 | (9,894) |
| Indiana | 420,564 | 418,437 | 418,437 | (2,127) |
| Iowa | 210,324 | 209,208 | 209,208 | (1,116) |
| Kansas | 183,236 | 181,106 | 181,106 | (2,130) |
| Kentucky | 289,306 | 286,467 | 286,467 | (2,839) |
| Louisiana | 287,474 | 282,833 | 282,833 | (4,641) |
| Maine | 110,260 | 111,006 | 111,006 | 746 |
| Maryland | 381,794 | 381,551 | 381,551 | (243) |
| Massachusetts | 457,300 | 456,140 | 456,140 | (1,160) |
| Michigan | 684,914 | 677,613 | 677,613 | (7,301) |
| Minnesota | 362,279 | 362,543 | 362,543 | 264 |
| Mississippi | 185,555 | 183,181 | 183,181 | (2,374) |
| Missouri | 406,813 | 402,385 | 402,385 | (4,428) |
| Montana | 108,948 | 108,331 | 108,331 | (617) |
| Nebraska | 120,423 | 119,658 | 119,658 | (765) |
| Nevada | 192,699 | 192,477 | 192,477 | (222) |
| New Hampshire | 108,948 | 108,331 | 108,331 | (617) |
| New Jersey | 593,444 | 587,272 | 587,272 | (6,172) |
| New Mexico | 141,040 | 139,564 | 139,564 | (1,476) |
| New York | 1,300,576 | 1,280,877 | 1,280,877 | (19,699) |
| North Carolina | 669,512 | 669,328 | 669,328 | (184) |
| North Dakota | 108,948 | 108,331 | 108,331 | (617) |
| Ohio | 787,715 | 777,992 | 777,992 | (9,723) |
| Oklahoma | 241,290 | 238,380 | 238,380 | (2,910) |
| Oregon | 287,162 | 284,480 | 284,480 | (2,682) |
| Pennsylvania | 916,580 | 906,664 | 906,664 | (9,916) |
| Rhode Island | 108,948 | 108,331 | 108,331 | (617) |
| South Carolina | 356,640 | 358,208 | 358,208 | 1,568 |
| South Dakota | 108,948 | 108,331 | 108,331 | (617) |
| Tennessee | 443,500 | 440,461 | 440,461 | (3,039) |
| Texas | 1,487,218 | 1,486,495 | 1,486,495 | (723) |
| Utah | 147,032 | 146,922 | 146,922 | (110) |
| Vermont | 108,948 | 108,331 | 108,331 | (617) |
| Virginia | 529,805 | 530,159 | 530,159 | 354 |
| Washington | 470,028 | 469,160 | 469,160 | (868) |
| West Virginia | 134,735 | 131,554 | 131,554 | (3,181) |
| Wisconsin | 399,948 | 400,066 | 400,066 | 118 |
| Wyoming | 108,948 | 108,331 | 108,331 | (617) |
| **Subtotal** | **21,393,758** | **21,274,313** | **21,274,313** | **(119,445)** |
| American Samoa | 13,619 | 13,541 | 13,541 | (78) |
| Guam | 54,474 | 54,165 | 54,165 | (309) |
| Northern Marianas | 13,619 | 13,541 | 13,541 | (78) |
| Puerto Rico | 259,661 | 256,425 | 256,425 | (3,236) |
| Virgin Islands | 54,474 | 54,165 | 54,165 | (309) |
| **Subtotal** | **395,847** | **391,837** | **391,837** | **(4,010)** |
| **Total States/Territories** | **21,789,605** | **21,666,150** | **21,666,150** | **(123,455)** |
| Undistributed/1 | 95,395 | 218,850 | 218,850 | 123,455 |
| **TOTAL RESOURCES** | **21,885,000** | **21,885,000** | **21,885,000** | **--** |

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

## Prevention of Elder Abuse and Neglect

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Prevention of Elder Abuse & Neglect | $4.773 | $4.773 | $4.773 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Formula Grant

### Program Description:

The Prevention of Elder Abuse and Neglect program, which is authorized under Older Americans Act (OAA) Title VII, Section 721, provides formula grants to state units on aging, based on their share of the population 60 and over, to train state and local officials and promote public awareness of elder abuse. The program also supports state and local elder abuse prevention coalitions and multi-disciplinary teams. The program coordinates activities with state and local Adult Protective Services programs (over half of which are directly administered by state units on aging) and other professionals who work to address issues of elder abuse and elder justice.

The Prevention of Elder Abuse and Neglect program is a crucial piece of ACL’s ongoing commitment to protecting the rights of older adults and promoting their dignity and autonomy. Through education efforts directed at aging network professionals, awareness initiatives directed towards broad populations of older people, their families, and communities to expose problems that would otherwise be hidden from view, and providing a voice for older adults, the program helps ensure that all older Americans are able to age with dignity in a safe environment.

### Budget Request:

The FY 2025 request for the Prevention of Elder Abuse and Neglect program is $4,773,000, the same as the FY 2023 final level. This will allow states and territories to continue to train law enforcement officials, develop and distribute educational materials, conduct public awareness campaigns, and create community coalitions and multidisciplinary teams to investigate and respond to elder abuse and neglect.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $4,773,000 |
| FY 2022 | $4,773,000 |
| FY 2023 | $4,773,000 |
| FY 2024 Continuing Resolution | $4,773,000 |
| FY 2025 President’s Budget | $4,773,000 |

### Program Accomplishments:

In FY 2021 and FY 2022, over $38 million of the Prevention of Elder Abuse and Neglect services expenditures was leveraged from non-OAA funds, a ratio of more than $9 non-OAA funds for every dollar of funding from ACL.  States use their OAA Title VII, Section 721 funding for a number of different activities, including:

* In 2022, the Connecticut SUA used a portion of the Elder Abuse Prevention funds to support the work of the Coalition for Elder Justice in Connecticut. The coalition has worked collaboratively with the Attorney General’s Office to support the new [Elder Justice Hotline](https://portal.ct.gov/ag/elderhotline#:~:text=Have%20you%20or%20your%20loved,who%20are%20available%20to%20help.), present at the Connecticut Coalition to End Homelessness Annual Training Institute, promote the Walk for WEAAD (World Elder Abuse Awareness Day) by hosting weekly walks across the state to raise awareness, provide training to state and municipal police through partnership with the Connecticut Police Academy, appear on AARP’s monthly “Fraud Fighting Fridays” webinars, and offer monthly webinars geared toward attorneys and social workers who are appointed as conservators in collaboration with the Office of Probate Administration and the Connecticut Bar Association, Elder Law Section.
* The Idaho Commission on Aging held a three-day convening titled “Better Together” designed to strengthen partnerships and providing education to prevent abuse, neglect, and exploitation of vulnerable adults. Participants included individuals and organizations interacting with vulnerable adults, such as social services, first responders, health care providers, guardians and fiduciaries, legal and public health community, judiciary, and elected officials.

### Output Table: Prevention of Elder Abuse and Neglect:

| Indicator | Year and Most Recent Result | FY 2024  Projection | FY 2025  Projection | FY 2025  Projection  +/- FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output U: Elder Abuse prevention non-OAA service expenditures (*Output, dollars in thousands)* | FY 2022: $52,078 | $43,272 | $43,272 | Maintain |

### Grant Awards Table:

Prevention of Elder Abuse, Neglect, and Exploitation Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $84,209 | $84,380 | $84,380 |
| Range of Awards\* | $2,948 - $469,447 | $2,954 - $470,407 | $2,954 - $470,407 |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 75,953 | 76,107 | 76,107 | 154 |
| Alaska | 23,579 | 23,626 | 23,626 | 47 |
| Arizona | 81,219 | 81,384 | 81,384 | 165 |
| Arkansas | 47,991 | 48,089 | 48,089 | 98 |
| California | 469,447 | 470,407 | 470,407 | 960 |
| Colorado | 55,889 | 56,002 | 56,002 | 113 |
| Connecticut | 59,701 | 59,822 | 59,822 | 121 |
| Delaware | 23,579 | 23,626 | 23,626 | 47 |
| District of Columbia | 23,579 | 23,626 | 23,626 | 47 |
| Florida | 343,068 | 343,762 | 343,762 | 694 |
| Georgia | 102,966 | 103,174 | 103,174 | 208 |
| Hawaii | 23,579 | 23,626 | 23,626 | 47 |
| Idaho | 23,579 | 23,626 | 23,626 | 47 |
| Illinois | 196,705 | 197,103 | 197,103 | 398 |
| Indiana | 97,886 | 98,084 | 98,084 | 198 |
| Iowa | 55,735 | 55,847 | 55,847 | 112 |
| Kansas | 45,685 | 45,778 | 45,778 | 93 |
| Kentucky | 66,366 | 66,500 | 66,500 | 134 |
| Louisiana | 68,282 | 68,421 | 68,421 | 139 |
| Maine | 23,579 | 23,626 | 23,626 | 47 |
| Maryland | 77,818 | 77,976 | 77,976 | 158 |
| Massachusetts | 109,229 | 109,450 | 109,450 | 221 |
| Michigan | 160,309 | 160,633 | 160,633 | 324 |
| Minnesota | 76,084 | 76,238 | 76,238 | 154 |
| Mississippi | 45,043 | 45,134 | 45,134 | 91 |
| Missouri | 97,307 | 97,504 | 97,504 | 197 |
| Montana | 23,579 | 23,626 | 23,626 | 47 |
| Nebraska | 29,668 | 29,728 | 29,728 | 60 |
| Nevada | 27,534 | 27,590 | 27,590 | 56 |
| New Hampshire | 23,579 | 23,626 | 23,626 | 47 |
| New Jersey | 143,455 | 143,745 | 143,745 | 290 |
| New Mexico | 26,303 | 26,356 | 26,356 | 53 |
| New York | 316,972 | 317,614 | 317,614 | 642 |
| North Carolina | 126,346 | 126,602 | 126,602 | 256 |
| North Dakota | 23,579 | 23,626 | 23,626 | 47 |
| Ohio | 196,507 | 196,905 | 196,905 | 398 |
| Oklahoma | 60,001 | 60,122 | 60,122 | 121 |
| Oregon | 56,600 | 56,714 | 56,714 | 114 |
| Pennsylvania | 242,108 | 242,598 | 242,598 | 490 |
| Rhode Island | 23,579 | 23,626 | 23,626 | 47 |
| South Carolina | 62,863 | 62,990 | 62,990 | 127 |
| South Dakota | 23,579 | 23,626 | 23,626 | 47 |
| Tennessee | 91,494 | 91,679 | 91,679 | 185 |
| Texas | 273,338 | 273,891 | 273,891 | 553 |
| Utah | 24,752 | 24,802 | 24,802 | 50 |
| Vermont | 23,579 | 23,626 | 23,626 | 47 |
| Virginia | 102,466 | 102,674 | 102,674 | 208 |
| Washington | 85,994 | 86,168 | 86,168 | 174 |
| West Virginia | 36,610 | 36,684 | 36,684 | 74 |
| Wisconsin | 89,998 | 90,181 | 90,181 | 183 |
| Wyoming | 23,579 | 23,626 | 23,626 | 47 |
| **Subtotal** | **4,632,219** | **4,641,596** | **4,641,596** | **9,377** |
| American Samoa | 2,948 | 2,954 | 2,954 | 6 |
| Guam | 11,789 | 11,813 | 11,813 | 24 |
| Northern Marianas | 2,948 | 2,954 | 2,954 | 6 |
| Puerto Rico | 54,031 | 54,140 | 54,140 | 109 |
| Virgin Islands | 11,789 | 11,813 | 11,813 | 24 |
| **Subtotal** | **83,505** | **83,674** | **83,674** | **169** |
| **Total States/Territories** | **4,715,724** | **4,725,270** | **4,725,270** | **9,546** |
| Undistributed/1 | 57,276 | 47,730 | 47,730 | (9,546) |
| **TOTAL RESOURCES** | **4,773,000** | **4,773,000** | **4,773,000** | **-** |

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

## Health Care Fraud and Abuse Control/Senior Medicare Patrol Program

| Services | FY 2023  Final /1 | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/-  FY 2023 |
| --- | --- | --- | --- | --- |
| Senior Medicare Patrol Program/HCFAC | $35.000 | $35.000 | $35.000 | -- |
| Senior Medicare Patrol Program/HCFAC – Wedge/2 | $1.300 | $2,350 | -- | -$1,300 |
| FTEs | 9 | 5 | 5 | -4 |

\*BA is in millions of dollars. FTE are in whole numbers.

1/ The FY 2023 appropriations language states that SMP/Health Care Fraud and Abuse Control Program (HCFAC) is paid out of discretionary CMS HCFAC appropriations based on the Secretary of HHS’s determination of the amount needed to provide funding but not less than the floor of $35 million provided in appropriations language.

2/ Wedge funding is based on the Secretary of HHS’s determination, FY 2025 has not yet been determined.

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

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2016, Public Law 116-131

Current FY Authorization None Specified/Expired

Authorization Expiration Date 2024

Allocation Method Competitive Grant/Contracts

### Program Description:

The Senior Medicare Patrol (SMP) program provides grants to states to fund outreach, counseling, and education to empower and assist Medicare beneficiaries, their families, and caregivers in the prevention, detection, and reporting of health care fraud, errors, and abuse. ACL supports 54 SMP grantee projects across the nation, with one in each state, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

The SMPs provide education to Medicare beneficiaries and the public through in-person and virtual outreach events, media activities, and one-on-one assistance to those who contact the program with questions or suspected cases of Medicare fraud. The SMPs teach Medicare beneficiaries to take proactive steps to protect themselves and the Medicare program from potential fraud, errors, and abuse. They also actively disseminate fraud prevention and identification information through the media, outreach campaigns, community events, and one-on-one beneficiary support. SMPs help individuals and their loved ones understand how to review their health care statements and bills for accuracy, as well as how to identify and avoid potential fraud schemes. If suspicious activity is identified or suspected, SMPs can help answer questions, resolve errors, or report suspicious activity for further investigation.

SMPs also refer potential fraud complaints to other investigative entities on behalf of Medicare beneficiaries, as appropriate. This process can include facilitating referrals to the HHS Office of Inspector General (HHS-OIG), the Centers for Medicare & Medicaid Services (CMS), Federal Bureau of Investigations (FBI), Federal Trade Commission (FTC), state Medicaid fraud control units (MFCUs), state attorneys general, and other organizations. Capturing SMP program activity data is also a key function of the projects, including tracking, analyzing, and reporting of beneficiary complaints, referrals, potential savings, and other outcomes.

### Budget Request:

The FY 2025 request for the Senior Medicare Patrol (SMP) is $35,000,000, the same level as the FY 2023 final level. The $35,000,000 will maintain SMP projects in each state, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. SMP projects will continue to provide education to Medicare beneficiaries and the public through in-person and virtual outreach events, media activities, and one-on-one assistance to those who contact the program with questions or suspected cases of Medicare fraud. The request also supports five FTEs to administer the program.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021/1 | $20,000,000 |
| FY 2022 /1 | $30,000,000 |
| FY 2023 | $35,000,000 |
| FY 2024 Continuing Resolution | $35,000,000 |
| FY 2025 President’s Budget | $35,000,000 |

1/ Does not include an additional $1,350,000 in funding allocated to this program from Health Care Fraud and Abuse Control Program (HCFAC) wedge funding in FY 2023 and $2,300,000 in FY 2024.

### Program Accomplishments:

The Senior Medicare Patrol (SMP) program remains at the forefront of providing education and prevention to combat Medicare fraud, often being the first to identify new trends. For example:

* In early 2019, SMP grantees were the first to alert ACL, the HHS OIG, and CMS of fraudulent genetic testing schemes that were emerging across the country. SMP worked closely with ACL, CMS, and the OIG to provide cases and complaints directly to investigators upon receipt to ensure the cases were getting in the right hands as quickly as possible. As a result of these combined efforts, in the fall of 2019, the U.S. Department of Justice charged 35 individuals, across five federal districts, for their alleged participation in health care fraud schemes involving $2.1 billion in losses.
* In 2021, unscrupulous marketers targeted beneficiaries to enroll them in hospice services that they may not have needed. SMPs conducted 304 group education events covering hospice fraud to ensure beneficiaries understood the need to confirm that their doctor had certified that they are terminally ill before enrolling. These events reached a total of 11,795 people. In addition, SMPs reached more than 17 million people through an earned media campaign.

The Medicaid renewal process that was triggered by the end of the COVID-19 Public Health Emergency caused a great deal of confusion, which creates an opportunity for scammers to take advantage of affected beneficiaries. In response, ACL and the SMP Resource Center created a set of materials to head off the potential scams related to the Medicaid renewal, including a new [Consumer Alert](https://smpresource.org/medicare-fraud/smp-consumer-fraud-alerts/medicaid-renewal/), social media pushes, and increased public outreach.

In 2023, reports of scams related to COVID testing increased exponentially. SMPs quickly updated public education materials and launched a campaign including public events, media outreach, and social media content to ensure beneficiaries were aware of the risk and had the information they needed to protect themselves.

Additional data obtained from the SMP data system, the SMP Information and Reporting System (SIRS), for calendar year 2022 shows that Senior Medicare Patrol projects:

* Maintained 5,365 active SMP team members who worked over 475,826 hours to educate beneficiaries about how to prevent Medicare fraud, errors, and abuse.
* Educated 1,000,240 people during 18,274 group outreach and education events.
* Responded to 246,722 individual inquiries for information or assistance from Medicare beneficiaries, family members, and caregivers related to Medicare fraud, errors, and abuse.

Since the SMP program’s inception, grant recipients have received more than 3.5 million inquiries from Medicare beneficiaries about preventing, detecting, and reporting billing errors, potential fraud, or other discrepancies. SMPs also have educated more than 42 million people through group presentations and community outreach events. The primary focus of these sessions is on education, prevention, and teaching beneficiaries how to protect themselves and avoid fraud in the first place; this is the true value of the SMP program. As HHS-OIG explained in their June 2023 report on the SMP program, these data likely understate its impact:

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

While SMPs make numerous referrals of potential fraud to CMS and the OIG, there are challenges to evaluating the investigation, prosecution, and collection that is required to calculate the full savings to the government because of SMP referrals. Thus far, HHS-OIG has documented over $141.5 million in savings attributable to the program as a result of beneficiary complaints since the program’s inception in 1997.

### Output Table: Senior Medicare Patrol Program:

| Indicator | Year and Most Recent Result | FY 2024  Projection | FY 2025 Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output W: Medicare Beneficiaries Educated and Served on Medicare Fraud, Waste, and Abuse *(Output)* | CY 2021: 796,605 | 2,100,000 | 1,000,000 | -1,100,000 |

### Grant Awards Table

Senior Medicare Patrol Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 57 | 58 | 58 |
| Average Award | $582,602 | $565,909 | $565,909 |
| Range of Awards\* | $100,493 - $2,117,839 | $113,765 - $2,031,649 | $113,765 - $2,031,649 |

\*Represents states and the District of Columbia

## Elder Rights Support Activities

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/-  FY 2023 |
| --- | --- | --- | --- | --- |
| Elder Rights Support Activities | $3.874 | $3.874 | $3.874 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization (OAA) Expired

Authorization Expiration Date 2024

Allocation Method Competitive Grants/Co-operative Agreements and Contracts

### Program Description:

ACL’s Elder Rights Support Activities programs provide grants, technical assistance, and other resources to states and communities to uphold the rights of older Americans and protect them from abuse, neglect, and exploitation. The Elder Rights Support Activities include the National Center on Elder Abuse, the National Long-Term Care Ombudsman Resource Center, the National Center for Law and Elder Rights, and the Legal Assistance Enhancement Grant Program Together with ACL’s Elder Justice and Adult Protective Service programs, Long-Term Care Ombudsman Program, and the national network of local legal assistance providers, the Elder Rights Support Activities program plays a critical role in promoting independence, autonomy and well-being of older adults.

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

#### National Center on Elder Abuse

The National Center on Elder Abuse (NCEA) supports and enhances state and local efforts to prevent elder abuse, neglect, and exploitation. NCEA is a national resource center that disseminates critical information and materials to professionals and the public and provides technical assistance and training to states and to community-based organizations. NCEA provides consultations to professionals and agencies, identifies and shares information about elder abuse prevention promising practices and interventions, offers training on emerging elder-justice related topics, collaborates on elder justice-related research, and operates a listserv that serves as a forum for professionals. NCEA also facilitates the exchange of strategies for uncovering and prosecuting fraud in areas such as telemarketing and sweepstakes scams.

#### National Long-Term Care Ombudsman Resource Center

The National Long-Term Care Ombudsman Resource Center (NORC) provides training and technical assistance to support the activities of the state and local long-term care ombudsmen. A complement to ACL’s State Long-Term Care Ombudsman Program, NORC works to enhance the skills, knowledge, and management capacity of the statewide ombudsman programs to address residents’ complaints and represent residents’ interests. NORC also provides information to consumers and connects them to ombudsmen who can assist with navigating the long-term care system and resolving problems in nursing facilities, board-and-care homes, and assisted living facilities.

#### Legal Assistance and Support: National Center on Law and Elder Rights and the Legal Assistance Enhancement Program

The National Center on Law and Elder Rights (NCLER) provides technical assistance, training, and other capacity-building support to legal assistance providers, including those funded by Older Americans Act programs as well as other legal assistance providers and their partners in the aging and disability networks. This network includes a diverse range of legal and aging services professionals, including Older Americans Act Title III-B legal services program professionals, legal aid staff, legal assistance developers, long-term care ombudsman, social workers, service coordinators, area agencies on aging staff, state units on aging staff, protection and advocacy organization staff, adult protective services staff, law enforcement, and other professionals working with older adults to promote elder rights.

The Legal Assistance Enhancement Program (LAEP) provides grants to support innovations that strengthen and enhance the effectiveness of legal assistance programs. The program focuses on four key areas of legal assistance: outreach, partnerships, intake, and delivery.

### Budget Request:

The FY 2025 request for Elder Rights Support Activities is $3,874,000, the same as the FY 2023 final level. Maintaining this funding will allow ACL to continue operation of the National Center on Elder Abuse, provide legal assistance and support through the National Center on Law & Elder Rights and Legal Assistance Enhancement Program activities. It also maintains support for the Long-Term Care Ombudsman Resource Center (LTC), consistent with ACL’s FY 2025 request for the LTC Ombudsman program.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $3,874,000 |
| FY 2022 | $3,874,000 |
| FY 2023 | $3,874,000 |
| FY 2024 Continuing Resolution | $3,874,000 |
| FY 2025 President’s Budget | $3,874,000 |

Elder Rights Support Activities

(Dollars in thousands)

| **Elder Rights Support Activities** | **FY 2023**  **Final Level** | **FY 2024 CR** | **FY 2025**  **President’s Budget** |
| --- | --- | --- | --- |
| Legal Assistance and Support | $2,592 | $2,592 | $2,592 |
| National Center on Elder Abuse | $765 | $765 | $765 |
| LTC Ombudsman Resource Center | $516 | $516 | $516 |
| Total, Elder Rights Support Activities | $3,874 | $3,874 | $3,874 |

### Program Accomplishments:

Elder Rights Support activities continue to play a critical role in promoting independence, autonomy, and well-being of older adults. For example:

* The National Ombudsman Resource Center (NORC) supports 53 State Long-Term Care Ombudsman programs comprised of 469 state and local offices, 1,768 staff, and 4,000 volunteer advocates. In one year, NORC responded to 1,593 requests for technical assistance, the top three of which were program management, volunteer management and training, and systems advocacy. They provided 34 training opportunities, including three conferences, twelve webinars for state ombudsmen, and nineteen webinars for program representatives, which are retained on a dynamic web site for viewing at any time.   
    
  NORC also held monthly virtual office hours for ombudsman representatives to participate in peer-to-peer learning and live technical assistance, including topics such as how to address problems in LTC settings due to inadequate staffing, program risk management, facility closures, and resident rights. NORC developed numerous resources, including guidance on accurate reporting through the National Ombudsman Reporting System, a reference guide on the role of the Ombudsman program in nursing facility closures, materials for Ombudsman and Adult Protective Services collaboration, a pocket guide for Ombudsman representatives on routine access visits, and FAQs on the long-term care survey process. NORC also updated the Ombudsman Reference in Federal Nursing Home Requirements and the Initial Training Curriculum for Long-Term Care Ombudsman Programs.
* The National Center on Law & Elder Rights (NCLER) reaches a network of over 57,000 legal assistance, elder and disability rights, and aging services advocates. Through this large network of law and aging network professionals, NCLER disseminates critical and timely information relevant to supporting older Americans. In the most recent contract year, over 30,000 people participated in NCLER’s webinars in real time, with approximately 1,300 law and aging network professionals attending each training. In addition, another 12,000 people watched recordings of NCLER trainings. NCLER produces at least 24 webinar trainings per year, in addition to trainings provided at conferences and in partnership with other ACL-funded resource centers. Participant feedback consistently demonstrates the practical value of the trainings:
  + “This was a fantastic presentation with a lot of useful, practical information on how to handle guardianship cases for beginners.” – *Comment on “You Can Make a Difference – Defending Against or Terminating Guardianship” training.*
  + “I now know how the SNAP benefits are determined, what to do for people who have lost SSI or have money being deducted to repay overpayment, etc.” – *Comment from NCLER’s Annual User Satisfaction Questionnaire.*

In 2023, with the end of the public health emergency, NCLER provided resources to prepare the aging network and elder rights advocates for anticipated changes in Medicaid coverage. These included several fact sheets addressing specific issues, and a webinar focused on Medicaid redeterminations, which was attended by more than 3,000 people.

This past year, NCLER also held trainings to equip attorneys and advocates to respond to other emerging issues, such as changes to permissible property tax procedures and emerging issues with medical debt billing.

* The initial recipients of Legal Assistance Enhancement Program (LAEP) grants concluded their projects in 2023. They addressed key objectives in elder rights including:
* Coordinating a statewide approach to legal assistance in rural and frontier areas.
* Providing legal assistance and advocacy related to disaster response, including natural disasters and public health emergencies like the COVID-19 pandemic.
* Increasing access to legal services for grandparents raising grandchildren.
* Supporting the rights of applicants and beneficiaries of Medicaid home and community-based services.
* Improving alignment of legal services and social services provided to older adults who experienced financial exploitation.

In 2022, ACL awarded four new LAEP grants. These grantees are building on existing efforts to increase and improve legal assistance for older Americans with social or economic need. Community-based partnerships are a key component of this work. Examples of this work include:

* Legal Aid Services of Oklahoma is partnering with area agencies on aging, adult protective services, and the Oklahoma Conference of Churches (OCC), to enhance and expand access to justice for underserved older adults, specifically targeting outreach to rural elders and older adults with limited English proficiency, especially for Vietnamese and speakers. This project will also increase legal providers’ substantive expertise and skills and strengthen community partnerships.
* Iowa Legal Aid, the Iowa Department on Aging, and Iowa’s area agencies on aging (AAA), in partnership with the American Red Cross and the Iowa Department of Homeland Security and Emergency Management, are working to improve disaster planning by older rural Iowans and responding to the legal problems that often arise for older adults during disaster recovery. The project includes assigning legal aid lawyers to geographic areas lacking broadband access, establishing a mobile intake unit, and integrating legal services with disaster preparation and response. Clients receive a full range of legal assistance, from advice and education to full representation, focused on the areas of housing, income, healthcare, and decisional supports, such as powers of attorney.
* The Montana Legal Services Association, in partnership with the Montana Department of Public Health and Human Services (DPHHS), is expanding and enhancing Montana’s current elder rights services by providing civil legal assistance to older Montanans and creating a more cohesive network in partnership with Montana elder service providers, adult protective services, and the Long-Term Care Ombudsman program. The overarching project goal is to enhance the effectiveness, efficiency, quality, availability, and accessibility of legal aid services for older adults in Montana.
* In Illinois, Prairie State Legal Services, Inc. is testing an innovative model for bringing legal assistance resources to older people where they live. The project is expanding access to legal services by co-locating legal aid within a low-income housing complex that is home to many older adults and people with disabilities. The project is helping older adults resolve legal issues to improve their safety and independence, while also strengthening the collaboration between legal services providers and the aging network.

### Grant Awards Table:

Elder Rights Support Activities Grant Awards

| Category | FY 2023 Final | Final 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 6 | 6 | 6 |
| Average Award | $347,024 | $351,058 | $351,058 |
| Range of Awards | $151,004 - $739,234 | $151,004 - $739,234 | $151,004 - $739,234 |

## Elder Justice/Adult Protective Services

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Elder Justice/Adult Protective Services | $30.000 | $30.000 | $30.000 | -- |
| Opioids (non-add) | $2.000 | $2.000 | $2.000 | -- |
| Guardianship (non-add) | $2.000 | $2.000 | $2.000 | -- |
| Infrastructure (non-add) | $11.000 | $11.000 | $11.000 | -- |
| State APS Grants/Other (non-add) | $15.000 | $15.000 | $15.000 | -- |
| FTEs | 2 | 2 | 2 | -- |

\*BA is in millions of dollars. FTE is a whole number.

Authorizing Legislation: Sections 411 of the Older Americans Act of 1965, Public Law 89-73 and Title XX of the Social Security Act, Subtitle B, Section 2042, as amended by the Affordable Care Act.

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131 and Title XX of the Social Security Act, Subtitle B, Section 2042 as amended by the Affordable Care Act.

FY 2025 Authorization (OAA) None Specified in the OAA/Title XX-B is Expired

Authorization Expiration Date OAA—FY 2024/Title XX-B—FY 2014

Allocation Method Competitive Grants/Co-operative Agreements and Contracts

### Program Description:

Elder Justice and Adult Protective Services support programs and systems change initiatives focused on upholding the rights of older people and preventing and addressing abuse, neglect, and exploitation. Key areas of focus include establishing a nationwide system of adult protective services, promoting guardianship reform, and addressing the opioid crisis. In addition, this program provides modest funding to support ACL in convening the Elder Justice Coordinating Council on behalf of the Secretary of HHS.

#### Adult Protective Services - Infrastructure

Adult Protective Services (APS) is a social services program that serves older adults and adults with disabilities who need assistance because of abuse, neglect, self-neglect, or financial exploitation (adult maltreatment). In all states, APS is charged with receiving and responding to reports of adult maltreatment and working collaboratively and with the consent of the victim. APS caseworkers develop service plans and connect the victim to social, health, and human services, with the goal of maximizing client safety and independence. Most APS programs serve both older and younger vulnerable adults.

Unlike child protective services, which has benefitted from federal leadership and infrastructure support since 1974, and thus has a lexicon, standards, and practices that are consistent across the country, APS has been designed and administered wholly at the state or local level until recently. Consequently, there is wide variation in APS services and practices between, and even within, states. Historically, APS programs and administrators have lacked reliable information and guidance on best practices and standards for conducting case investigations and for staffing and managing APS programs. Other ongoing challenges include lack of funding and increasing caseloads, as well as the growing complexity of cases due to factors such as increasing opioid misuse. These challenges have impaired states’ ability to respond in an effective and timely way to reports of elder abuse, neglect, and exploitation and to assess client outcomes and the effectiveness of the services they are providing.[[48]](#footnote-49) Nationally, this results in a fragmented and unequal system that can hinder coordination and lead to the absence of critical support for some people experiencing abuse.

In FY 2015, ACL received its first appropriation, totaling $4 million, to support states in enhancing their APS systems infrastructure statewide. Since that time, funding for these grants has grown to between $12 million and $15 million annually. With this funding, ACL has awarded competitive grants to states to test innovations and improvements in APS practices, services, data collection, and reporting; facilitated sharing of lessons learned and promising practices across APS systems; provided technical assistance to support states in developing APS systems that reflect a person-centered approach, and awarded innovation grants to Tribes to develop codes, strategic plans, reporting and incident measures, and to test interventions to address elder abuse, neglect and exploitation.

In FY 2021 and FY 2022, the American Rescue Plan Act (ARPA) provided two years of first-time federal funding ($188 million in each year) for the nationwide APS formula grant program that was authorized by the Elder Justice Act of 2010. That one-time funding was used by states to expand and develop a variety of capabilities that were necessary to meet significantly increased needs due to the pandemic and to strengthen APS systems. For example, states improved reporting systems; improved responses to scams and fraud; covered increased costs of training, outreach, travel, and investigations; secured emergency housing for clients; acquired personal protective equipment for in-person investigations; and funded a variety of direct services for APS clients.

In addition, this funding supported the ongoing development and implementation of ACL’s National Adult Maltreatment Reporting System (NAMRS). NAMRS is the first comprehensive, national reporting system for state APS programs. Although reporting is voluntary, 100 percent of states and territories have participated, almost from the system’s launch. ACL also continues to conduct research and evaluation activities to build the evidence base for APS. This includes updating the National Voluntary Consensus Guidelines and identifying areas where additional research on APS practice is needed.

Following the ARPA infrastructure funding, the Consolidated Appropriations Act of FY 2023 included the first-ever ongoing annual appropriation of $15 million to provide ongoing support for the nationwide APS formula grant program that was authorized by the Elder Justice Act.

##### Elder Justice Coordinating Council

The [Elder Justice Act](https://www.ssa.gov/OP_Home/ssact/title20/2021.htm) established the Elder Justice Coordinating Council to coordinate activities related to elder abuse, neglect, and exploitation across the federal government. The Elder Justice Coordinating Council is directed by the Office of the Secretary of Health and Human Services and the Secretary serves as the Chair of the Council. The HHS Secretary has delegated responsibility for implementing the EJCC to ACL. In addition to the Secretary of Health and Human Services, the Elder Justice Act also names the Attorney General as a permanent member of the Council. As of 2023, 17 federal departments and agencies are members of the Council.

The EJCC has engaged in a number of activities to carry out its mission of improving coordination among federal agencies working on elder justice issues. Through the relationships forged by the EJCC, member agencies have made significant progress to address elder maltreatment, notable among them they:

1. Created and adopted [Eight Recommendations for Increased Federal Involvement in Addressing Elder Abuse, Neglect, and Exploitation](https://pstrapiubntstorage.blob.core.windows.net/strapi/assets/Eight_Recommendations_for_Increased_Federal_Involvement_75614d73eb.pdf), which continue to guide federal agencies in focusing efforts on a common set of priorities to address elder maltreatment.
2. Developed and refined the [National Adult Maltreatment Reporting System (NAMRS),](http://namrs.acl.gov/) the first of its kind effort to systematically collect standardized data about the incidence of elder maltreatment as reported to APS programs across the country.

#### Guardianship Reform

Through grantmaking, education, and stakeholder engagement and collaboration across both the aging and disability networks, ACL has been at the forefront of guardianship reform effort to promote self-determination and person-directedness and preserve the decisional rights of all adults.

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

Beginning in FY 2021, competitive grants were awarded to states’ highest state courts to undertake activities to help better understand, monitor, and reform guardianship proceedings. Grantees are undertaking activities, including:

* Developing systems to audit conservator and guardian accountings to verify accuracy, completeness and the appropriateness of expenditures;
* Creating and maintaining case management systems to track cases for timely adjudication and monitoring of the well-being of wards;
* Establishing and producing judicial training programs and curricula;
* Undertaking efforts to identify and implement initiatives to avoid and/or mitigate abuse by conservators and guardians;
* Exploring how judicial systems may coordinate with the Social Security Administration and the Department of Veterans Affairs to identify and remove abusive fiduciaries
* Creating independent ombudsman programs for wards to voice concerns and seek redress from abuse; and
* Reviewing and considering guardianship reforms based on the research and models developed by WINGS and other training, technical assistance, and capacity building tools, methods and approaches, including those developed by ACL’s National Center for Law and Elder Rights (NCLER).

ACL will continue to work with stakeholders to create opportunities for the field to evaluate promising practices in guardianship reform that maximize alternatives making guardianship and conservatorship rare and that promote the autonomy and self-determination of older adults and adults with disabilities.

#### Opioid Crisis

Opioid misuse and substance use disorders have adversely affected older adults in three distinct dimensions. First, older adults have access to opioids prescribed for pain relief and may be at risk for misuse or addiction themselves. Second, family members or others may abuse, neglect, or exploit older adults to gain access to opioids that were legally prescribed for the older person. Last, grandparents have increasingly found themselves raising their grandchildren when parents are unable to fulfill the parental role due to opioid abuse or other substance use disorders.

The FY 2023 appropriation continued to include $2,000,000 for grants to develop ways for APS to effectively respond to abuse, neglect, and exploitation that originate from opioid misuse or disorder. These grants are specifically targeted to the communities most impacted and aim to identify gaps that hinder APS from securing adequate services for clients affected by opioid and other substance abuse. Further, these grants identify home and community-based social, health, and mental/behavioral health services needed for those APS clients impacted by the opioid epidemic and propose solutions that can quickly fill those needs and identified gaps. Results from these grants will be shared widely for replication.

### Budget Request:

In FY 2025, the request for Elder Justice/Adult Protective Services (EJ/APS) is $30,000,000, which continues the small, but critical increases in the FY 2023 final level, including the first ongoing annual appropriation for APS formula grants. The request maintains the appropriations language from the FY 2023 appropriation, which allows up to five percent of state grants to be allocated for tribes and tribal organizations. In addition, the request maintains support for existing EJ/APS state grants, infrastructure efforts, guardianship reform and opioid misuse, and training and technical assistance to state grantees. Specifically, the request includes:

* APS Formula Grants:The FY 2025 request for APS formula grants is $15 million, the same as the FY 2023 final level. The FY 2023 omnibus provided – for the first time – critical funding to operate state APS programs at a very basic level. Among other things, maintaining this ongoing source of funding will give states the ability to hire the staff resources needed to effectively respond to abuse, neglect, and exploitation, as well as to operate and maintain the critical infrastructure developed with one-time supplemental funding.
* Infrastructure, Guardianship, and Opioids: The request continues to support ongoing investments that ACL has made over the last seven years, including approximately $11 million in FY 2023 final level for ongoing investments in APS infrastructure, $2 million in support for guardianship reform grants, and $2 million in grants to address the opioid crisis. This funding supports the improvement in reporting systems (including improved linking to the National Adult Maltreatment Reporting System), and ongoing improvement in responses to scams and fraud.

### Legislative Proposal:

ACL’s request includes the following legislative proposal:

* Amend the Elder Justice Act to Permit All Tribes and Tribal Organizations to the Eligible: ACL proposes to amend the Elder Justice Act to strengthen, enhance, and support adult protective services programs by allowing tribes and tribal organizations to be eligible for funding authorized under the statute. Currently, the statute restricts the grants to states. Despite the prevalence of tribal elder abuse, elder protection codes and adult protective services programs within Indian Country vary widely, and many tribes have neither. Additional social supports, outside of family, for elders experiencing abuse, neglect, and exploitation are a critical need in Indian Country.

### Funding History:

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

| Fiscal Year | Amount | COVID-19 Supplemental | FTE /2 |
| --- | --- | --- | --- |
| FY 2021/1 | $14,000,000 | $376,000,000 1/ | 3 |
| FY 2022/1 | $15,000,000 | -- | 3 |
| FY 2023 | $30,000,000 | -- | 2 |
| FY 2024 Continuing Resolution | $30,000,000 | -- | 2 |
| FY 2025 President’s Budget | $30,000,000 | -- | 2 |

1/ Funding was available until expended, but $188 million of this amount was available for activities in FY 2021 and the remaining $188 million is available for activities in FY 2022.

2/ FTEs are shown in whole numbers.

### Program Accomplishments:

The quality of data reported to NAMRS, our voluntary national reporting system for state APS programs, continues to improve. In the most recent year, 62 percent of programs provided detailed, case-level data, the highest to date.

In FY 2022, ACL concluded a process evaluation and outcome evaluation study of APS to improve our understanding of APS programs and practice, and to document the difference that APS makes in the lives of older adults and adults with disabilities. Nearly three-quarters of APS clients who responded to the study survey said they were satisfied with the help they received from APS.

With their initial APS formula grants, states were able to make significant investments to address gaps in their APS systems and currently are seeking to maintain improvements in their operations and infrastructure.

ACL’s other elder justice discretionary-funded grants are complementing and assisting state APS systems with increased staffing, expanded training and outreach, expanded investigation capacity and investments in technology infrastructure to enhance their ability to serve clients and coordinate with other providers. In addition, states have been able to provide food, clothing and other supplies to support people in their homes on a short-term, emergency basis until they could be connected to programs that provide longer-term assistance. For example, ACL funds the RISE model in communities in Maine and New Hampshire. The goal of this model is to enhance services provided to produce person-directed outcomes in cases of adult maltreatment. The model is driven by identifying the goals of the adult experiencing abuse and applying concepts of restorative justice to lead to better outcomes.

#### Elder Justice Coordinating Council

Since its inception, the EJCC has engaged in a number of activities to carry out its mission of improving coordination among federal agencies working on elder justice issues. Recent accomplishments made through the relationships forged by the EJCC and the member agencies have made significant progress in addressing maltreatment. For example:

* With input from the Administration for Community Living, the Consumer Financial Protection Bureau, Department of the Treasury, and Financial Crimes Enforcement Network issued a [joint memorandum on Financial Institution and Law Enforcement Efforts to Combat Elder Financial Exploitation](https://files.consumerfinance.gov/f/documents/201708_cfpb-treasury-fincen_memo_elder-financial-exploitation.pdf); and
* The Department of Justice, FBI, U.S. Postal Inspection Service and five other federal law enforcement agencies undertake an annual [Money Mule Initiative](https://www.justice.gov/civil/consumer-protection-branch/money-mule-initiative), targeting networks of individuals through which international fraudsters obtain proceeds of fraud schemes. These individuals, sometimes referred to as money mules, receive money from fraud victims and forward the illicit funds, often to overseas perpetrators. In the most recent report, U.S. law enforcement took action to address 4,750 money mules over 10 weeks; enforcement actions occurred in every state in the country. These actions more than doubled the number of actions taken during [the previous year’s effort](https://www.justice.gov/opa/pr/us-law-enforcement-takes-action-against-approximately-2300-money-mules-global-crackdown-money).

#### Guardianship Reform

The FY 2022 and 2023 “highest state court” grants are helping drive significant progress in the reform of guardianship. For example:

* The Minnesota Judicial Branch has piloted a grievance and investigation process to improve access to complaint processes for people subject to guardianship and conservatorship. The complaint investigator has received 123 complaints, and 75 have been closed.
* Pennsylvania’s Administrative Office of the Court is working on a compatibility interface with their statewide criminal database and their attorney disciplinary board database so they will be able to detect if there are any bad actor guardians who have a criminal record or an attorney disciplinary action. The Court believes this is the first state to pioneer this effort. Additionally, they held the first of three annual summits of judicial and community stakeholders to address the rights of individuals subject to guardianship, and monitoring of both the well-being of such persons and the fiscal conduct of guardians.
* The Maryland Supreme Court held a Guardianship Symposium in October 2023 for judges and senior court administrative staff. The day-long symposium educated, engaged provided networking opportunities for the judges and court professionals working with guardianship cases. Training was provided on model guardianship and conservatorship review protocols, and on the practical application of a tool, the [Judicial Guardianship Evaluation Worksheet](https://www.justice.gov/file/1483601/download) that assesses the potential for abuse, and how to consider lesser restrictive alternatives to guardianship.

#### Opioid Crisis

In 2023, to begin addressing the gap in evidence-informed practices, ACL contracted to identify effective strategies and solutions that will maximize the impact of direct home and community-based social, health and mental/behavioral health services for APS clients impacted by the opioid epidemic and other substance misuse. ACL is looking for strategies that can be replicated and tested broadly in states and communities. The contractor is conducting a literature review, assessing existing APS opioids grant activities, and conducting an environmental scan of challenges faced by APS with these cases. Further, they are identifying system and service gaps, and implementing and evaluating a pilot program to test the identified strategies and solutions

### Grant Awards Table

Elder Justice/Adult Protective Services Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 21 | 12 | 12 |
| Average Award | $432,738 | $664,898 | $664,898 |
| Range of Awards | $57,403 - $1,493,478 | $57,403 - $1,493,478 | $151,004 – 57,403 - $1,493,478 |

Elder Justice/Adult Protective Services State Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards\* | 56 | 56 | 56 |
| Average Award | $254,328 | $257,501 | $257,501 |
| Range of Awards\* | $14,242 - $1,420,353 | $13,670 - $1,360,679 | $13,670 - $1,360,679 |

\*Represents states and the District of Columbia

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 210,045 | 207,093 | 207,093 | (2,952) |
| Alaska | 106,818 | 105,806 | 105,806 | (1,012) |
| Arizona | 304,798 | 303,290 | 303,290 | (1,508) |
| Arkansas | 123,520 | 121,872 | 121,872 | (1,648) |
| California | 1,420,353 | 1,404,219 | 1,404,219 | (16,134) |
| Colorado | 211,512 | 209,642 | 209,642 | (1,870) |
| Connecticut | 155,095 | 152,569 | 152,569 | (2,526) |
| Delaware | 106,818 | 105,806 | 105,806 | (1,012) |
| District of Columbia | 20,200 | 19,668 | 19,668 | (532) |
| Florida | 1,042,877 | 1,046,201 | 1,046,201 | 3,324 |
| Georgia | 382,089 | 380,496 | 380,496 | (1,593) |
| Hawaii | 106,818 | 105,806 | 105,806 | (1,012) |
| Idaho | 106,818 | 105,806 | 105,806 | (1,012) |
| Illinois | 501,309 | 493,172 | 493,172 | (8,137) |
| Indiana | 266,175 | 263,826 | 263,826 | (2,349) |
| Iowa | 133,114 | 131,906 | 131,906 | (1,208) |
| Kansas | 115,970 | 114,188 | 114,188 | (1,782) |
| Kentucky | 183,102 | 180,618 | 180,618 | (2,484) |
| Louisiana | 181,942 | 178,327 | 178,327 | (3,615) |
| Maine | 106,818 | 105,806 | 105,806 | (1,012) |
| Maryland | 241,638 | 240,569 | 240,569 | (1,069) |
| Massachusetts | 289,425 | 287,598 | 287,598 | (1,827) |
| Michigan | 433,482 | 427,238 | 427,238 | (6,244) |
| Minnesota | 229,286 | 228,585 | 228,585 | (701) |
| Mississippi | 117,438 | 115,496 | 115,496 | (1,942) |
| Missouri | 257,472 | 253,705 | 253,705 | (3,767) |
| Montana | 106,818 | 105,806 | 105,806 | (1,012) |
| Nebraska | 106,818 | 105,806 | 105,806 | (1,012) |
| Nevada | 121,959 | 121,358 | 121,358 | (601) |
| New Hampshire | 106,818 | 105,806 | 105,806 | (1,012) |
| New Jersey | 375,591 | 370,277 | 370,277 | (5,314) |
| New Mexico | 106,818 | 105,806 | 105,806 | (1,012) |
| New York | 823,135 | 807,598 | 807,598 | (15,537) |
| North Carolina | 423,734 | 422,014 | 422,014 | (1,720) |
| North Dakota | 106,818 | 105,806 | 105,806 | (1,012) |
| Ohio | 498,545 | 490,527 | 490,527 | (8,018) |
| Oklahoma | 152,713 | 150,299 | 150,299 | (2,414) |
| Oregon | 181,745 | 179,366 | 179,366 | (2,379) |
| Pennsylvania | 580,104 | 571,655 | 571,655 | (8,449) |
| Rhode Island | 106,818 | 105,806 | 105,806 | (1,012) |
| South Carolina | 225,718 | 225,851 | 225,851 | 133 |
| South Dakota | 106,818 | 105,806 | 105,806 | (1,012) |
| Tennessee | 280,692 | 277,712 | 277,712 | (2,980) |
| Texas | 941,261 | 937,242 | 937,242 | (4,019) |
| Utah | 106,818 | 105,806 | 105,806 | (1,012) |
| Vermont | 106,818 | 105,806 | 105,806 | (1,012) |
| Virginia | 335,314 | 334,268 | 334,268 | (1,046) |
| Washington | 297,481 | 295,807 | 295,807 | (1,674) |
| West Virginia | 106,818 | 105,806 | 105,806 | (1,012) |
| Wisconsin | 253,127 | 252,243 | 252,243 | (884) |
| Wyoming | 106,818 | 105,806 | 105,806 | (1,012) |
| **Subtotal** | **14,021,049** | **13,889,391** | **13,889,391** | **(131,658)** |
| American Samoa | 14,242 | 14,108 | 14,108 | (134) |
| Guam | 14,242 | 14,108 | 14,108 | (134) |
| Northern Marianas | 14,242 | 14,108 | 14,108 | (134) |
| Puerto Rico | 164,340 | 161,677 | 161,677 | (2,663) |
| Virgin Islands | 14,242 | 14,108 | 14,108 | (134) |
| Total Tribal Grants | 742,500 | 742,500 | 742,500 | -- |
| **Subtotal** | **963,808** | **960,609** | **960,609** | **(3,199)** |
| **Total States/Territories** | **14,984,857** | **14,850,000** | **14,850,000** | **(134,857)** |
| Undistributed/1 | 15,143 | 150,000 | 150,000 | 134,857 |
| **TOTAL RESOURCES** | **15,000,000** | **15,000,000** | **15,000,000** | **--** |

1/ Undistributed funding includes technical assistance, support programs, and grants, and contracts, which support the Elder Justice efforts but were not provided by formula to states or tribes. In FY 2025, this will include salaries and expenses.

# Disability Programs, Research, and Services

## Summary of Request

ACL’s Disability Programs, Research, and Services fund direct services, research, capacity-building, and systems change efforts provided primarily by networks of community-based organizations. Together, these investments ensure that people with disabilities have access to the services and supports they need to live in the community and thrive in all facets of community life.

ACL’s FY 2025 budget request for Disability Programs, Research, and Services is $463,570,000, an increase of $7,000,000 above the FY 2023 final level. The request maintains increases provided to most programs in FY 2023 to begin to address the unmet needs for direct services. The request also includes funding for three initiatives to address issues of critical importance to disabled people – addressing the direct care workforce crisis, improving disaster planning and response to meet the needs of people with disabilities and older adults, and maintaining the Disability Information and Access Line (DIAL).

Specifically, ACL requests:

* $15,350,000 for Developmental Disabilities Projects of National Significance, an increase of $3,100,000 above the FY 2023 final level. The increase will jointly fund initiatives to strengthen the direct care workforce (together with funding from Independent Living Projects of National Significance (IL PNS) and the Aging Network Support Activities (ANSA) program), to improve disaster preparedness and response (together with funding from IL PNS and ANSA), and to continue support for the operation of the Disability Information and Access Line (together with funding from IL PNS).
* $132,083,000 for Independent Living programs, an increase of $3,900,000 above the FY 2023 final level. This increase includes funding for the proposed program, Independent Living Projects of National Significance (IL PNS), which will provide funding to develop and test new interventions and innovations. This new program will provide a mechanism to fund cross-program and cross-network demonstrations to address issues and needs that are common to both older people and disabled people of all ages. This requested increase will also fund efforts to strengthen the direct care workforce, respond to emergencies and disasters, and operate the Disability Information and Access Line.

The request maintains funding at the FY 2023 final level for:

* $81,000,000 State Councils on Developmental Disabilities
* $45,000,000 Developmental Disabilities Protection and Advocacy
* $43,119,000 University Centers for Excellence in Developmental Disabilities
* $4,200,000 National Limb Loss Resource Center
* $10,700,000 Paralysis Resource Center
* $13,118,000, for the Traumatic Brain Injury Program
* $119,000,000 for the National Institute on Disability, Independent Living and Rehabilitation Research

## State Councils on Developmental Disabilities

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| State Councils on Developmental Disabilities | $81.,000 | $81.000 | $81.000 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2007

Allocation Method Formula Grant

***Program Description***

State Councils on Developmental Disabilities (DD councils) support the development and implementation of policies and programs that improve opportunities for people with intellectual and developmental disabilities (I/DD) and help them live – and fully participate – in their communities. They spark community change by bringing together people and partners to create equal access to education, health, employment, and other aspects of community life. DD Councils empower self-advocates and family leaders, support development of state policies, and educate people with I/DD and their families. DD Councils also educate decision-makers using research and lived experiences to improve the lives of people with I/DD.

To this end, state DD councils:

* Provide training, education and resources to help people with I/DD advocate for themselves and to help families provide support that meets the needs of the person with I/DD throughout their life;
* Advocate to ensure accessibility of health care, education, employment, transportation, recreation and other systems;
* Facilitate collaboration and partnerships – across the network of organizations focused on improving the lives of people with I/DD, as well as across other sectors – to simplify and improve access to services, effectively leverage all resources and avoid duplication, and advance inclusion of people with I/DD;
* Support innovation to improve effectiveness and sustainability of programs and services;
* Sponsor research to improve knowledge about I/DD, increase early identification, and expand and improve interventions and support; and
* Facilitate sharing of information across programs, networks, and states to advance best practices across the country.

This importance of, and need for, this work is increasing. The number of people with I/DD living in the community has been growing,[[49]](#footnote-50) and people with I/DD are living longer,[[50]](#footnote-51) both of which are increasing the need for systems that can effectively, efficiently, and sustainably provide the support people with I/DD need to live in the community.

There 56 DD councils, one in each state and U.S. territory. DD councils are led by people with I/DD, families, and other key stakeholders; at least 60 percent of each council’s governor-appointed volunteer members must be people with I/DD and family members of people with I/DD.

***Budget Request***

The FY 2025 request for State Councils on Developmental Disabilities is $81,000,000, the same as the FY 2023 final level. This request will maintain support for the work of DD councils to improve and streamline state systems of support for people with I/DD and expand access to individualized services supports and other forms of assistance that promote self-determination, independence, productivity, and inclusion in all facets of community life.

***Funding History:***

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $79,000,000 |
| FY 2022 | $80,000,000 |
| FY 2023 | $81,000,000 |
| FY 2024 Continuing Resolution | $81,000,000 |
| FY 2025 President’s Budget | $81,000,000 |

***Program Accomplishments:***

DD councils are catalysts for change that improve the lives of people with I/DD. Their work removes barriers and increases opportunities for people with I/DD so they can:

* Participate fully and live in the community;
* Become self-advocates and leaders, creating their own paths and helping others;
* Access healthcare to live longer, healthier lives;
* Complete secondary and postsecondary education;
* Find and succeed in jobs that fit their individual interests and goals; and
* Stay connected and safe during emergencies and disasters.

While specific activities and focus vary between DD councils in response to local needs, all councils are advancing community living and equal opportunities for people with I/DD. The following examples illustrate the breadth of their impact:

***Housing Accessibility:***

In partnership with the state’s Developmental Disabilities Administration, the Washington State DD Council piloted the use of smart home technologies, such as automatic lights, Wi-Fi enabled appliances and utilities, digital voice assistants (like Amazon’s Alexa) and devices operated by them, and security systems to support independent living. Through the pilot, people with I/DD received smart devices – and training on their use – to improve the accessibility of their homes, allow them to do things without assistance, connect to people outside the home, and more. Based on successes and promising findings from this pilot, the DD Council is exploring prospects to expand the project during the next planning cycle—to get more smart technology into more homes.

***Addressing Health Disparities:***

People with I/DD experience significant health disparities, partly because health care providers often do not know how to tailor their interactions to meet their needs. The Vermont DD Council created a training course to help health care professionals improve their communication with people with I/DD. The project has trained 240 health care professionals to date, providing strategies they are now applying to improve the care they provide.

***Expanding the Direct Care Workforce:***

Due to a national shortage of direct care professionals, many people with disabilities are unable to get the support they need to live safely and participate in the community. DD councils across the country are providing technical assistance and serving as crucial sources of information to support policymakers who are working to address this public health crisis. For example, the North Carolina DD Council (NCCDD) funded and conducted a study in partnership with providers and their state agency to determine average wages direct care workers for the Developmental Disabilities Medicaid Waiver. The rate study showed that the average hourly rate in North Carolina was $12.12 in Spring 2022. Stakeholders and state leaders agreed that the rate needed to be at least $18.00 an hour in order to attract and retain staff. The final budget that became law increased funding by $60 million to increase wages for direct care professionals.

***Increasing Access to Dispute Resolution Services:***

Conflict resolution services, including both mediation services and coaching to develop self-advocacy skills, can be especially valuable to people with I/DD and their families. For example, these services often are critical to ensuring that students with disabilities receive special education services. However, access to these services -- and service effectiveness – can be limited if conflict resolution professionals do not understand the needs of clients with I/DD. With funding from the New York DD Council, the state’s Community Dispute Resolution Centers trained over 170 of their staff and volunteers to improve their ability to serve people with I/DD. The initiative also developed and shared materials that have been used by Alternative Dispute Resolution practitioners in other states and communities, including community mediation programs around the country and the New York State Unified Court System staff who oversee the state’s networks of community mediation centers.

***Improving Accessibility:***

DD councils have successfully advocated for action to address issues that prevent people with I/DD from participating in their communities. For example, thanks to the advocacy of their DD council and other disability groups, the state of Tennessee is making public bathrooms more accessible for the 200,000 Tennesseans, and thousands of tourists, who need adult changing tables. These tables, also referred to as “universal changing tables,” offer a clean surface that allows people with disabilities to take care of bathroom needs with the help of a caregiver. Without them, people with disabilities are forced to lie on bathroom floors, attend to these needs in their vehicles and other non-private settings, or wait until they return home. Despite their critical importance, adult changing tables are rare, and lack of access to bathroom facilities causes many people with disabilities to simply stay home, forgoing participation in their communities. Thanks to the advocacy of the Tennessee DD Council and other disability stakeholders, height-adjustable changing tables for adults are now being installed in state facilities throughout Tennessee. In 2019, there were zero adult changing tables in state facilities. In 2023, there were 50 tables installed across the state with at least 200 more planned by 2030. This includes tables at every state park, welcome center and rest area.

***Financial Literacy:***

DD councils are supporting a variety of initiatives to help people with I/DD and their families increase their financial literacy, which directly contributes to successful community living. For example, the Illinois DD council funded a three-year initiative in partnership with the National Disability Institute to train 150 trainers to educate people with I/DD and their family members on how to manage money, create a spending plan, open an ABLE account, reduce debt, and use credit wisely. The program has trained over 11,000 people with disabilities, including nearly 6,000 people with I/DD.

***Self-Advocacy:***

With assistance from the Maryland DD Council, People on the Go of Maryland, a statewide self-advocacy group led by people with I/DD, provided critical insight and shared their personal experiences to educate lawmakers as they worked on legislation recognizing supported decision-making as an alternative to guardianship. The bill became law in 2022.

### Outcomes and Outputs Table: State Councils on Developmental Disabilities

| **Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| 8G Increase the percentage of people with developmental disabilities and their family members increasing their advocacy knowledge.\* (Outcome) | FY 2022: 77.9%  Target: 77.9%  (Baseline) | Prior Result + 1% | Prior Result + 1% | N/A |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

***Grant Awards Tables:***

State Councils on Developmental Disabilities Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $1,428,658 | $1,424,732 | $1,424,732 |
| Range of Awards\* | $274,744 - $8,064,166 | $273,990 - $8,036,992 | $274,630 - $8,007,786 |

\*Represents states and the District of Columbia.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON DISABILITIES**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 1,287,864 | 1,284,324 | 1,283,794 | (4,070) |
| Alaska | 527,570 | 526,120 | 527,352 | (218) |
| Arizona | 1,501,328 | 1,497,202 | 1,496,582 | (4,746) |
| Arkansas | 777,807 | 775,670 | 775,350 | (2,457) |
| California | 8,064,166 | 8,036,992 | 8,007,786 | (56,380) |
| Colorado | 1,181,856 | 1,178,610 | 1,178,124 | (3,732) |
| Connecticut | 741,399 | 739,364 | 739,058 | (2,341) |
| Delaware | 527,570 | 526,120 | 527,352 | (218) |
| District of Columbia | 527,570 | 526,120 | 527,352 | (218) |
| Florida | 4,451,007 | 4,438,776 | 4,436,942 | (14,065) |
| Georgia | 2,251,840 | 2,245,654 | 2,244,726 | (7,114) |
| Hawaii | 527,570 | 526,120 | 527,352 | (218) |
| Idaho | 527,570 | 526,120 | 527,352 | (218) |
| Illinois | 2,715,037 | 2,707,576 | 2,706,458 | (8,579) |
| Indiana | 1,488,546 | 1,484,456 | 1,487,932 | (614) |
| Iowa | 774,176 | 772,050 | 773,856 | (320) |
| Kansas | 614,590 | 612,900 | 614,336 | (254) |
| Kentucky | 1,195,270 | 1,191,986 | 1,191,494 | (3,776) |
| Louisiana | 1,380,778 | 1,376,984 | 1,376,414 | (4,364) |
| Maine | 527,570 | 526,120 | 527,352 | (218) |
| Maryland | 1,265,982 | 1,262,502 | 1,261,982 | (4,000) |
| Massachusetts | 1,434,478 | 1,430,538 | 1,429,948 | (4,530) |
| Michigan | 2,531,242 | 2,524,286 | 2,523,242 | (8,000) |
| Minnesota | 1,155,984 | 1,152,808 | 1,152,332 | (3,652) |
| Mississippi | 923,684 | 921,146 | 920,766 | (2,918) |
| Missouri | 1,361,246 | 1,357,506 | 1,356,946 | (4,300) |
| Montana | 527,570 | 526,120 | 527,352 | (218) |
| Nebraska | 527,570 | 526,120 | 527,352 | (218) |
| Nevada | 660,780 | 658,964 | 658,692 | (2,088) |
| New Hampshire | 527,570 | 526,120 | 527,352 | (218) |
| New Jersey | 1,870,166 | 1,865,026 | 1,864,256 | (5,910) |
| New Mexico | 546,291 | 549,806 | 552,164 | 5,873 |
| New York | 4,177,121 | 4,165,642 | 4,163,922 | (13,199) |
| North Carolina | 2,168,620 | 2,162,660 | 2,161,766 | (6,854) |
| North Dakota | 527,570 | 526,120 | 527,352 | (218) |
| Ohio | 2,846,720 | 2,838,898 | 2,845,544 | (1,176) |
| Oklahoma | 915,094 | 912,580 | 912,204 | (2,890) |
| Oregon | 863,154 | 860,782 | 860,426 | (2,728) |
| Pennsylvania | 3,026,520 | 3,018,204 | 3,025,270 | (1,250) |
| Rhode Island | 527,570 | 526,120 | 527,352 | (218) |
| South Carolina | 1,145,926 | 1,142,776 | 1,142,304 | (3,622) |
| South Dakota | 527,570 | 526,120 | 527,352 | (218) |
| Tennessee | 1,470,950 | 1,466,908 | 1,466,302 | (4,648) |
| Texas | 6,178,446 | 6,161,470 | 6,158,926 | (19,520) |
| Utah | 671,978 | 670,136 | 669,860 | (2,118) |
| Vermont | 527,570 | 526,120 | 527,352 | (218) |
| Virginia | 1,751,030 | 1,746,220 | 1,745,500 | (5,530) |
| Washington | 1,577,033 | 1,572,700 | 1,572,050 | (4,983) |
| West Virginia | 739,342 | 737,312 | 739,036 | (306) |
| Wisconsin | 1,305,492 | 1,301,906 | 1,301,368 | (4,124) |
| Wyoming | 527,570 | 526,120 | 527,352 | (218) |
| **Subtotal** | **76,398,923** | **76,189,000** | **76,180,586** | **(218,337)** |
| American Samoa | 274,744 | 273,990 | 274,630 | (114) |
| Guam | 274,744 | 273,990 | 274,630 | (114) |
| Northern Marianas | 274,744 | 273,990 | 274,630 | (114) |
| Puerto Rico | 2,506,930 | 2,500,040 | 2,505,894 | (1,036) |
| Virgin Islands | 274,744 | 273,990 | 274,630 | (114) |
| **Subtotal** | **3,605,906** | **3,596,000** | **3,604,414** | **(1,492)** |
| **Total States/Territories** | **80,004,829** | **79,785,000** | **79,785,000** | **(219,829)** |
| Undistributed/1 | 995,171 | 1,215,000 | 1,215,000 | 219,829 |
| **TOTAL RESOURCES** | **81,000,000** | **81,000,000** | **81,000,000** | **--** |

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

## Developmental Disabilities –Protection and Advocacy

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Developmental Disabilities: Protection and Advocacy | $45.000 | $45.000 | $45.000 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2007

Allocation Method Formula Grant

### Program Description:

Developmental Disabilities Protection and Advocacy systems (P&As) play a critical role in protecting the health and welfare of people with intellectual and developmental disabilities (I/DD). They help ensure that people with I/DD can exercise their rights to make choices, fully participate in society, and live independently. Specifically, P&As:

* Provide legal representation and assistance to people with disabilities who live in the community, as well as to people who live in institutions or other congregate settings.
* Protect the rights and safety of people who live in institutions and other congregate settings and help facilitate transitions for people who want to move to the community.
* Help ensure equal opportunities and access in workplaces, schools, healthcare facilities and public places for people who live in the community.

P&As also play a key role as advocates and advisors, providing technical assistance to support implementation of federal, state, and local initiatives to expand community living options. For example, they have been an important partner as states have implemented the Medicaid Home and Community-Based Services (HCBS) Settings Rule, which ensures the basic rights of people receiving HCBS services such as the right to visitors and access to food, to choose with whom they live, and to participate in community activities of their choosing. Similarly, P&As often provide training and technical assistance to service providers, state legislators and other policymakers; conduct self-advocacy trainings; and raise public awareness of legal and policy issues affecting people with I/DD and their families.

People with I/DD are at heightened risk of abuse and neglect, and ensuring their health and safety – whether they live in the community or in residential facilities – is a central function for every P&A. P&As conduct regular monitoring to identify instances of individual or systemic abuse or neglect, often speaking with individuals to assess their health and safety. They investigate allegations of abuse and neglect, including cases in which people with I/DD have died. Their monitoring and investigation activities often lead to changes in policies and practices that will ensure health and safety.

There are 57 P&A systems: one in each state, territory, and the District of Columbia, as well as a Native American Consortium. P&As are the nation’s largest providers of legal advocacy services for people with disabilities – and often the only avenue for Americans with disabilities in need of these types of services.

### Budget Request:

The FY 2025 request for the Developmental Disabilities Protection and Advocacy (P&A) program is $45,000,000, the same as the FY 2023 final level, continuing the small but critical increases to maintain service levels and enable P&As to continue to address the most urgent issues faced by people with I/DD. DD P&As are at the frontlines of protecting people from abuse and neglect and advancing inclusion and increasing opportunities for people with I/DD in all aspects of community life. Through DD P&A services, people with I/DD are living in the community in growing numbers.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $41,784,000 |
| FY 2022 | $42,784,000 |
| FY 2023 | $45,000,000 |
| FY 2024 Continuing Resolution | $45,000,000 |
| FY 2025 Target Level | $45,000,000 |

### Program Accomplishments:

With the help of P&A services, people with I/DD are living the lives they want to lead in the community in growing numbers. P&As ensure that people with I/DD receive the services and supports they need to succeed in school and workplaces; have equal access to health care, including life-saving treatments; and are able to move from institutions to homes in communities when desired.

A hallmark of P&As is their dual focus: they both pursue systemic change that will improve access and inclusion for all people with I/DD and provide direct services to uphold the rights and support the well-being of individual people with I/DD. The support P&As provide to individual people is driven by the needs and preferences of the person seeking assistance.

Cases are accepted in accordance with priorities that are set annually based on stakeholder input.

In FY 2022, DD P&As provided services to nearly 11,000 people with I/DD to address a variety of issues. The following are examples of how the DD P&As support the rights of people with I/DD. While most tell the story of one person, each represents the kind of cases – and the impact – that are typical for P&As:

#### Abuse and Neglect:

P&As across the country play a crucial role in addressing abuse and neglect of people with I/DD. For example:

* The Nevada Disability and Law Center (NDALC) identified and collaborated with the state to address significant abuse and neglect at the Never Give Up Youth Healing Center (NGU), a 114-bed residential youth psychiatric treatment facility. NDALC’s monitoring and investigation found that NGU failed to provide appropriate mental health treatment, with no psychiatrist visiting the facility; provided only sporadic “counseling” by unlicensed staff; and kept children kept in classrooms for twelve hours a day with no programming or activities. NGU also used physical and chemical restraints in violation of Medicaid regulations – over 600 times in one year alone, and failed to provide adequate medical or dental care. NDALC filed complaints with the licensing bureau, accrediting agency, and state Medicaid agency; collaborated with the Medicaid Fraud Unit and law enforcement; and advocated for facility residents at behavioral health commission meetings.  As a result of NDALC’s work, all the children were transitioned to more appropriate settings and NGU’s license was revoked by the state.
* Disability Rights North Dakota partnered with the state DD agency and the North Dakota Association of Community Providers to streamline and improve reporting of, and response to, suspected abuse, neglect, and exploitation. The initiative will increase the safety of the nearly 7,000 people with I/DD served by the state’s DD system by strengthening training for providers on how to prevent, identify and report potential incidents of abuse, neglect and exploitation; improving the state’s quality assurance system to be able to identify systemic issues and respond to them; and increasing state monitoring.
* When its extensive investigation found multiple instances of abuse, neglect, and injury at an intermediate care facility, the Idaho P&A issued a report with recommendations for improvements to protect the health and well-being of residents. As a result, the state initiated a complete overhaul of the adult DD crisis system, and the facility is implementing a number of changes, both with the support of the P&A (which continues to monitor the facility). The facility now only admits new patients as long as they have sufficient staff to meet needs and staffing ratios and now provides training on trauma-informed care and behavior management. In addition, a certification program was created to reward staff with higher pay for seeking additional behavior management training, and the facility hired a full-time certified behavioral analyst, which has resulted in a significant decrease in the incidents of restraint and seclusion as well as injuries to residents and staff.

#### Alternatives to guardianship:

P&As provide legal representation and other services to help people with disabilities obtain the support they need to avoid unnecessary guardianships or move to less-restrictive alternatives to guardianship when appropriate. For example,

* Disability Rights Texas (DRTx) represented R.C., who had been under a public guardianship most of her adult life. She wanted to terminate her guardianship in favor of a less restrictive supported decision-making arrangement after her Medicaid home and community-based (HCBS) waiver staff had helped her master independent living skills, such as paying bills. DRTx assisted R.C. in obtaining one of the medical examinations needed to file for restoration and represented R.C. at her guardianship hearing, at which her rights were fully restored and guardianship was terminated. With the P&A’s assistance, R.C. then created a supported decision-making agreement and was able to move into her own apartment with her partner.

#### Education:

P&As advocate ensure students’ access to services, supports, and other resources they need to attend school and to resolve a variety of issues students with disabilities face, such as seclusion and restraint of students with disabilities. For example:

* Students with disabilities who participate in sports have higher self-esteem, higher rates of academic success, more opportunities for inclusion with students without disabilities, and develop achievement-oriented behaviors necessary for success in the workplace. P&As help students with disabilities when they encounter barriers to participation. For example, Disability Rights North Carolina represented a 19-year-old student athlete with Down syndrome who had participated in track and swimming for his junior year of high school but was ineligible for his senior year because he had turned19 before the start of the school year. As a result of DRNC’s advocacy, the State Board of Education created a waiver to the state’s age cut-off rule, making it possible for this student-athlete – and others with disabilities – to reap the benefits of participating in team sports, alongside their peers without disabilities.
* The Rhode Island P&A helped a student with I/DD obtain the appropriate special education services and supports. The school team had refused to conduct any evaluations as part of the student’s Individualized Education Program (IEP) review, and filed truancy charges against the student, despite her parents reporting that she was absent due to hospitalization. The Rhode Island P&A successfully advocated for dismissal of the truancy petition, and the school agreed to conduct evaluations upon the student’s discharge from the hospital.
* Disability Rights West Virginia (DRWV) intervened to restore a child’s access to assistive technology needed to participate in class and complete homework. The school was not allowing the child to use the device in school because it was making noise and was not allowing the student to bring the device home to complete homework. With DRWV’s advocacy, the school arranged for the device to be repaired so it could be used in class and began sending it home.

#### Access to Health Care:

P&As take a variety of actions to ensure that people with disabilities have equal access to healthcare services. For example:

* People with I/DD and their families often have difficulty accessing services, particularly mental health supports. Disability Rights Idaho (DRI) is assisting both individual clients and identifying systemic issues. For example, DRI assisted a family whose 14-year-old child with both developmental and mental health disabilities was stuck in an acute care hospital receive psychiatric treatment for which he was eligible under Medicaid’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The request for treatment was initially denied by the state Medicaid agency; with DRI’s representation, the denial was reversed, and the child was approved to receive the services he needed. DRI is working with other families to identify systemic gaps in the system for youth who are dually diagnosed with I/DD and mental health conditions.
* P&As often work with hospitals and other health care providers to help them understand and meet the needs of people with I/DD. For example, Disability Rights New Hampshire intervened when a hospital was unable to meet the needs of a client, who has significant physical disabilities and who needs support to communicate, during a recent emergency room visit. Because of DRNH’s outreach, the hospital developed a plan to make sure that the client would be fully supported during future visits to the hospital so he is able to access – and fully participate in – his care.

#### Disaster response:

People with disabilities are disproportionately affected by all types of disasters and emergencies. They often are unable to evacuate safely and face higher rates of injury and death. P&As investigate and address abuse and neglect, and assist people with disabilities with accessing critical programs, services and resources. They also work with communities and states to improve disaster planning and response. For example:

* During Hurricane Ida, residents of seven nursing homes were evacuated to a warehouse that was not equipped to meet the needs of residents – in accordance with plans approved by the state. More than 50 residents were hospitalized afterward and a number of people died, sparking an extensive investigation. The Louisiana P&A advocated for the needs of people with disabilities at a meeting of the state legislature’s Joint Medicaid Oversight Committee and served on the State of Louisiana’s Nursing Home Emergency Preparedness Review Committee convened to address the issues. Ultimately, the law was changed in Louisiana to explicitly define the Department of Health’s obligations for approving nursing home emergency preparedness plans.

#### Employment:

Employment is an important part of community inclusion for people with disabilities. P&As advocate for employment opportunities – both for individuals and at the system level – and provide a range of services that support employment for people with I/DD, particularly transition age youth. For example:

* The Disability Rights Center of Kansas (DRC) identified a number of significant shortcomings in post-secondary transition services in Kansas schools including a lack of education of families and students with disabilities about transition services, including opportunities to help students transitioning out of school find opportunities for competitive integrated employment. A workgroup, co-led by the DRC executive director and that includes state agencies, educators, transition experts, people with disabilities and other disability advocates, developed actionable recommendations for improvement and worked with the state’s Department of Education to implement them. As a result of the plan, more youth with disabilities successfully transitioning from school into employment.
* In one typical case, Disability Rights Maine provided short-term assistance to help a woman with disabilities return to work. The P&A worked with her to determine her needs and helped identify employment support services and independent living services that could help meet them, which included assistive technology services. The P&A then connected her with service providers, ultimately helping her get the supports she needed to be able to work.

### Outputs and Outcomes Table: Developmental Disabilities Protection and Advocacy

| Measure | Year and Most Recent Result /  Target for Recent Result/   (Summary of Result) | FY 2024 Target | FY 2025 Target | FY 2025 Target  +/-FY 2024 Target |
| --- | --- | --- | --- | --- |
| 8F Increase the percentage of individuals with developmental disabilities whose rights were enforced, retained, restored or expanded. (Outcome) | FY 2022: 78.83%  Target: 79.54%  (Target Not Met but Improved) | Prior Result + 1% | Prior Result + 1% | N/A |

| Indicator | Year and Most Recent Result | FY 2024 Projection | FY 2025  Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| 8iii: Number of clients receiving professional individual legal advocacy for the Protection and Advocacy program. *(Output)* | FY 2022: 11,998 | Prior Result + 1% | Prior Result + 1% | N/A |
| 8iv: Number of people receiving information and referral from the Protection and Advocacy program. *(Output)* | FY 2022: 35,461 | Prior Result + 1% | Prior Result + 1% | N/A |

### Grant Awards Tables:

Developmental Disabilities – Protection and Advocacy Formula Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards/1 | 56 | 56 | 56 |
| Average Award | $783,482 | $779,464 | $779,464 |
| Range of Awards\* | $222414, -010 $4,466,319 | $222,010 - $4,526,612 | $222,010 - $4,526,612 |

1/ Not including grants to tribes.

\*Represents states and the District of Columbia.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON DISABILITIES**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 571,449 | 549,170 | 549,170 | (22,279) |
| Alaska | 414,977 | 414,977 | 414,977 | -- |
| Arizona | 814,134 | 832,131 | 832,131 | 17,997 |
| Arkansas | 427,618 | 425,981 | 425,981 | (1,637) |
| California | 4,466,319 | 4,526,612 | 4,526,612 | 60,293 |
| Colorado | 612,601 | 595,430 | 595,430 | (17,171) |
| Connecticut | 421,742 | 418,474 | 418,474 | (3,268) |
| Delaware | 414,977 | 414,977 | 414,977 | -- |
| District of Columbia | 414,977 | 414,977 | 414,977 | -- |
| Florida | 2,338,485 | 2,414,541 | 2,414,541 | 76,056 |
| Georgia | 1,198,637 | 1,180,600 | 1,180,600 | (18,037) |
| Hawaii | 414,977 | 414,977 | 414,977 | -- |
| Idaho | 414,977 | 414,977 | 414,977 | -- |
| Illinois | 1,468,267 | 1,378,148 | 1,378,148 | (90,119) |
| Indiana | 702,261 | 728,372 | 728,372 | 26,111 |
| Iowa | 414,977 | 414,977 | 414,977 | -- |
| Kansas | 414,977 | 414,977 | 414,977 | -- |
| Kentucky | 538,283 | 543,644 | 543,644 | 5,361 |
| Louisiana | 565,661 | 538,028 | 538,028 | (27,633) |
| Maine | 414,977 | 414,977 | 414,977 | -- |
| Maryland | 660,790 | 593,940 | 593,940 | (66,850) |
| Massachusetts | 733,673 | 703,806 | 703,806 | (29,867) |
| Michigan | 1,148,516 | 1,117,091 | 1,117,091 | (31,425) |
| Minnesota | 549,349 | 580,268 | 580,268 | 30,919 |
| Mississippi | 428,380 | 432,614 | 432,614 | 4,234 |
| Missouri | 653,934 | 647,372 | 647,372 | (6,562) |
| Montana | 414,977 | 414,977 | 414,977 | -- |
| Nebraska | 414,977 | 414,977 | 414,977 | -- |
| Nevada | 416,658 | 438,250 | 438,250 | 21,592 |
| New Hampshire | 414,977 | 414,977 | 414,977 | -- |
| New Jersey | 972,486 | 1,005,088 | 1,005,088 | 32,602 |
| New Mexico | 414,977 | 414,977 | 414,977 | -- |
| New York | 2,316,178 | 2,254,197 | 2,254,197 | (61,981) |
| North Carolina | 1,163,127 | 1,214,810 | 1,214,810 | 51,683 |
| North Dakota | 414,977 | 414,977 | 414,977 | -- |
| Ohio | 1,332,932 | 1,242,827 | 1,242,827 | (90,105) |
| Oklahoma | 462,982 | 476,081 | 476,081 | 13,099 |
| Oregon | 464,736 | 457,156 | 457,156 | (7,580) |
| Pennsylvania | 1,477,222 | 1,412,938 | 1,412,938 | (64,284) |
| Rhode Island | 414,977 | 414,977 | 414,977 | -- |
| South Carolina | 579,900 | 575,941 | 575,941 | (3,959) |
| South Dakota | 414,977 | 414,977 | 414,977 | -- |
| Tennessee | 753,366 | 740,481 | 740,481 | (12,885) |
| Texas | 3,484,044 | 3,528,823 | 3,528,823 | 44,779 |
| Utah | 414,977 | 414,977 | 414,977 | -- |
| Vermont | 414,977 | 414,977 | 414,977 | -- |
| Virginia | 885,162 | 856,266 | 856,266 | (28,896) |
| Washington | 819,607 | 834,040 | 834,040 | 14,433 |
| West Virginia | 414,977 | 414,977 | 414,977 | - |
| Wisconsin | 618,787 | 576,178 | 576,178 | (42,609) |
| Wyoming | 414,977 | 414,977 | 414,977 | -- |
| **Subtotal** | **41,931,849** | **41,703,861** | **41,703,861** | **(227,988)** |
| American Samoa | 222,010 | 222,010 | 222,010 | -- |
| Guam | 222,010 | 222,010 | 222,010 | -- |
| Northern Marianas | 222,010 | 222,010 | 222,010 | -- |
| Puerto Rico | 833,101 | 836,089 | 836,089 | 2,988 |
| Virgin Islands | 222,010 | 222,010 | 222,010 | -- |
| Native American Org. | 222,010 | 222,010 | 222,010 | -- |
| **Subtotal** | **1,943,151** | **1,946,139** | **1,946,139** | **2,988** |
| **Total States/Territories** | **43,875,000** | **43,650,000** | **43,650,000** | **(225,000)** |
| Undistributed/1 | 1,125,000 | 1,350,000 | 1,350,000 | 225,000 |
| **TOTAL RESOURCES** | **45,000,000** | **45,000,000** | **45,000,000** | **--** |

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

## University Centers for Excellence in Developmental Disabilities

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| University Centers for Excellence in Developmental Disabilities | $43.119 | $43.119 | $43.119 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2007

Allocation Method Competitive Grant

### Program Description:

The 68 University Centers for Excellence in Developmental Disabilities (UCEDDs) across the country form a network of independent, but interlinked, centers with a wide range of projects, such as:

* Providing training on meeting the needs of people with intellectual and developmental disabilities (I/DD) as part of the undergraduate, graduate, and continuing education programs for a wide variety of professionals (like health care professionals, teachers, and others);
* Providing community-based services for people with I/DD and their families;
* Conducting research and disseminating information; and
* Providing technical assistance to improve the systems that support people with I/DD.

UCEDDs are also a national resource for increasing knowledge about the needs of people with I/DD and their families; identifying barriers to community living and addressing them; and increasing our nation’s capacity and capability to support people with I/DD. ACL’s grants support the basic infrastructure costs of operation for each UCEDD. Each center then leverages that foundational investment to secure funding to underwrite their individual project portfolios; project funding comes from a variety of sources, including federal, state, and local agencies; private foundations; donations; and fee-for-service earnings. In FY 2022, ACL funding was matched by more than 16:1; UCEDDs received $16.78 in funding from other sources for every dollar received from ACL.

ACL also funds competitive grants to UCEDDs to develop national training initiatives that address specific unmet needs of people with I/DD. Projects funded through these grants have focused on improving our national capability to address the critical needs of babies born with neonatal abstinence syndrome; people who have both I/DD and mental health conditions; and people with I/DD who also come from underserved communities. Other projects have provided post-secondary education opportunities and training to enhance self-determination skills for people with I/DD and training for the UCEDD network on building partnerships with tribal- and minority-serving institutions.

### Budget Request:

The FY 2025 request for University Centers for Excellence in Developmental Disabilities Education, Research and Services (UCEDDs) is $43,119,000, the same as the FY 2023 final level. The request maintains funding to support operational costs for each of the 68 UCEDDs. UCEDDs leverage this investment to generate funding for their individual project portfolios – in FY 2022 UCEDDs generated more than $16 for every dollar of funding received from ACL. With this combined investment, UCEDDs provide direct services for people with I/DD and their families, conduct research to improve and expand interventions and services, train professionals across a variety of disciplines to better meet the needs of people with I/DD, and provide technical assistance and other resources to support the work of other organizations focused on improving the lives of people with I/DD.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $42,119,000 |
| FY 2022 | $42,119,000 |
| FY 2023 | $43,119,000 |
| FY 2024 Continuing Resolution | $43,119,000 |
| FY 2025 President’s Budget | $43,119,000 |

### Program Accomplishments:

UCEDDs have played a key role in important advances in the disability field over the last five decades. Many services for people with I/DD– such as early intervention, health care, community-based services, inclusive education, transition from school to work, employment, housing, assistive technology, and transportation – have been directly improved by UCEDD services, research, and training.

UCEDDs both provide direct services and support to people with I/DD and their families and equip future professionals – and policymakers – with specialized expertise in developmental disabilities. That expertise will inform these professionals’ work, and be shared with those they encounter, as they build their careers. UCEDD training pays dividends as these professionals move into leadership roles. In fact, of the UCEDD trainees who graduated 5 to 10 years ago, nearly a third now serve in leadership roles in academia, public health and clinical settings, public policy, and advocacy. In FY 2022 alone, more than 67,000 participants attended UCEDDs Interdisciplinary Pre-Services Training Programs. Examples of the impact the work that is made possible by ACL’s grants include:

* *Direct Care Workforce*:The Boggs Center on Developmental Disabilities, in collaboration with the New Jersey Department of Human Services, established a Direct Support Professional Capacity Building initiative to help strengthen the recruitment, skills, and retention of this critical workforce. The Boggs Center conducted two large-scale research surveys with direct service professionals (also called direct care workers) and disability stakeholders to identify gaps in services and other impacts of the long-standing shortage of DSPs, as well as gaps in DSP training. Survey results informed recommendations by the Boggs Center on core competencies to support a DSP career track and are being used by workforce development boards and community colleges to recruit and train future DSPs.
* *Youth and Family Support*:The Westchester Institute for Human Development (WIHD) UCEDD, based in New York, provides community training, technical assistance, and services to support children with I/DD and their families. During FY 2022, WIHD made 5,640 appointments to provide assessments, parent training, tutoring, and pediatric medical services to children and families involved in the foster care system. WIHD also partners with the University of Rochester UCEDD and the Rose F. Kennedy UCEDD to provide technical assistance to local health departments to support children and youth with complex health care needs. Between FY 2022-23, the three UCEDDs jointly provided professional training and resources to 550 public health officials across all 28 New York counties on topics addressing early detection, enhancing quality care, and building system capacity.
* *Health*: The Ohio State University Nisonger Center UCEDD, through its dental services program, provides a complete range of oral health services to children and adults with I/DD. Each year, more than 3,000 people with I/DD and other increased healthcare needs receive treatment through the program. To help increase community capacity in providing healthcare services, the Nisonger Center also trains students enrolled Ohio State’s dental programs to meet the needs of people with I/DD; each year, the program trains as many as 200 dental students, residents, and dental hygiene students.
* *Abuse Prevention*: People with I/DD are seven times more likely to experience sexual assault. The Partnership for People with Disabilities at the Virginia Commonwealth University developed an initiative, Leadership for Empowerment and Abuse Prevention (LEAP), to teach people with I/DD and professionals who support them strategies and skills to prevent abuse and to detect and address it when it occurs. Approximately 1,000 Virginians with I/DD, 1,500 professionals, and over 25 disability support agencies in Virginia have participated in LEAP training. The LEAP has recently expanded its outreach efforts to provide live virtual webinar training to over 1,000 participants.
* *Assistive Technology*:The Institute on Disability and Human Development at the University of Illinois Chicago operates a mobile Assistive Technology Unit (ATU). This initiative is the largest mobile assistive technology program in the country. Each year, approximately 1,110 consumers from underserved communities receive AT services in their home, school, or worksite that are individualized based on needs identified through interviews, observations, and assessments. Services include home and worksite modifications, provision of (and training to use) customized equipment and electronic devices and applications, and more. The interdisciplinary ATU team includes professionals from a range disciplines, including occupational therapy, physical therapy, speech-language pathology, rehabilitation engineering, and architecture.

### Outcomes and Outputs Table: University Centers for Excellence in Developmental Disabilities

| **Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| 8D Increase the percentage of individuals with developmental disabilities who are receiving services through activities in which UCEDD trained professional were involved. (Outcome) | FY 2022: 47.02%  Target: 47.01%  (Target Exceeded) | Prior Result + 1% | Prior Result + 1% | N/A |

| Indicator | Year and Most Recent Result / | FY 2024 Projection | FY 2025  Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| 8viii: Number of professionals trained by UCEDDs. *(Output)* | FY 2022: 5,608 | Prior Result + 1% | Prior Result  + 1% | N/A |
| 8ix: Number of people reached through UCEDD community training and technical assistance activities. *(Output)* | FY 2022: 1,339,940 | Prior Result  +1% | Prior Result  +1% | N/A |
| 8x: Number of people receiving direct or model demonstration services from UCEDDs. *(Output)* | FY 2022: 121,131 | Prior Result  +1% | Prior Result  +1% | N/A |

### Grant Awards Table:

University Centers for Excellence in Developmental Disabilities Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 77 | 67 | 67 |
| Average Award | $547,445 | N/A | N/A |
| Range of Awards | $105,000 - $606,330 | $620,675 | $620,675 |

## Developmental Disabilities – Projects of National Significance

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/-  FY 2023 |
| --- | --- | --- | --- | --- |
| Projects of National Significance | $12.250 | $12.250 | $15.350 | +$3.100 |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2007

Allocation Method Competitive Grants and Cooperative Agreements/Contracts

### Program Description:

The Developmental Disabilities Project of National Significance (DD PNS) program funds projects to address the most pressing issues that affect people with intellectual and developmental disabilities (I/DD) and their families across the country, such as:

* Comprehensive and coordinated systems of support to meet individual needs;
* Training, education and resources to help people with I/DD advocate for themselves and to help families provide support across the lifespan;
* Training and technical assistance of professionals and policymakers to ensure accessibility of health care, education, transportation, recreation and other systems;
* Innovation to improve effectiveness and sustainability of programs and services;
* Research to improve knowledge about I/DD and to expand and improve interventions and support; and
* Sharing of information to advance best practices across the country.

The program funds grants, contracts, and cooperative agreements to develop and test approaches for expanding national capacity of the systems that provide I/DD support services, improving the quality of those services, and increasing access to them for all people with disabilities. It also funds projects to address systemic issues, such as barriers in accessing health care and knowledge gaps amongst health care providers, and to advance the self-determination and inclusion of people with I/DD in all aspects of life.

Through the DD PNS program, ACL has funded projects addressing national priorities such as supporting family caregivers, increasing employment opportunities, addressing health disparities, and strengthening the direct care workforce.

The DD PNS program complements ACL’s other disability programs, particularly the programs authorized by the Developmental Disabilities Act. DD PNS projects provide technical assistance and resources; facilitate collaboration and sharing of best practices and lessons learned across the DD network; and contribute to an evidence base of interventions and approaches that have proven effective and can be adapted to meet state and community needs. DD PNS projects ultimately create opportunities for people with I/DD to live and fully participate in their communities.

### Budget Request:

The FY 2025 request for Developmental Disabilities Projects of National Significance (DD PNS) is $15,350,000, an increase of $3,100,000 above the FY 2023 final level. This increase will support three cross-program initiatives. $2 million will be combined with funding from programs authorized under the Older Americans Act (OAA) and with the newly created Independent Living Projects of National Significance (IL PNS) to address the direct care workforce crisis. In addition, $1.0 million will be invested along with IL PNS funding and OAA programs to improve disaster planning, response, and recovery for people with disabilities and older adults. Finally, $100,000 from DD PNS will be combined with IL PNS funding to continue operations of the Disability Information and Access Line (DIAL), a national hotline that connects people with disabilities to local resources.

#### Strengthening the Direct Care Workforce

The paid professionals who form the direct care workforce provide vital services that make it possible for people with disabilities and older adults to live in their own homes and communities. But the direct care workforce is in crisis, placing decades of progress in community living in jeopardy. Long-standing workforce shortages reached crisis levels during the COVID-19 pandemic; today, more than three-quarters of service providers are not accepting new clients and more than half have cut services as a result of the direct care workforce shortage, leaving many people unable to get the services they need and increasing demands on family caregivers. High turnover – averaging nearly 44 percent across states – also means that people often experience service disruptions and receive inconsistent care, placing their health and safety at risk. Increasing numbers of people are left with no option but to move to nursing homes and other institutions, and people who want to leave these facilities cannot. In addition to undermining the right of people with disabilities to live in community, this leads to poorer health outcomes and higher costs of care, which most often are borne by taxpayers.

In September 2022, ACL established the Direct Care Workforce Strategies Center to help expand and strengthen the direct care workforce. The DCW Strategies Center serves as a hub through which federal, state, and private entities involved in the recruitment, training and retention of direct care workers can access best practices and training materials, receive technical assistance, and participate in learning collaboratives. ACL proposes to expand the Direct Care Workforce Strategies Center and fund new state-based capacity building grants. This investment will be jointly funded by $2 million from Developmental Disabilities Projects of National Significance, $6,000,000 from Older Americans Act programs, and $2 million from the new Independent Living Projects of National Significance program.

#### Emergency and Disaster Preparedness and Response

People with disabilities are disproportionately impacted in all types of disasters, which was most recently highlighted during the COVID-19 pandemic. Emergency management plans frequently do not adequately address the unique needs of disabled people and older adults. For example, lack of accessible transportation and emergency shelters and other barriers often mean that people with disabilities and older adults are unable to evacuate their homes safely. When they do evacuate, they often are unnecessarily placed in nursing homes and other facilities – and often are unable to return home when the emergency ends. They also face higher rates of death and injury. In addition, the aging and disability networks experience spikes in demand for services during emergencies and disasters. The networks perform heroically and innovatively to meet these needs, but demand frequently outstrips capacity.

There is a critical need for inclusive disaster planning and building surge capacity for disaster response and recovery for people with disabilities and older adults to ensure their unique needs care met. To that end, ACL proposes a two-part initiative:

* Establishment of a national center to provide training and technical assistance to ACL’s networks, emergency management authorities, and public health authorities and to facilitate partnerships among these entities.
* Demonstration grants to develop inclusive planning models and increase the capacity of states and communities to meet the needs of disabled people and older adults during and after disasters.

These efforts will be jointly funded with $1 million from Developmental Disabilities Projects of National Significance, $3 million from Older Americans Act – Aging Network Support Activities, and $1 million from the new Independent Living Projects of National Significance. ACL’s request also includes one legislative proposal to authorize these technical assistance and capacity building investments to help state and local disaster planning and response systems better meet the needs of people with all types of disabilities and older adults.

#### Disability Information and Access Line

Even when services and resources are available to help people with disabilities live in the community, it can be very challenging for people to access them. People often have questions about which programs are available in their states or communities, which will best meet their needs, whether they or their loved one are eligible, how to enroll in programs, and how to coordinate services. Without assistance to navigate these systems, people often do not receive the help they need to live independently.

The Disability Information and Access Line (DIAL) is a national hotline that complements the Eldercare Locator, which for many years has played a critical role in helping older adults find the local help they need to age in place. Until DIAL was launched in 2021, there was nothing similar available to meet the needs of people with disabilities. Initially established to help people with disabilities access COVID-19 vaccinations and tests, DIAL now connects people with disabilities to a broad range of community services such as transportation, housing support, community services, legal assistance, and assistance with Medicaid redeterminations. DIAL was created and funded through 2023 with supplemental funding from the Centers for Disease Control and Prevention (CDC). Starting in FY 2024, DIAL’s continued operation must be funded through ACL’s budget or people with disabilities will lose access to this critical service.

Because DIAL serves people with all types of disabilities, ACL proposes to fund its operation with investments of $100,000 from DD PNS and $900,000 from Independent Living Projects of National Significance.

### Legislative Proposal:

ACL’s request includes the following legislative proposal:

* Disaster Human Services Capacity Building and Technical Assistance: Establish a disaster human services capacity building grant program and associated national training and technical assistance center to enhance disaster preparedness of the aging and disability network and improve inclusive disaster planning.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $12,250,000 |
| FY 2022 | $12,250,000 |
| FY 2023 | $12,250,000 |
| FY 2024 Continuing Resolution | $12,250,000 |
| FY 2025 President’s Budget | $15,350,000 |

### Program Accomplishments:

The Developmental Disabilities Project of National Significance (DD PNS) program is part of a network of programs authorized by the DD Act to support people with intellectual and developmental disabilities (I/DD) in living the lives they want to lead, in the community. While each has a distinct focus, the programs are complementary; they each leverage the work of the others to create a greater impact. Under the DD PNS program, ACL has funded work to address key issues such as:

#### Expanding Access to Home and Community-Based Services:

For many people with I/DD, community living requires access to a variety of home and community-based services (HCBS) and supports tailored to their individual needs and goals. Through DD PNS, ACL has invested in initiatives to increase HCBS capacity, streamline access to HCBS, and improve HCBS quality. For example:

* Living Well Grants:Living Well grants focus on developing model approaches for enhancing the quality, effectiveness, and monitoring of HCBS. The projects have implemented protocols to improve community monitoring systems; improved collection and analysis of health and safety data; provided training on abuse and neglect, health, safety, and human rights; provided leadership opportunities, peer support, and outreach to help people with I/DD and their families build advocacy skills; and improved the quality and availability of services by providing training providers on individual choice and rights, fostering provider collaboration, and advocating for changes in policy and practice to increase capacity of service providers.

#### Reducing Health Disparities:

People with I/DD routinely confront discrimination and other barriers to health care, which results in high occurrence of preventable diseases and comorbidities and poorer health outcomes than their peers without disabilities. The DD PNS program is addressing these issues through several projects:

* + The Link Center: Bridging I/DD and Mental Health Systems: About 35 percent of people with I/DD also have mental health conditions, but they often do not receive the behavioral health care they need.[[51]](#footnote-52) They are more likely to be institutionalized than people with either disability alone, and they often remain in institutions longer than people who have only I/DD or mental health disabilities because they cannot access the services they need to live in the community. When they do live in the community, they have poorer health, social, and employment outcomes. In October 2022, ACL began building the Link Center to bridge the I/DD and mental health systems in order to increase access to needed services and improve coordination between the I/DD and behavioral health systems, to ultimately improve outcomes for people who have both I/DD and mental health conditions. The Link Center is serving as resource to state agencies – including state behavioral health, developmental disabilities and Medicaid agencies, by providing technical assistance to state systems and information, training, and peer mentoring for people with I/DD and mental health conditions, their families and the professionals who work with them.
  + Partnering to Transform Health Outcomes with Persons with Intellectual and Developmental Disabilities (PATH-PWIDD): This project is improving healthcare for people with I/DD by training students in health care fields – future doctors, nurses, pharmacists, dentists, physician assistants, occupational therapists, speech language pathologists and others – about the unique needs of people with I/DD. The project developed high-impact learning materials suitable for multiple professional specialties that are currently being used at nine academic institutions. People with I/DD serve on the program’s advisory committee and participate in training to ensure that the entire program is infused with the lived experience of people with I/DD. They also serve as mentors for the trainees. In every program, students either interact directly with people with I/DD or hear from them through video recordings. Among the five member institutions leading a national consortium, this project has trained a total of 3,285 students and employed health professionals.

#### Supporting Transitions to Adulthood and Increasing Employment Opportunities:

Through the DD PNS program, ACL has invested in a number of initiatives to improve outcomes for people with I/DD as they transition from a school-based systems to adult-serving systems, including increasing opportunities for post-school employment. For example:

* + The Disability Employment Technical Assistance Center (DETAC): Although most want to work, people with disabilities are unemployed and underemployed at higher rates than their peers without disabilities. In 2021, only 19.1 percent of people with disabilities were employed, compared 63.7 percent of those without a disability. DETAC was created to increase employment opportunities and improve economic mobility of people with I/DD, with a particular focus on youth transitioning from school. The DETAC leads a national community of practice and peer action e-learning communities focused on fostering new partnerships; provides on-demand technical assistance; develops new resources; and makes information and resources readily available through its website.
  + Community Collaborations for Employment (CCE):In 2021, ACL awarded seven CCE grants to increase and enhance collaborations across local systems to improve outcomes for underserved youth with I/DD as they transition between school and working in the community. The *Finds Their Way: Communities for Youth Transition* project in Arizona is focusing on Native American youth across 22 reservation communities and urban areas in Arizona. The *My Transition, My Career* project in Kansas is partnering with American Job Centers and the Kansas Hispanic and Latino American Affairs Commission to provide career skill development and work-based learning opportunities for young people with I/DD in Latino communities. The *Partnership for Transition to Employment* in Massachusetts is improving collaboration across community partners to better serve youth in a community with a large immigrant population and extensive socio-economic challenges. Minnesota’s *Community-Based Collaborative Transition Model for Minnesota Youth with I/DD* is involving stakeholders from diverse cultural backgrounds (e.g., Somali, Native American, Hmong, etc.) in order to reach a wide range of youth from urban, suburban, and rural communities.
* The Center on Youth Voice, Youth Choice (CYVYC): CYVYC (pronounced “civic”) is an initiative to educate young adults with I/DD and their families about less restrictive alternatives to guardianship, such as supported decision-making. Research shows that increased self-determination leads to better outcomes in employment and community integration, increases independence, and makes people with disabilities better able to identify situations that could lead to abuse. The initiative is led by the people it serves – at least three-quarters of the program’s advisory board must be youth with I/DD. The center provides information and resources for people with I/DD and their families, including through an easy-read website; conducts research; leads a national coalition of organizations that are working together to advance alternatives to guardianship; and works with communities of practice and trains youth ambassadors to do the same within their states. Now in its third year, CYVYC has teams in eight states and has trained 34 youth ambassadors within those states. The center will launch three additional state teams in 2023 and train an additional 10 youth ambassadors by 2025.

### Grant Awards Table:

Developmental Disabilities – Projects of National Significance Grant Awards

(Dollars in Thousands)

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 20 | 20 | 26 |
| Average Award | $338,145 | $338,145 | $379,342 |
| Range of Awards | $156,815 - $649,978 | $156,815 - $649,978 | $156,815 - $649,978 |

## Independent Living

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Independent Living | $128.183 | $128.183 | $132.083 | + $3.900 |
| Independent Living – State Grants | $26.078 | $26.078 | $26.078 | -- |
| Centers for Independent Living | $102.105 | $102.105 | $102.105 | -- |
| Projects of National Significance Independent Living | -- | -- | $3,900 | + $3.900 |
| FTE | 1 | 1 | 1 | -- |

\*BA is in millions of dollars, FTE are in whole numbers.

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

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

FY 2025 Authorization:

Independent Living State Grants Expired

Centers for Independent Living Expired

Expiration Date 2020

Allocation Method Formula and Discretionary Grants

### Program Description:

ACL’s Independent Living (IL) programs provide services and supports, training, and other resources to help people with disabilities live the lives they want to lead in their communities. They also advocate to ensure the needs of people with disabilities are reflected in policies and programs and foster partnerships and collaboration between programs and organizations that support community living. In keeping with the IL philosophy that disabled people should have the same civil rights, options, and control over their lives as people without disabilities, ACL’s IL programs are disability-led and prioritize peer support.

ACL’s independent living programs include:

#### Independent Living Services State Grants

The Independent Living Services (ILS) State Grants program funds formula grants to states and territories to support the provision, expansion, and improvement of independent living services for people with disabilities, particularly in underserved areas. Specifically, the program supports the operation of statewide independent living councils (SILCs), as well as training and technical assistance for the IL network. SILCs work with the state’s centers for independent living (CILs) to develop a State Plan for Independent Living (SPIL), which is the state’s three-year roadmap for executing, expanding, and improving independent living services. Other SILC functions vary between states, but include coordination of IL services, capacity-building to increase availability of services, resource development, and research to support enhancement of IL services.

Federal grant funds are allocated to states and territories based on total population, and states and territories must match 10 percent of these grants with non-federal cash or in-kind resources. At least 95 percent of funding must be used to fund activities included in the state’s SPIL.

#### Centers for Independent Living

The Centers for Independent Living (CIL) program provides grants to more than 350 community-based, nonprofit agencies that provide a comprehensive range of services that help people with all types of disabilities live and fully participate in their communities. A hallmark of CILs is that they are designed, operated, and led by people with disabilities. Services vary in support of local needs, but all CILs:

* Provide skills training and peer support.
* Assist with navigating systems that provide services and supports, including determining eligibility and applying for programs.
* Help connect people to local services and resources, such as housing, transportation, personal care attendants, food, and other important benefits.
* Support young people with disabilities who are transitioning to adult life following high school, provide a range of supports to help people who want to move from institutions to the community, and help to prevent institutional admissions for people currently in the community.

CILs also play a critical role in emergency preparedness and disaster response, advocating and providing technical assistance to federal, state, and local officials to ensure that the needs of people with disabilities are considered at every stage of emergency planning, response, and recovery. They also provide emergency services to support people with disabilities to safely shelter in place; when evacuation is required, they help people find and move to accessible emergency shelter – and to return to their homes and communities promptly when it is safe to do so.

Grants are awarded directly to CILs using a population-based formula. The Rehabilitation Act of 1973 requires that grants be awarded to any eligible agency that received a grant the preceding fiscal year.

#### Projects of National Significance (Proposed)

Starting in the FY 2023 President’s Budget, and again in the FY 2024 President’s Budget, ACL proposed the establishment Independent Living Projects of National Significance (IL PNS), a new program to develop and test new interventions and program innovations for people with all types of disabilities. ACL maintains this proposal for FY 2025.

Following the model that has been successfully used within current ACL programs for older adults and people with I/DD, IL PNS will fund grants, contracts, and cooperative agreements that will develop and test new approaches, address systemic issues, and address national priorities. IL PNS will provide a mechanism to fund demonstrations to address the needs for people with all types of disabilities. When combined with the existing demonstration authorities for older adults and people with I/DD, it will allow ACL to have cross-program and cross-network initiatives focused on issues common to older adults and disabled people of all types and ages.

In the FY 2025 request, these cross-program and cross-network projects include addressing the direct care workforce crisis, supporting older adults and people with disabilities in emergencies and disasters, and ensuring continued operation of the Disability Information and Access Line.

### Budget Request:

The FY 2025 request for Independent Living is $132,083,000, an increase of $3,900,000 above the FY 2024 final level. With this increase, the newly created Independent Living Projects of National Significance (IL PNS) will support three jointly funded, cross-program initiatives: $2 million will fund an initiative to strengthen the direct care workforce, and $1 million will be invested to improve emergency preparedness and response for disabled people and older adults. These initiatives will be jointly funded by the Aging Network Support Activities (ANSA) program authorized by the Older Americans Act (OAA) and the Developmental Disabilities Projects of National Significance (DD PNS) program. The request also will combine $900,000 from IL PNS with DD PNS funding to continue operations of the Disability Information and Access Line (DIAL), a national hotline that connects people with disabilities to local resources. The request maintains critical increases received in FY 2022 and FY 2023 for Independent Living State Grants and Centers of Independent Living to begin to address unmet needs.

#### Strengthening the Direct Care Workforce

The paid professionals who form the direct care workforce provide vital services that make it possible for older adults and people with disabilities to live in their own homes and communities, but there are not enough of them. The long-standing shortage has become a dire crisis. Today, more than three-quarters of service providers are not accepting new clients and more than half have cut services, leaving many people unable to get the services they need and increasing demands on family caregivers. More than a quarter of home health providers reported in 2023 that they turned away referrals due to staffing shortages. High turnover — averaging nearly 44 percent across states — also means that people often experience service disruptions and receive inconsistent care, placing their health and safety at risk. The DCW crisis threatens to reverse decades of progress in advancing community living: increasing numbers of people are left with no option but to move to nursing homes and other institutions, and people who want to leave these facilities cannot. This diminishes quality of life and leads to poorer health outcomes and higher costs of care, which most often are borne by taxpayers.

In September 2022, ACL established a national capacity-building center to help expand and strengthen the direct care workforce. With FY 2023 funding, ACL is beginning to build the Direct Care Workforce Strategies Center. Informed by input from people who receive services, the Strategies Center is, a hub through which state agencies, service providers, disability and aging organizations and other stakeholders involved in – or advocating regarding – the recruitment, training and retention of direct care workers can access best practices and training materials, receive technical assistance and participate in learning collaboratives. ACL proposes to expand the Direct Care Workforce Strategies Center and fund new state-based capacity building grants to strengthen partnerships between state Medicaid, aging, disability, and workforce agencies and leverage available funding streams and to demonstrate strategies to improve recruitment, training, and retention of direct care workers. This critical investment will be jointly funded with $2 million from IL PNS, $2 million from DD PNS, and $6 million from Older Americans Act Programs -Aging Network Support Activities.

#### Emergency and Disaster Preparedness and Response

People with disabilities are disproportionately impacted in all types of disasters, which was most recently highlighted during the COVID-19 pandemic. Emergency management plans frequently do not adequately address the unique needs of disabled people and older adults. For example, lack of accessible transportation and emergency shelters and other barriers often mean that older adults and people with disabilities are unable to evacuate their homes safely. When they do evacuate, they often are unnecessarily placed in nursing homes and other facilities – and often are unable to return home when the emergency ends. They also face higher rates of death and injury.

In addition, the aging and disability networks experience spikes in demand for services during and after emergencies and disasters. The networks perform heroically and innovatively to meet these needs, but demand frequently outstrips capacity.

There is a critical need for disaster planning and building surge capacity for disaster response and recovery for disabled people and older adults to ensure their unique needs are met. To that end, ACL proposes a two-part initiative:

* Establishment of a national center to provide training and technical assistance to ACL’s networks, emergency management authorities, and public health authorities and to facilitate partnerships among these entities.
* Demonstration grants to develop inclusive planning models and increase the capacity of states and communities to meet the needs of disabled people and older adults during and after disasters.

This initiative will be jointly funded with $1 million from the new Independent Living Projects of National Significance, $1 million from Developmental Disabilities Projects of National Significance, and $3 million from Older Americans Act – Aging Network Support Activities ACL’s request also includes one legislative proposal to authorize these investments in supporting states to improve their disaster planning and response systems to meet the needs of all populations served by ACL programs.

#### Disability Information and Access Line

Even when services and resources are available to help people with disabilities live in the community, it can be very challenging for people to access them. People often have questions about which programs are available in their states or communities, which will best meet their needs, whether they or their loved one are eligible, how to enroll in programs, and how to coordinate services. Without assistance to navigate these systems, people often do not receive the help they need to live independently.

The Disability Information and Access Line (DIAL) is a national hotline that complements the Eldercare Locator, which for many years has played a critical role in helping older adults find the local help they need to age in place. Until DIAL was launched in 2021, there was nothing similar available to meet the needs of people with disabilities. Initially established to help people with disabilities access COVID-19 vaccinations and tests, DIAL now connects people with disabilities to a broad range of community services such as transportation, housing support, community services, legal assistance, and assistance with Medicaid redeterminations. DIAL was created and funded through 2023 with supplemental funding from the Centers for Disease Control and Prevention (CDC); starting in FY 2024, DIAL must be funded through ACL’s budget or people with disabilities will lose access to this critical service.

This resource serves people with all types of disabilities. Accordingly, ACL proposes to fund its operation with investments of $100,000 from Developmental Disabilities Projects of National Significance and $900,000 from Independent Living Projects of National Significance to ensure a cross-disability focus.

### Appropriations Proposals:

ACL’s request includes one proposal that is both an appropriations proposal and a legislative proposal:

* Allow ACL to establish IL Projects of National Significance: Under Title VII of the Rehabilitation Act of 1973, ACL proposes to authorize grants, contracts, or cooperative agreements for projects of national significance that advance independent living and promote the philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities.

### Legislative Proposals:

ACL’s request includes four additional proposals that are legislative only:

#### Provide State Flexibility to Determine Funding Distribution to Part C Centers for Independent Living: ACL proposes to provide states with flexibility to determine (with ACL review and approval) how funds are distributed between Part C centers for independent living (CILs) to enable states to address population shifts or significant changes within their states. Currently, the Rehabilitation Act of 1973 requires existing CILs to be funded at the level of funding for the previous year with no provision to change allocations.

* Removal of the Requirement that Compliance Reviews of CILs Must Occur Onsite: ACL proposes to remove the requirement that a prescribed number of grantee compliance reviews must be conducted onsite each year. As demonstrated by pilot remote reviews conducted in FY 2019 and reviews conducted during the pandemic and ongoing, remote reviews conducted since FY 2019 (including during the pandemic) have demonstrated that today’s technology enables ACL to thoroughly review program components remotely; onsite reviews can be reserved for more complex situations or concerns that require physical inspection. This cost-effective approach to monitoring allows ACL to focus resources on services that directly support people with disabilities in their communities. This proposal gives the Administrator the authority to determine the most effective method for conducting annual compliance reviews, including allowing for remote reviews, while continuing to ensure that CILs are monitored and complying with the Rehabilitation Act.
* Allow Funding of Program Evaluation and Performance Measurement Activities with Reserved Training and Technical Assistance Funds: ACL proposes to explicitly authorize program evaluation and performance measurement as an allowable activity of funds currently appropriated for training and technical assistance to centers for independent living and statewide independent living councils (section 711A(a) and section 721(b) of the Rehabilitation Act of 1973). This change would provide ACL with information needed to address compliance and oversight of the programs and better target training and technical assistance activities.

### Funding History:

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

Centers for Independent Living

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $90,805,000 |
| FY 2022 | $92,805,000 |
| FY 2023 | $102,105,000 |
| FY 2024 Continuing Resolution | $102,105,000 |
| FY 2025 President’s Budget | $102,105,000 |

Independent Living State Grants

| Fiscal Year | Amount | FTE/1 |
| --- | --- | --- |
| FY 2021 | $25,378,000 | 1 |
| FY 2022 | $25,378,000 | 1 |
| FY 2023 | $26,078,000 | 1 |
| FY 2024 Continuing Resolution | $26,078,000 | 1 |
| FY 2025 President’s Budget | $26,078,000 | 1 |

1/ FTEs are in whole numbers.

Independent Living – Projects of National Significance

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | -- |
| FY 2022 | -- |
| FY 2023 Enacted | -- |
| FY 2024 Continuing Resolution | -- |
| FY 2025 President’s Budget | $3,900 |

### Program Accomplishments

Examples of how Independent Living programs support people with disabilities in living self-determined lives in the community include:

* In FY 2022, CILs funded by ACL served approximately 245,0000 people with disabilities with more than 1.28 million independent living services to help them achieve more than 372,000 independent living goals they had established for themselves, increasing their independence, integration, and full inclusion in society with each achievement.
* *Facilitating transitions and diversion from nursing homes and other institutions:* CILs provide a wide range of services and assistance to help people with disabilities who are at risk of institutionalization to continue to live the community. They also provide comprehensive support to help people move from nursing homes and other institutions to homes in the community. CILs:
  + Facilitate assessment of the individual’s needs, concerns and preferences and development of a plan to meet them.
  + Assist the individual with connecting to the services and supports they will need, which may include helping with applications for services.
  + Assist with the actual move.
  + Provide critical follow up support after the transition.
  + Provide peer mentorship throughout the entire transition process.

For example, in FY 2022, one CIL, Access Living (Chicago), helped 101 people move from nursing homes to the community,

Similarly, CILs provide a wide range of services and assistance to help people with disabilities who are at risk of institutionalization continue to live in the community. For example, CILs reach out to hospitalized people who have acquired a disability through injury or illness to provide peer mentorship and access to resources to help them navigate a return to their home following their hospital stay. They also work with other agencies, such as Adult Protective Services, to address acute needs that otherwise could lead to a move to a congregate setting.

* *Independent Living Skills Training Services:* CILs help people learn to develop and manage their budgets, write resumes and apply for jobs, use adaptive equipment, develop computer and communication skills, and more. Independent living skills training can be provided one-on-one in the home, in the community, and virtually. CILs also work to ensure that services meet the specific needs of the people they serve. During FY 2022, CILs provided IL skills training to more than 86,000 people with disabilities. For example, Options for Independent Living in Green Bay, Wisconsin partnered with aging and disability resource centers in Green Lake, an underserved county, to reduce social isolation by teaching people with disabilities to connect to others via technology.
* *Advocacy and Systems Change Services:* CILs work in partnership with people with disabilities, advocates, and others to improve access to health care, education, employment, public places, recreation, transportation, and all other facets of community life. CILs also work with individuals to build the skills to advocate for themselves. For example, the Center for Independent Living Options in Cincinnati, Ohio supported a group of people with disabilities in educate policymakers about the impact of the shortage of direct care workers, which led to the creation of a state work group to address direct care workforce issues.
* *Housing Assistance:* In FY 2022, CILs helped more than 50,000 individuals access shelter, home modification programs, and information on affordable, accessible housing units and fair housing laws and protections. For example:
* Coastal Bend Center for Independent Living (CBCIL) in Corpus Christi, Texas helped a combat veteran who was in danger of becoming homeless due to foreclosure on his home. With assistance from CBCIL, the veteran’s family was able to move into a home they could afford and avoided homelessness.
* The Brazos Valley Center for Independent Living in Bryan, Texas helped a man who uses a wheelchair appeal to his apartment complex to fix broken sidewalks and build an accessible ramp. The repairs and modifications were completed within two weeks of his request, and he is now more active in his community than he has been in years.
* *Information and Referral Services:* In FY 2022, CILs helped approximately 647,000 people connect to local programs, equipment, services and other resources to help them pursue their goals.
* *Ensuring the needs of people with disabilities are addressed in disaster planning and response:* Many SILCs are working to improve their states’ disaster planning, preparation, and response to ensure the unique needs of people with disabilities are met during emergencies. For example:
  + After Hurricane Ian, the Florida Independent Living Council logged over 350 hours in communications with CILs to identify unmet needs of people with disabilities, and worked with response systems to secure meals, gasoline and more to address them.
  + The Washington SILC works with the state’s emergency planner to develop comprehensive plans that include and address the needs of people with disabilities.
  + The Alaska SILC coordinates with the state Office of Emergency Management, FEMA, and community organizations across the state on matters of emergency preparedness, response, and recovery.
* *Facilitating the transition to adult life following secondary education for young people with significant disabilities:* CILs play an important role in helping youth prepare for the transition from school to adult life. For example:
  + The Center for People with Disabilities (CPWD) in Colorado assisted a young man with intellectual disabilities who was struggling to get a job after high school. After creating an Independent Living Plan with the CIL, the young man worked one-on-one with an advisor to explore career options, which for him, meant working in the automotive industry. The CIL helped him to create a resume and brush up on interviewing skills. He was soon offered a job at a local automotive parts store and decided to attend trade school.
  + The Journey to Independence in Missouri is providing job readiness skills, career exploration, and financial literacy education to promote financial stability for young people with disabilities who are making their transition from high school to employment.

ACL is proposing a new performance measure for this program; please see the new measure with the first year of data below.

### Outcomes and Outputs Table: Independent Living

| **Outcome and Output Table: Independent Living Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| IL1 Increase the percentage of people who are successfully relocated from nursing homes or institutions to community-based living by Centers for Independent Living (based on goals set/goals achieved).\* (Outcome) | FY 2022: 41.67%  Target: Not Defined  (Historical Actual) | Set Baseline | Set Baseline | Maintain |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

### Grant Awards Tables

Independent Living Services State Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards/1 | 56 | 56 | 56 |
| Average Award | $449,309 | $447,983 | $447,983 |
| Range of Awards\* | $31,452 - $2,165,563 | $31,359 - $2,132,488 | $31,359 - $2,132,488 |

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

\*Represents states and the District of Columbia.

Centers for Independent Living Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 353 | 353 | 353 |
| Average Award | $280,209 | $280,180 | $280,572 |
| Range of Awards | $22,863 - $1,731,410 | $22,863 - $1,723,491 | $22,863 - $1,726,901 |

Independent Living Projects of National Significance Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | -- | -- | 5 |
| Average Award | -- | -- | $557,143 |
| Range of Awards | -- | -- | $500,000 - $900,000 |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON DISABILITIES**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 348,060 | 348,060 | 348,060 | **--** |
| Alaska | 348,060 | 348,060 | 348,060 | **--** |
| Arizona | 401,585 | 402,092 | 402,092 | **--** |
| Arkansas | 348,060 | 348,060 | 348,060 | **--** |
| California | 2,165,563 | 2,132,488 | 2,132,488 | **--** |
| Colorado | 348,060 | 348,060 | 348,060 | **--** |
| Connecticut | 348,060 | 348,060 | 348,060 | **--** |
| Delaware | 348,060 | 348,060 | 348,060 | **--** |
| District of Columbia | 348,060 | 348,060 | 348,060 | **--** |
| Florida | 1,202,116 | 1,215,415 | 1,215,415 | **--** |
| Georgia | 596,036 | 596,259 | 596,259 | **--** |
| Hawaii | 348,060 | 348,060 | 348,060 | **--** |
| Idaho | 348,060 | 348,060 | 348,060 | **--** |
| Illinois | 699,347 | 687,458 | 687,458 | **--** |
| Indiana | 375,627 | 373,344 | 373,344 | **--** |
| Iowa | 348,060 | 348,060 | 348,060 | **--** |
| Kansas | 348,060 | 348,060 | 348,060 | **--** |
| Kentucky | 348,060 | 348,060 | 348,060 | **--** |
| Louisiana | 348,060 | 348,060 | 348,060 | **--** |
| Maine | 348,060 | 348,060 | 348,060 | **--** |
| Maryland | 348,060 | 348,060 | 348,060 | **--** |
| Massachusetts | 385,492 | 381,482 | 381,482 | **--** |
| Michigan | 554,711 | 548,245 | 548,245 | **--** |
| Minnesota | 348,060 | 348,060 | 348,060 | **--** |
| Mississippi | 348,060 | 348,060 | 348,060 | **--** |
| Missouri | 348,060 | 348,060 | 348,060 | **--** |
| Montana | 348,060 | 348,060 | 348,060 | **--** |
| Nebraska | 348,060 | 348,060 | 348,060 | **--** |
| Nevada | 348,060 | 348,060 | 348,060 | **--** |
| New Hampshire | 348,060 | 348,060 | 348,060 | **--** |
| New Jersey | 511,459 | 506,042 | 506,042 | **--** |
| New Mexico | 348,060 | 348,060 | 348,060 | **--** |
| New York | 1,094,758 | 1,075,122 | 1,075,122 | **--** |
| North Carolina | 582,326 | 584,571 | 584,571 | **--** |
| North Dakota | 348,060 | 348,060 | 348,060 | **--** |
| Ohio | 650,147 | 642,329 | 642,329 | **--** |
| Oklahoma | 348,060 | 348,060 | 348,060 | **--** |
| Oregon | 348,060 | 348,060 | 348,060 | **--** |
| Pennsylvania | 715,495 | 708,766 | 708,766 | **--** |
| Rhode Island | 348,060 | 348,060 | 348,060 | **--** |
| South Carolina | 348,060 | 348,060 | 348,060 | **--** |
| South Dakota | 348,060 | 348,060 | 348,060 | **--** |
| Tennessee | 384,967 | 385,272 | 385,272 | **--** |
| Texas | 1,629,668 | 1,640,759 | 1,640,759 | **--** |
| Utah | 348,060 | 348,060 | 348,060 | **--** |
| Vermont | 348,060 | 348,060 | 348,060 | **--** |
| Virginia | 476,973 | 474,456 | 474,456 | **--** |
| Washington | 427,104 | 425,400 | 425,400 | **--** |
| West Virginia | 348,060 | 348,060 | 348,060 | **--** |
| Wisconsin | 348,060 | 348,060 | 348,060 | **--** |
| Wyoming | 348,060 | 348,060 | 348,060 | **--** |
| **Subtotal** | **24,687,414** | **24,613,540** | **24,613,540** | **--** |
| American Samoa | 31,452 | 31,359 | 31,359 | **--** |
| Guam | 31,452 | 31,359 | 31,359 | **--** |
| Northern Marianas | 31,452 | 31,359 | 31,359 | **--** |
| Puerto Rico | 348,060 | 348,060 | 348,060 | **--** |
| Virgin Islands | 31,452 | 31,359 | 31,359 | **--** |
| **Subtotal** | **473,868** | **473,496** | **473,496** | **--** |
| **Total States/Territories** | **25,161,282** | **25,087,036** | **25,087,036** | **--** |
| Undistributed/1 | 916,718 | 990,964 | 990,964 | **--** |
| **TOTAL RESOURCES** | **26,078,000** | **26,078,000** | **26,078,000** | **--** |

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

## Limb Loss Resource Center

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Limb Loss Resource Center | $4.200 | $4.200 | $4.200 | -- |

\*BA is in millions of dollars.

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

Most Recent Authorizing Legislation: N/A

FY 2025 Authorization N/A

Expiration Date: Expired

Allocation Method Competitive Grant

### Program Description:

The National Limb Loss Resource Center (NLLRC) programs educate people with limb loss, their family members, health care providers, policy makers, community members, and the public about living well with limb loss and limb difference. Resources include information and referral by phone and email, support groups and certified peer visitation and support, educational events, empowerment programs, and a robust national website. ACL’s support of the NLLRC ensures the availability and accessibility of the most current, comprehensive, high-quality, evidence-based information, resources, and services so that people with limb loss and limb difference can live, learn, work, play, and prosper in their communities.

Limb loss is the amputation of all or part of an arm or leg due to trauma, infection, diabetes, heart diseases, cancers, or other diseases. A limb difference is a congenital issue affecting one or more of a person’s limbs. An estimated two million people have with limb loss and/or limb difference in the U.S.,[[52]](#footnote-53) and an estimated 185,000 amputations are performed in the country every year. People with limb loss and limb difference experience many barriers to successful community integration and full participation. Following limb loss, many people report reduced participation in recreational activities, lower satisfaction at work, and difficulty navigating their community. People with limb loss and limb difference often experience anxiety and psychological distress, low rates of workforce participation, and co-morbidities associated with the amputation of a limb (e.g., back pain, arthritis, phantom limb pain). In addition, many people receive little information about their rehabilitation from their healthcare provider either before or after their amputation.[[53]](#footnote-54)

Peer support, rehabilitation support, supportive services, and information and resources to support informed choices lead to better outcomes. The NLLRC was created to increase access to these supports. The center serves as a resource hub for people living with limb loss/difference and their families, as well as health care professionals, service providers, and other stakeholders. Trained information specialists provide referrals to services available in the local community.

### Budget Request:

The FY 2025 request for the National Limb Loss Resource Center (NLLRC) is $4,200,000, the same as the FY 2023 final level. The request will allow the NLLRC to continue to operate all of its successful programs and, sustain current levels of the direct services that lead to better outcomes for people with limb loss/difference, including peer mentoring, rehabilitation support, supportive services, and information and resources to support informed choices.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $4,000,000 |
| FY 2022 | $4,000,000 |
| FY 2023 | $4,200,000 |
| FY 2024 Continuing Resolution | $4,200,000 |
| FY 2025 President’s Budget | $4,200,000 |

### Program Accomplishments:

The National Limb Loss Resource Center’s information and referral center provides answers to common questions and information on pain management, mental health, and other key issues associated with limb loss/differences. The website also connects people to peer mentors, support groups, local services, and other resources. The center distributes education materials to more than 100,000 people each year, including the popular *First Step* magazine and the *Your New Journey* information kit, both of which provide information and support to help people adjust to life following amputation.

The NLLRC also hosts an annual conference, which offers people with limb loss or limb difference more than 85 workshops, opportunities to network with peers across the country, and opportunities to interact with vendors and explore prosthesis options to help inform health care decisions. The conference also provides a venue for professionals to hear directly from people with limb loss or limb difference about their needs and challenges, which informs development of resources and intervention and ongoing innovation,

A key component of the NLLRC is peer support; their national program trains more than 1,500 Certified Peer Visitors each year to support people with limb loss/difference and people who are about to undergo an amputation. The NLLRC offers peer support in a variety of forms, including more than 400 community support groups, partnerships with more than 125 hospitals,, and a national youth camp. Through the NLLRC’s peer support programs, more than 2,000 people each year receive information on how to recover from limb loss, how to reduce and prevent chronic health conditions, and how to promote health and wellness of people living with limb loss and limb difference. Participants report that the program has helped them adjust to living with limb loss and connect to local resources, increased their ability to be an informed partner in their rehabilitation and medical care, and helped them learn to effectively communicate their needs and challenges with their health care providers,

The NLLRC’s Youth Engagement Program (YEP) provides life skills resources, education, and training; workforce development; mentorship; and a youth camp to empower and support young people (ages 10 to 17) living with limb loss and limb difference. The program also helps participants develop into peer leaders, who in turn provide valuable support to others. For example, one young woman who has participated in YEP’s youth camp, webinars, mentoring programs, and workforce development opportunities now serves as a member of the YEP youth council, contributes articles to the Amputee Coalition’s *In-Motion* magazine, and served as a YEP Youth Ambassador and presenter at this year’s National Conference in Orlando, Florida. With YEP’s support, she also has flourished as a scholar is currently attending Texas A&M University, where she is pursuing a bachelor's degree in Neuroscience and Pre-medicine.

The NLLRC also conducts virtual and in-person trainings at local agencies and organizations and organizes community events to provide training and information for healthcare professionals and people with limb loss/difference.

### Grants Awards Table:

Limb Loss Resource Center Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 1 | 1 | 1 |
| Average Award | N/A | N/A | N/A |
| Range of Awards | $3,398,167 | $4,062,099 | $4,062,099 |

## Paralysis Resource Center

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Paralysis Resource Center | $10.700 | $10.700 | $10.700 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization........................................................................................................ Expired

Expiration Date......................................................................................................................... 2011

Allocation Method Competitive Grant

### Program Description:

The Paralysis Resource Center (PRC) is a comprehensive, national source of information and support for people living with paralysis, their families, and caregivers. Its primary goals are to foster community participation, promote health, and improve quality of life for people with paralysis.

The PRC’s trained information specialists help people with paralysis – from people who are newly paralyzed to those who have been paralyzed for many years – connect to services, supports and referrals. This individualized support service is available in over 170 languages. Specialized services, such as case management and pre-employment benefits analysis are also available.

The PRC program also offers the following, at no cost:

* Education materials, such as the Paralysis Resource Guide, one of the most comprehensive manuals on living with paralysis.
* A comprehensive website that provides information on health care costs and insurance, rehabilitation, wheelchairs, home and travel, and other key issues associated with living with paralysis. The site has a section for caregivers, and content specifically for veterans. The website also connects people to peer mentors, support groups, local services, and other resources.
* Up to three hours of one-on-one consultation for students with disabilities – at no cost to the student – to help them transition to college through the Accessible College Program.
* Support from trained and certified mentors who also live with paralysis, understand the day-to-day realities and long-term challenges of living with paralysis, and have lived experience with overcoming barriers to independence and inclusion.

In addition, the PRC program hosts an annual summit to foster collaboration, independence, health promotion and innovation. The summit covers topics and themes relevant to the paralysis community and gives everyone a chance to hear from experts, ask questions and share experiences on many aspects of life with paralysis.

The PRC’s [Military & Veterans Program](https://www.christopherreeve.org/get-support/military-veterans-program-mvp) supports the unique needs of service members and veterans, regardless of when they served or how their injury was sustained. Goals of the program include identifying and defining the needs of the military community; determining how to best reach and aid them; and helping to leverage, develop and maintain collaborative relationships and partnerships with other national and local organizations that serve the military and veteran community.

Finally, the PRC’s [Quality of Life grants](https://www.christopherreeve.org/get-support/grants-for-non-profits) provide funding for programs and projects that foster community engagement and involvement, while promoting health and wellness, for people living with paralysis.

Nearly 5.4 million Americans, or one in 50, report having some form of paralysis, and there are an estimated 18,000 new spinal cord injuries every year in the United States.[[54]](#footnote-55) Paralysis is defined as a central nervous system disorder resulting in difficulty or inability to move the upper or lower extremities.[[55]](#footnote-56) Typical causes include motor vehicle crashes, strokes, falls, acts of violence (primarily gunshot wounds), and sports/recreational accidents. People living with paralysis often face health and other disparities, which often translate into exclusion from participation in their communities.

### Budget Request:

The FY 2025 request for the Paralysis Resource Center program is $10,700,000, the same as the FY 2023 final level. The request continues support for PRC’s work to promote health and wellness that enhances full participation, independent living, and self-sufficiency for people with paralysis and other physical disabilities.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $9,700,000 |
| FY 2022 | $9,700,000 |
| FY 2023 | $10,700,000 |
| FY 2024 Continuing Resolution | $10,700,000 |
| President’s Budget | $10,700,000 |

### Program Accomplishments:

The Paralysis Resource Center (PRC) provides a variety of services, programs and resources (many of which are available in multiple languages) to support the health and independence of people with paralysis. Key accomplishments include:

* Since its launch in 2002, the PRC’s trained information specialists have helped more than 125,000 individuals and families connect to services, supports, and resources. One client, a Marine Corps veteran from North Carolina, reached out to the PRC at a particularly low point following her paralyzing injury. She felt ill-equipped to understand living with a spinal cord injury and was dealing with doctors who did not know how to treat her condition. She had no hope and did not believe that things would get better. A PRC information specialist talked her through options, answered her questions and helped connect her to a spinal cord and brain injury rehabilitation facility to receive treatment and therapy. She got stronger and healthier, returned to work, and even got back to working out again – outcomes she attributes to the support she received from the PRC.
* The PRC’s Quality of Life Grants Program has awarded over 3,700 grants in all 50 states, totaling more than $41 million in financial support for programs and initiatives to improve the lives of people with paralysis. For example, the program provided funding to the Wisconsin Adaptive Sports Association (WASA) to purchase 10 adaptive youth wheelchairs to make it possible for more young people with disabilities to experience the benefits of team sports.
* The Paralysis Resource Guide provides comprehensive information on living with paralysis to more than 231,000 people since it was first published in 2003.
* Nearly 24,000 people have received support from over 530 certified peer mentors through the PRC’s [Peer & Family Support program](https://www.christopherreeve.org/get-involved/become-a-peer-mentor).

### Grant Awards Table:

Paralysis Resource Center Grant Awards

| Category | FY 2023 \*Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 1 | 1 | 1 |
| Average Award | N/A | N/A | N/A |
| Range of Awards | $10,000,000 | $10,000,000 | $10,000,000 |

\*The higher average award is because there was a supplement of $1.3 million.

## Traumatic Brain Injury

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Traumatic Brain Injury | $13.118 | $13.118 | $13.118 | -- |
| FTE | 2 | 2 | 2 | -- |

\*BA is in millions of dollars, FTE are in whole numbers.

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

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

FY 2025 Authorization Expired

Expiration Date 2019

Allocation Method Formula Grant / Competitive Grant / Contract

### Program Description:

The Traumatic Brain Injury (TBI) program develops comprehensive, coordinated family- and person-centered service systems at the state and community level for people with TBI. The program also works with states to streamline access to services and supports the are often fragmented across systems of care, making access challenging.

TBIs are a significant public health issue in the United States and are the leading cause of death and disability in both older adults and youth. According to the CDC, there were approximately 223,135 TBI-related hospitalizations in 2019 and 69,473 TBI-related deaths in 2021.2 This represents more than 611 TBI-related hospitalizations and 190 TBI-related deaths per day. Incidence is generally higher among men, Native Americans, African Americans, children younger than five, and adults over 75. Most incidence estimates are based on data collected through emergency department (ED) admissions only, and do not include the numbers of TBIs that are treated outside of the ED.

Many people with TBI live the rest of their lives with a resulting disability. They may exhibit communication challenges, behavioral health challenges, executive dysfunction, poor impulse control, slow processing speed, memory loss, or uneven walking. Additionally, research demonstrates that there is a dramatic convergence of co-occurring conditions among people with TBI. For example, people with TBI are 10 times more likely to die from accidental poisoning as a result of substance misuse, including opioids (70-80 percent of people with brain injuries leave inpatient rehabilitation with a prescription for opioids).[[56]](#footnote-57),[[57]](#footnote-58) Estimates vary, but as many as:

* Half of all people with TBI experience mental health challenges. [[58]](#footnote-59)
* Eighty-two percent of the justice-involved population are people with TBI,[[59]](#footnote-60) (compared to 8 percent of the general public with TBI).
* Forty-three percent of the unhoused have a past history of TBI.[[60]](#footnote-61)

Because of these needs and the high occurrence of co-occurring conditions, people with TBI need a wide variety of supports, including rehabilitation, counseling, occupational/speech/physical therapy, academic and vocational accommodations, independent living assistance, transportation assistance, and vocational training.

The TBI Program includes two grant programs: the State Protection and Advocacy (P&A) Systems Grants (formula grants) and the TBI State Partnership Program (TBI SPP) (competitive grants). The program also funds the TBI Technical Assistance and Resource Center (TARC), which helps TBI State Partnership Program grantees promote access to integrated, coordinated services and supports for people who have sustained a TBI, their families, and their caregivers. The center also provides a variety of resources to non-grantee states, people affected by brain injury, policymakers, and providers.

#### State Partnership Program Grants

Because of the high co-occurrence of TBI with other challenges, people trying to access services and supports often enter state service systems at varying agency points. In addition, there is often no obvious program for services for people with TBI within a state. The purpose of ACL’s TBI SPP grants is to ensure that there is one central state program coordinating state systems to improve access to resources for people with TBI, and their families, with a goal of improved long-term outcomes.

The TBI SPP helps states expand and improve state and local capability to provide comprehensive and coordinated services for people with TBI and their families. With these grants, states:

* Expand state capacity so people with TBI and their families have better access to comprehensive and coordinated services to address their individual challenges resulting from their injury.
* Collaborating across state agencies to address a variety of critical issues, such as expanding the principles of person-centered design to systems that support people with TBI, and providing training to ensure vocational rehabilitation agencies can support employment challenges and solutions for people with TBI, and screening for TBI within the criminal justice system to enable interventions that can improve re-entry outcomes and reduce recidivism.
* Establish and maintain a TBI State Advisory Board to identify and report on gaps in resources and services for people affected by TBI and recommend solutions. These advisory boards include people with lived experience, whose firsthand knowledge helps to ensure solutions meet the needs of the people they serve. The boards also include other ACL partners, such as independent living centers, P&A, TBI Model Systems, and others.

The grants also allow states to fund programs and activities to address their most pressing needs. States have used their funding to support a variety of activities, including:

* Screening: Screening is important because TBI is often a hidden disability and overlaps with other conditions. Screening provides an opportunity to connect people with TBI to the services and supports they need. More than half of program grantees provided TBI screening activities from August 2021-July 2022, with a total of 28,854 people screened.
* Training: Each year, state programs provide training to thousands of professionals in a variety of fields, including mental health, disability services, law enforcement and others on topics such as TBI basics, supported employment, child welfare, health disparities and more to improve their ability to successfully interact with and support people with TBI.
* Information and Referral Assistance/Resource Facilitation: Information and referral assistance helps people with TBI and their families identify and navigate TBI-specific resources. TBI survivors have unique challenges and may need to be referred to a variety of supportive services, including social security support, housing, employment resources, and more. There is growing evidence to show that brain injury specific resource facilitation leads to better long-term outcomes for individuals with brain injury. Between August 2021 and July 2022, grantees provided 38,303 referrals and supported 6,296 people with resource facilitation.

Research has shown that people with TBI who live in states with TBI SPP grants have better overall long-term outcomes.1

#### Protection and Advocacy Systems Grants

TBI P&A grants are awarded to P&A organizations in every state, territory, the District of Columbia, and one Native American consortium to provide support to people with TBI and their families. The P&A programs play a crucial role in making it possible for people with TBI to continue to live independently; many people, including veterans with service-connected TBI, are forced to remain in expensive institutional settings until they receive advocacy assistance from their P&A agency. Grantees use these funds to develop plans and provide P&A services – including individual and family advocacy, self-advocacy training and assistance, information and referral services, and legal representation – to people who have experienced a TBI.

People with TBI often have an array of needs, including assistance finding, maintaining, or succeeding in employment; finding a home; and accessing needed supports and services (such as personal attendant services, assistive technology, and appropriate mental health, substance abuse, and rehabilitation services). They often need assistance to move back into homes in the community following hospitalization.

P&As educate people with TBI, community members, and service providers about alternatives to institutionalization, including available community-based services and supports and how to access them; investigate allegations of abuse and neglect and advocate for appropriate corrective action; provide a range of legal supports to promote and protect the right to self-determination and community integration and to enable people with traumatic brain injury to receive the accommodations and supportive services to make it possible for them to live in the community; advocate for the successful inclusion of people with TBI in community life; and more.

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

### Budget Request:

The FY 2025 request for the Traumatic Brain Injury (TBI) program is $13,118,000, the same as the FY 2023 final level. The FY 2025 request maintains the TBI program’s increased capacity to protect the rights, safety, and welfare of people with TBIs that has been possible due to the small, but critical, increases received in recent years. TBI services are instrumental in ensuring that people with TBI have equal access and opportunity to fully participate in society. TBI services include both individual and systematic advocacy; monitoring for health and safety and investigating allegations of abuse and neglect; legal assistance to address a range of issues; ensuring equal access to health care, including life-saving treatments; helping people avoid – or leave – institutions to live in the community; and information and referral assistance to connect people with TBIs to other services and resources.

### Funding History:

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

| Fiscal Year | Amount | FTE/1 |
| --- | --- | --- |
| FY 2021 | $11,321,000 | 1 |
| FY 2022 | $11,821,000 | 1 |
| FY 2023 | $13,118,000 | 2 |
| FY 2024 Continuing Resolution | $13,118,000 | 2 |
| FY 2025 President’s Budget | $13,118,000 | 2 |

1/ FTE are shown in whole numbers.

### Program Accomplishments:

Services provided through ACL’s TBI program vary according to state needs, but often include:

* Screening: Screening is important because TBI is often a hidden disability and overlaps with other conditions. Screening provides an opportunity to connect people with TBI to the services and supports they need. More than half of program grantees provided TBI screening activities from August 2021 to July 2022, with a total of 28,854 people screened.
* Training: Each year, state programs provide training to thousands of professionals in a variety of fields, including mental health, disability services, law enforcement and others on topics such as TBI basics, supported employment, child welfare, health disparities and more to improve their ability to successfully interact with and support people with TBI.
* Information and Referral Assistance/Resource Facilitation: Information and referral assistance helps people with TBI and their families identify and navigate TBI-specific resources. TBI survivors have unique challenges and may need to be referred to a variety of supportive services, including social security support, housing, employment resources, and more. There is growing evidence to show that brain injury specific resource facilitation leads to better long-term outcomes for individuals with brain injury. Between August 2021 and July 2022, grantees provided 38,303 referrals and supported 6,296 people with resource facilitation.

Additional highlights include:

* Nebraska Vocational Rehabilitation (VR) has improved employment support for Nebraskans with brain injury. Nebraska VR has ensured that all VR counselors are trained to support people with TBI and increased the availability of supported employment services for job seekers with TBI. In addition, they have implemented universal screening for lifetime history of brain injury to identify needs for TBI-specific employment support.
* Maine’s Department of Health and Human Services (DHHS) is supporting transitions from state psychiatric hospitals to homes in the community for people who have both brain injury and behavioral health disabilities. Specifically, Maine DHHS is utilizing the National Association of State Head Injury Administrators’ (NASHIA) Online Brain Injury Screening and Support System (OBISSS) to screen all residents of Maine’s psychiatric hospitals. Residents who screen positive for a history of brain injury will receive information about the specific challenges they are experiencing related to their TBI, along with evidence-based accommodations and compensatory strategies. Maine DHHS is also training community behavioral support providers about how to support people with co-occurring conditions with the goal of transitioning this population with complex needs to community living.
* The University of Alaska Anchorage Center for Human Development (UAA) has improved support to native populations with a history of brain injury and intimate partner violence (IPV). UAA partnered with the Alaska Network on Domestic Violence and Sexual Assault, Alaska Native Women’s Resource Center, Southeast Alaska Independent Living and the Brain Injury Council of Alaska to create a culturally responsive, inclusive, accessible, trauma informed, and holistic program to identity Alaskan natives with a history of TBI and train service providers on how best to support them. Understanding the high prevalence of TBI as result of IPV (head blows and strangulation), and the high prevalence of IPV among native populations, Alaska trained non-medical providers on utilization of a screening tool that identifies both history of a TBI and IPV and educates individuals who screen positive of potential physical, emotional and cognitive symptoms that might be present as a result of their TBI. The providers are also trained on resources to support a better quality of life for these individuals.
* The Alabama Department of Rehabilitation Services (ADRS) has utilized its TBI SPP to partner with the Alabama Department of Veterans Affairs (ADVA) and promote education and resource referral for veterans with a history of TBI. ADRS is partnering with ADVA to host a conference to raise awareness within the veteran community. Recognizing the high co-occurrence between brain injury and suicide, ADRS also has become a leader within the Governor’s Challenge to Prevent Suicide Among Service Members, Veterans and their Families, which is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Veterans Affairs (VA). Through the Challenge, ADRS educates stakeholders about the connection with TBI and links veterans with community-based services specific to brain injury.

### Grant Awards Tables:

Traumatic Brain Injury: Protection and Advocacy Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards/1 | 58 | 56 | 56 |
| Average Award | $92,898 | $96,054 | $94,054 |
| Range of Awards/2 | $50,000 - $468,447 | $50,000 - $522,647 | $50,000 - $522,647 |

1/ Not including grants to tribes.

2/ Range of awards only covers states and the District of Columbia.

Traumatic Brain Injury: State Implementation/Mentor Partnership Grant Awards

| Category | FY 2023 Final | FY 2024 | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 29 | 29 | 29 |
| Average Award | $199,612 | $198,766 | $198,766 |
| Range of Awards | $170,000 - $200,000 | $170,000 - $200,000 | $170,000 - $200,000 |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON DISABILITIES**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 69,570 | 75,725 | 75,725 | -- |
| Alaska | 50,000 | 50,000 | 50,000 | -- |
| Arizona | 95,655 | 105,799 | 105,799 | -- |
| Arkansas | 50,000 | 50,000 | 50,000 | -- |
| California | 468,447 | 522,647 | 522,647 | -- |
| Colorado | 78,577 | 85,802 | 85,802 | -- |
| Connecticut | 52,841 | 56,665 | 56,665 | --  --  --  --  --  -- - |
| Delaware | 50,000 | 50,000 | 50,000 | -- |
| District of Columbia | 50,000 | 50,000 | 50,000 | -- |
| Florida | 264,834 | 301,726 | 301,726 | -- |
| Georgia | 136,749 | 152,573 | 152,573 | -- |
| Hawaii | 50,000 | 50,000 | 50,000 | -- |
| Idaho | 50,000 | 50,000 | 50,000 | -- |
| Illinois | 158,582 | 174,543 | 174,543 | -- |
| Indiana | 90,169 | 98,873 | 98,873 | -- |
| Iowa | 50,000 | 51,062 | 51,062 | -- |
| Kansas | 50,000 | 50,000 | 50,000 | -- |
| Kentucky | 63,383 | 68,328 | 68,328 | -- |
| Louisiana | 64,720 | 69,353 | 69,353 | -- |
| Maine | 50,000 | 50,000 | 50,000 | -- |
| Maryland | 82,695 | 90,077 | 90,077 | -- |
| Massachusetts | 92,254 | 100,834 | 100,834 | -- |
| Michigan | 128,016 | 141,007 | 141,007 | -- |
| Minnesota | 77,356 | 84,187 | 84,187 | -- |
| Mississippi | 50,000 | 50,000 | 50,000 | -- |
| Missouri | 82,731 | 90,252 | 90,252 | -- |
| Montana | 50,000 | 50,000 | 50,000 | -- |
| Nebraska | 50,000 | 50,000 | 50,000 | -- |
| Nevada | 50,000 | 50,762 | 50,762 | -- |
| New Hampshire | 50,000 | 50,000 | 50,000 | -- |
| New Jersey | 118,875 | 130,840 | 130,840 | -- |
| New Mexico | 50,000 | 50,000 | 50,000 | -- |
| New York | 242,145 | 267,930 | 267,930 | -- |
| North Carolina | 133,852 | 149,757 | 149,757 | -- |
| North Dakota | 50,000 | 50,000 | 50,000 | -- |
| Ohio | 148,185 | 163,671 | 163,671 | -- |
| Oklahoma | 57,286 | 61,845 | 61,845 | -- |
| Oregon | 60,313 | 64,745 | 64,745 | -- |
| Pennsylvania | 161,994 | 179,676 | 179,676 | -- |
| Rhode Island | 50,000 | 50,000 | 50,000 | -- |
| South Carolina | 71,329 | 78,467 | 78,467 | -- |
| South Dakota | 50,000 | 50,000 | 50,000 | -- |
| Tennessee | 92,143 | 101,747 | 101,747 | -- |
| Texas | 355,189 | 404,190 | 404,190 | -- |
| Utah | 50,000 | 53,435 | 53,435 | -- |
| Vermont | 50,000 | 50,000 | 50,000 | -- |
| Virginia | 111,587 | 123,232 | 123,232 | -- |
| Washington | 101,049 | 111,414 | 111,414 | -- |
| West Virginia | 50,000 | 50,000 | 50,000 | -- |
| Wisconsin | 79,555 | 86,494 | 86,494 | -- |
| Wyoming | 50,000 | 50,000 | 50,000 | -- |
| **Subtotal** | **4,840,081** | **5,247,658** | **5,247,658** | **--** |
| American Samoa | 20,000 | 20,000 | 20,000 | -- |
| Guam | 20,000 | 20,000 | 20,000 | -- |
| Northern Marianas | 20,000 | 20,000 | 20,000 | -- |
| Puerto Rico | 50,000 | 51,342 | 51,342 | -- |
| Virgin Islands | 20,000 | 20,000 | 20,000 | -- |
| Native American Org. | 20,000 | 20,000 | 20,000 | -- |
| **Subtotal** | **150,000** | **151,342** | **151,342** | -- |
| **Total States/Territories** | **4,990,081** | **5,399,000** | **5,399,000** | -- |
| Undistributed/1 | 409,919 | 42,000 | 42,000 | -- |
| **TOTAL RESOURCES** | **5,400,000** | **5,441,000** | **5,441,000** | -- |

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

## National Institute on Disability, Independent Living, and Rehabilitation Research

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| National Institute on Disability, Independent Living, and Rehabilitation Research | $119.000 | $119.000 | $119.000 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization: Expired

Expiration Date: 2019

Allocation Method: Discretionary Grants and Contracts

### Program Description:

The National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) sponsors comprehensive and coordinated programs of research, training, knowledge translation, and capacity-building to maximize the full inclusion, social integration, employment, and independent living of individuals with disabilities of all ages.

NIDILRR’s goal is to produce research toward the development of new knowledge and innovative technological devices, prototypes, measurement tools, interventions, and other informational products. NIDILRR also translates and disseminates its research findings.

NIDILRR-funded research contributes to an evidence base that informs the development of programs and policies, services and supports, assistive technology, and other products, as well as interventions to improve health and function, competitive integrated employment options, and full access and participation in the community for people with disabilities.

NIDILRR conducts research through a network of individual research projects and centers of excellence across the nation. Research funding is awarded through competitive grants, and most of the funds are awarded to universities or providers of rehabilitation or related services. NIDILRR engages stakeholders and obtains their input to identify real-life problems and challenges that people with disabilities face. That stakeholder input informs the development of research priorities to address these identified needs and problem areas.

As required by the Rehabilitation Act, NIDILRR operates under a [Long-Range Plan](https://acl.gov/about-acl/about-national-institute-disability-independent-living-and-rehabilitation-research#plan). The current plan covers FY 2024 – FY 2028.

The primary grant mechanisms under which NIDILRR makes awards are:

* Rehabilitation Research and Training Centers (RRTCs): RRTC research improves rehabilitation methodologies and service delivery systems, alleviates, or stabilizes disabling conditions, and promotes maximum social and economic independence for persons with disabilities. RRTCs also provide training to help rehabilitation personnel deliver more effective rehabilitation services.
* Rehabilitation Engineering Research Centers (RERCs):RERCs focus on rehabilitation technology, including rehabilitation engineering and assistive technology devices and services designed to diminish barriers to independence. RERCs also train individuals, including those with disabilities, to become researchers and practitioners in the field of rehabilitation technology.
* Model Systems: NIDILRR funds model systems networks in three rehabilitation areas: spinal cord injury, traumatic brain injury, and burn injury. In addition to participating in research, model systems grantees collect and contribute long-term community integration and functional outcomes data to their respective national databases. These model systems programs have become platforms for conducting multi-site research studies.
* Spinal Cord Injury (SCI) Model Systems: The SCI program funds research and dissemination activities to address the needs of SCI individuals, their family members, caregivers, and other stakeholders. The NIDILRR SCI Model Systems longitudinal dataset is the largest of its kind in the world.
* Traumatic Brain Injury (TBI) Model Systems: TBI projects are research grants to improve TBI rehabilitation outcomes. The NIDILRR TBI model systems (TBIMS) program is the largest non-military TBI service delivery/research network participating in various intergovernmental efforts to improve treatment and outcomes for veterans. The TBIMS network of clinical research centers throughout the country includes some veterans as both recipients of care and as research participants. Further, in response to 2007 Congressional mandate, NIDILRR’s TBIMS Centers Program has been engaged in partnership with the VA Polytrauma Rehabilitation Centers to establish, grow, and analyze a VA TBI database that parallels that of the NIDILRR TBIMS. Current NIDILRR-funded research includes TBIMS Centers in the development of a chronic disease management model for TBI that work collaboratively with VA-funded Polytrauma Rehabilitation Centers, the results of which will have significant implications for clinical services and supports for civilians and veterans with TBI.
* Burn Model Systems (BMS): BMS projects improve treatment and outcomes for burn injury survivors. In addition to data contributions and research, the four BMS centers provide information and resources to individuals with burn injuries; their families, caregivers, and friends; health care professionals; and the public.
* Field-Initiated Projects:Field-Initiated Projects supplement NIDILRR’s directed research and development, capacity building, and knowledge translation efforts by addressing a wide range of topics identified by investigators.
* Disability and Rehabilitation Research Projects: Grantees focus on addressing problems that people with disabilities encounter through any combination of activities, including research, training, dissemination, and technical assistance.
* ADA National Network Centers: The network centers support technical assistance, information, and training to promote increased understanding, awareness, and enforcement of the Americans with Disabilities Act (ADA).
* Advanced Rehabilitation Research Training (ARRT): The ARRT program funds grants to institutions of higher education to recruit and train qualified persons with doctoral or similar advanced degrees and prepare them to conduct independent research in areas related to disability and rehabilitation.
* Small Business Innovation Research (SBIR): NIDILRR awards SBIR grants to small businesses to support the development of new rehabilitation technologies that promote increased accessibility and independence.
* Switzer Research Fellowships:The Switzer program awards one-year fellowships to individuals to carry out research projects in areas of importance to the disability and rehabilitation community.

NIDILRR funding also supports other activities, including knowledge translation; collaborative projects; development and maintenance of grantee reporting systems; program review; and reporting, evaluation, and long-range planning.

### Budget Request:

The FY 2025 request for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) is $119,000,000, the same as the FY 2023 final level. The request maintains NIDILRR’s increased capacity to support research and translate and disseminate findings to foster innovation to afford people with disabilities the opportunity to gain their highest functional health status, live and fully participate in the community, and to gain and sustain competitive, integrated employment.

ACL’s FY 2025 request also continues to include a provision that addresses two important and longstanding challenges for many ACL programs, including NIDILRR’s. The provision, which is included in the Department’s General Departmental Management (GDM) request, would simplify the accounting processes used when one HHS operating division (OPDIV) has agreed to issue and manage a grant on behalf of a second OPDIV. This provision would allow HHS to use the reimbursable processing features within the accounting system, rather than the more cumbersome execution process currently used, to allow agencies to work together to address shared objectives. This provision also would explicitly provide authority for HHS OPDIVs to collaborate with organizations outside of HHS to issue grants or cooperative agreements. Currently, the lack of specific authority precludes such collaboration. Specifically, the proposed language would provide HHS OPDIVs with the authority to transfer funds via reimbursable agreements from one agency to another for the purposes of making grants, allowing NIDILRR to collaborate on a wider scale to fund projects. For example, NIDILRR could partner with the U.S. Department of Veterans Affairs to fund research projects to address the needs of disabled veterans; currently each agency must fund this work separately. Collaboration creates synergy that cannot be realized when working in silos, which brings opportunities and resources to people with disabilities with greater speed and impact. This provision also reduces administrative burden on grantees by combining application and reporting requirements, which allows a greater proportion of grantee resources to be focused on the substantive work of the project. NIDILRR had this authority when it was part of the U.S. Department of Education.

### Funding History:

Funding for NIDILRR over the last five years is as follows:

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $112,970,000 |
| FY 2022 | $116,470,000 |
| FY 2023 | $119,000,000 |
| FY 2024 CR | $119,000,000 |
| FY 2025 President’s Budget | $119,000,000 |

### Program Accomplishments:

Grantees produce peer-reviewed publications, intervention protocols, software, databases, and a wide range of other outputs and outcomes across NIDILRR’s three domains: health and function, community living and participation, and employment.

In FY 2022, NIDILRR grantees produced 591 peer reviewed publications; 216 non-peer reviewed publications; 180 information products; 56 tools, measures and information protocols; and 37 technology products and devices. NIDILRR funded 245 grant awards supporting 1,569 discrete projects.

In addition to research, in FY 2022, NIDILRR grants directly supported 576 graduate students and post-doctoral fellows. Of NIDILRR’s grantees, 65 principal investigators self-identified as disabled, representing 19.8% of currently active PIs of NIDILRR grants, and 499 staff members working on NIDILRR grants identified as disabled, representing 14.5% of staff members

Selected examples of grantee accomplishments with broad impacts include:

* NIDILRR grantees helped to advocate for people with disabilities by providing the basis for the inclusion of target metrics for recovery of people with traumatic brain injury in [Healthy People 2030](https://health.gov/healthypeople), the nation’s current 10-year plan for addressing the most critical public health priorities. NIDILRR also funds the Traumatic Brain Injury Model Systems National Database which is the approved source for monitoring progress towards the goal “Increase the percentage of adults who can resume more than half of their preinjury activities (with or without supports) five years after receiving acute inpatient rehabilitation for traumatic brain injury.” This specific outcome is expected to greatly improve the lives of approximately 3.2–5.3 million people in the U.S. living with a TBI-related disability and 1.5 million individuals who acquire new TBIs each year.
* The results from NIDILRR’s SCI, TBI, and Burn Model Systems grants are disseminated broadly through the NIDILRR-funded award-winning [Model Systems Knowledge Translation Center](https://msktc.org/) (MSKTC). During FY 2022 alone, the MSKTC website received over 1,700,000 visitors, and the top 10 fact sheets alone were downloaded 825,000 times.
* The NIDILRR-funded Rehabilitation Engineering Research Center on Universal Design and the Built Environment (RERC-UD) focused on the development of Touch Responsive Models – 3D representations of buildings and plans. This work used interactive touch model technology developed by an earlier NIDILRR-funded RERC. Touch responsive models are a common way of presenting spatial information to help orient people with visual impairments. Initially used in schools for the blind, the technology has more recently been placed in locations such as commercial buildings, campuses, museums, hospitals, and other public places where pedestrians need orientation and wayfinding information in an accessible format. The adoption of this technology benefits the nearly one million Americans who are blind and millions more who experience low vision. This technology is expected to directly impact the lives of nearly one million Americans who are blind. This is one of 21 engineering center grants NIDILRR supports to develop technologies that support people with disabilities in their daily lives.

### Outcomes and Outputs Table: NIDILRR

| **Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| R1b By 2023, generate new knowledge about the opioid treatment experiences and outcomes of people with disabilities to identify solutions to barriers to treatment of opioid use disorders. (Outcome) | FY 2021: In FY 2021 and FY 2022: Grantees continued to conduct data analyses and to produce multiple peer reviewed publications and lay language articles on opioid use among people with disabilities.  Target: Conduct primary data collection and conduct secondary data analysis by September 2021.  (Target Met) | Discontinued | Discontinued | N/A |
| R2 By 2023, assess the efficacy of an intervention to improve employment outcomes for individuals with serious mental illness. (Outcome) | FY 2021: Continued data collection and disseminate early results and informational products to key stakeholders.  Target: In FY 2021, this grantee will continue data collection and disseminate early results and informational products to intervention providers and other key stakeholders.  (Target Met) | Discontinued | Discontinued | N/A |
| R3 By 2023, grantee will generate new knowledge about the impact of (1) an ABLE account and (2) the joint impact of an ABLE account and financial management training on community living and participation of people with intellectual and developmental (I/DD) and cognitive disabilities. (Outcome) | FY 2021: Grantee disseminated surveys twice a year to enrolled participants and analyze outcomes data.   Target: In FY 2021 and FY 2022, grantee will disseminate surveys twice a year to enrolled participants, and analyze outcomes data.  (Target Met) | Discontinued | Discontinued | N/A |
| R4 By 2027, generate new research-based policies, practices, services, or interventions to reduce disparities in outcomes experienced by people with disabilities from underserved communities and communities of color. (Outcome) | FY 2021: FY 2022: Three new Equity RRTC grants expected to be awarded in September of 2022.  Target: Not Defined  (In Progress) | By 2024, NIDILRR’s three Equity Centers will generate new knowledge about outcome disparities within the heterogeneous population of people with disabilities, with a focus on the experience and outcomes of people with disabilities in underserved populations of people with disabilities. | By 2025, NIDILRR’s three Equity Centers will disseminate research-based knowledge products (e.g., literature reviews, systematic reviews, issue briefs, policy briefs, lay language summaries) to the disability and aging networks – on disparities in their respective NIDILRR outcome domain. | N/A |
| R5 By 2027, generate new evidence-based practices and interventions to promote improved outcomes for people with spinal cord injury (SCI), traumatic brain injury (TBI), and burn injury (burn). (Outcome) | FY 2021: FY 2021 and FY 2022: SCI grants were awarded in FY21. TBI and Burn grantees expected to be awarded in September of 2022.  Target: Not Defined  (In Progress) | By 2024, SCIMS, TBIMS, and BMS grantees begin implementation of their site-specific research, and establish their collaborative research projects within their respective grantee networks. | By 2025, SCIMS, TBIMS, and BMS grantees recruit research participants and conduct intervention-development or intervention efficacy research toward interventions to promote improved outcomes for their respective populations. | N/A |
| R6 By 2027, generate new evidence-based practices and interventions for implementation by employers, to promote improved employment outcomes among people with disabilities. (Outcome) | FY 2021: Grant was awarded in FY 2021.  Target: Not Defined  (In Progress) | By 2024, RRTC designs employment interventions for use by employers. | By 2025, RRTC begins to collect data for experimental and quasi-experimental research on the efficacy of employer-based employment interventions. | N/A |

\*This is a developmental performance measure. ACL is currently collecting sufficient data to establish a baseline. To set a baseline, the agency relies on 3 years of data. This process ensures that the data are stable and show a clear trend. The agency will set targets for this measure once a baseline is established.

#### Grant Awards Table:

National Institute on Disability, Independent Living, and Rehabilitation Research Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 271 | 257 | 252 |
| Average Award | $439,114 | $463,035 | $472,222 |
| Range of Awards | $70,000 - $1,246,000 | $40,000 - $1,246,000 | $40,000 - $1,246,000 |

# Consumer Information, Access, and Outreach

## Summary of Request

Many older people and people with disabilities need an array of services and supports to live and fully participate in their communities. The complexity of navigating programs and selecting services that best address the needs of each individual can create challenges, especially for people who have not previously used such services and supports. Consumer Information, Access, and Outreach (CIAO) programs provide people with disabilities, older adults, families, and caregivers with the information they need to make informed decisions and access these resources.

The FY 2025 request for CIAO programs is $163,861,000, which includes an extension of $50,000,000 in authority for Medicare Improvements for Patients and Providers Act (MIPPA) funding. This is a combined program-level cut of $3,150,000 below the FY 2023 final level due to the lack of funding for the National Technical Assistance Center on Kinship & Grandfamilies, which is partially offset by the end of mandatory sequestration reductions to MIPPA funding that begin in FY 2024.

To maintain the critical services that CIAO programs provide, the request maintains funding at the FY 2023 final level for:

* $8,619,000 for Aging and Disability Resource Centers (ADRCs)
* $55,242,000 for State Health Insurance Assistance Programs (SHIP)
* $10,000,000 for the Voting Access for People with Disabilities program
* $40,000,000 for Assistive Technology (AT) programs

Further, ACL is requesting a five-year authorization through FY 2029 at $50,000,000 per year for the Medicare Improvements for Patients and Providers Act (MIPPA) programs, which were funded from FY 2021 through FYs 2023 by P.L. 116-260. These grants to states and tribes help low-income older adults, people with disabilities, and caregivers apply for special assistance through Medicare.

## Aging and Disability Resource Centers

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Aging and Disability Resource Centers | $8.619 | $8.619 | $8.619 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2024

Allocation Method Competitive Grants/Cooperative Agreement and Contracts

### Program Description:

The Aging and Disability Resource Centers (ADRCs) program supports states in streamlining access to the long-term services and supports many older people and people with disabilities need to live and participate in their communities. With grants from ACL, states have developed or expanded “No Wrong Door” (NWD) systems in which state agencies retain responsibility for their respective services but coordinate to integrate access to other agency services through a single, standardized process (currently 56 states and territories have NWD systems). Community-based organizations like ADRCs deliver one‑on-one, person-centered counseling and serve as consumer-friendly entry points to the system.

Without these services, people who need long-term services and supports (LTSS) often do not have access to accurate and complete information, which can lead them to select options that are more expensive than necessary.[[61]](#footnote-62) By helping people connect to the services they need to live in the community, ADRCs/NWD systems help divert individuals from more costly forms of care, such as nursing homes, as well as help them avoid unnecessary hospital admissions and readmissions. A recent study of Medicaid beneficiaries found that less than five percent of people who initiated LTSS in the community subsequently experienced a long institutional stay. In contrast, 73 percent of people initiating care in an institution subsequently experienced a long stay.[[62]](#footnote-63) Since institutional care can cost three times as much as in-home supports, NWD systems are critical to decreasing health care utilization costs and are a key component in transforming states’ long-term services and support programs.

Services provided by ADRC/NWD systems include:

* Targeted discharge planning, care transition, and nursing home diversion support that integrates the medical and social service systems to help older adults and disabled people remain in their own homes and communities, particularly after a hospitalization, rehabilitation, or skilled nursing facility visit;
* One-on-one, person-centered counseling to help consumers, families, and caregivers fully understand their options for long-term services and supports, including private pay options;
* Streamlined access to long-term services and support programs for people who appear to be eligible for such programs; and
* Outreach and assistance to Medicare beneficiaries on their Medicare benefits, including prevention benefits and low-income subsidies (funded by the Medicare Improvements to Patients and Providers Act).

The ADRC program also supports ACL’s Commit to Connect initiative, which works across the aging and disability networks, particularly NWD systems, and other key stakeholders to increase availability and awareness of programs, services, and interventions to help older adults, people with disabilities and family caregivers stay connected and engaged in their communities and avoid social isolation and loneliness.

Since 2003, ACL (or its predecessor agencies) and CMS have entered into cooperative agreements with states to develop the infrastructure for these NWD systems. In 2008, the Veterans Health Administration also began participating as a key partner.

### Budget Request:

The FY 2025 Aging and Disability Resource Centers (ADRCs) request is $8,619,000, the same also the FY 2023 final level. ADRCs provide objective information, advice, counseling, and assistance to help people make informed decisions about long-term services and supports and accessing both public and private programs, easing access for those who need services.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $8,119,000 |
| FY 2022 | $8,119,000 |
| FY 2023 | $8,619,000 |
| FY 2024 Continuing Resolution | $8,619,000 |
| FY 2025 President’s Budget | $8,619,000 |

### Program Accomplishments:

Currently, 56 states and territories have NWD activities. The [2023 AARP LTSS State Scorecard](https://ltsschoices.aarp.org/scorecard-report/innovation-and-opportunity) reflected ongoing growth and sustainability of the LTSS access points in state NWD systems across the country. Thirty-four states showed meaningful improvement in their overall scores between 2020 and 2023, as measured by criteria across five areas:

* State governance and administration
* Target populations
* Public outreach and coordination with key referral sources
* Person-centered counseling
* Streamlined eligibility for public programs[[63]](#footnote-64)

During FY 2022, state NWD systems and local ADRCs reported serving over 4.9 million people:

* Over 1.2 million received assistance with applications for Medicaid, VA programs, and other programs, and 928,000 received person-centered counseling to help them make informed decisions;
* From April 2020 through September 2022, state NWD systems and local ADRCs helped almost 75,000 people transition safely from hospitals, nursing homes, and other congregate settings to home in the community; and
* From April 2021 through September 2022, state NWD systems and local ADRCs engaged almost 2.2 million people through COVID-19 vaccine access efforts. This included outreach and information, as well as assistance with scheduling appointments, securing accessible transportation, and coordination with assistive technology programs.

During FY 2022, ACL’s Commit to Connect partnered with the Virginia NWD System, United Way World Wide, and Virginia Commonwealth University a challenge prize to develop a Social Health Connector platform to conduct virtual assessments and tailored resources for Virginia residents. The annual Social Engagement Virtual Summit gathered 1,400 partners across the federal government, state LTSS systems, philanthropy, and industry to increase awareness, access, and consumer choice of programs, services, and strategies promoting social connection. The initiative hosts the Nationwide Network of Champions, a collaborative online community of 355 professionals and leaders to leverage collective efforts, resources, innovations and activities of NWD Systems to increase social connections in the U.S. In 2022, Commit to Connect also engaged 1,350 stakeholders in four webinars and developed 4 topical guides to increase the capacity of NWD Systems to promote social connection.

Through the Veteran-Directed Care (VDC) program, a partnership between the Veterans Health Administration and ACL, ADRCs and other local aging and disability network agencies provide integrated options counseling and access points to care transition and diversion support to help veterans with disabilities continue living in the community. Veterans and caregivers value the program because it gives veterans control over the care and support they receive in the community. The program enables them to design their care to fit their life rather than designing their life to fit the care provided. The VDC program is available in 37 states, plus the District of Columbia and Puerto Rico and is serving 4,344 veterans through 71 VA medical centers and 249 aging and disability network agencies.

### Grant Awards Table:

Aging and Disability Resource Centers Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 1 | 1 | 1 |
| Average Award | $4,449,300 | $4,998,584 | $4,998,584 |
| Range of Awards | N/A | N/A | N/A |

## State Health Insurance Assistance Programs

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| State Health Insurance Assistance Program | $55.242 | $55.242 | $55,2.42 | -- |
| FTE | 5 | 5 | 5 | -- |

\*BA is in millions of dollars, FTE are in whole numbers.

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

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

FY 2025 Authorization N/A

Authorization Expiration Date N/A

Allocation Method Formula and Competitive Grants/Contracts

### Program Description:

State Health Insurance Assistance Programs (SHIPs) provide unbiased education and assistance to Medicare beneficiaries, their families, and caregivers. Through a national network of nearly 11,500 highly trained SHIP team members, half of whom are volunteers, the program conducts public outreach in local communities and provides in-depth one-on-one assistance (by phone, online, and in person) based on the unique needs of the beneficiary.

The assistance provided to Medicare beneficiaries helps them in accessing, understanding, and connecting to the healthcare system, thus improving their customer service experience with Medicare. Accessing affordable health insurance can be difficult even for those with Medicare. SHIPs help Medicare beneficiaries fully understand the Medicare choices available to them so that the beneficiaries can make informed enrollment and benefit decisions that ultimately reduce costs to both the beneficiary and Medicare. CMS, as well as Medicare Advantage and Part D plans, refer beneficiaries to SHIPs when their cases are too complicated for the 1-800-MEDICARE call center.

Additionally, SHIPs conduct public education and media outreach activities to educate beneficiaries on a variety of topics related to Medicare, including providing plan comparisons, enrollment assistance, and assistance with understanding and navigating benefits.

ACL provides SHIP grants to all 50 States, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands to fund the infrastructure, training, and administration needed to support nearly 11,500 SHIP team members, many of whom are volunteers, in over 2,000 community-based organizations. Nearly two-thirds of the 54 state SHIP programs are administered by State Units on Aging, with the remaining programs administered by State Departments of Insurance. At the community level, many SHIPs are either housed in or create local partnerships with area agencies on aging. Similarly, almost 50 percent of SHIPs are co-located with the Senior Medicare Patrol program and work collaboratively with them to educate beneficiaries and help deter or prevent Medicare fraud and abuse.

Accessing affordable health insurance can be difficult even for those with Medicare. The SHIP program is the only resource that provides this level of unbiased, in-depth counseling and one-on-one assistance to older adults and people with disabilities who struggle to navigate the complexities of their financial and medical needs. Many beneficiaries utilize SHIP every year because of the complexity of their situations, including prescription needs and identifying plan network. SHIP counseling can help Medicare beneficiaries save thousands of dollars per year.

Helping illustrate the complexity of the assistance provided to SHIP beneficiaries, the average time spent on one-on-one counseling continues to increase annually, reflecting the ongoing need for and complexities of the questions and help that Medicare beneficiaries request. The average length of time spent assisting beneficiaries increased from 28 minutes in 2014 to 33 minutes in 2020. This is more than three times the 9.5-minute call average to the 1-800 Medicare call center reflecting the greater complexity of issues handled by SHIPs in comparison to 1-800 Medicare.

### Budget Request:

The FY 2025 request for State Health Insurance Assistance Programs (SHIP) is $55,242,000, the same as the FY 2023 final level. This level of funding would allow the SHIPs to continue to provide unbiased help at current levels to older adults and people with disabilities who are Medicare eligible or dually eligible for Medicare and Medicaid (including newly enrolled beneficiaries), as well as their families and caregivers, and to build on recent innovations, including:

* Expanding the capacity to conduct virtual outreach, enrollment assistance, and one-on-one counseling to enhance customer service experiences in the wake of the pandemic. This reflects the Administration’s dedication to not only having Medicare beneficiaries find the right plan for them, but also providing a level of customer service support that meets or exceeds that provided by the private sector;
* Providing in-depth information and assistance to Medicare beneficiaries in understanding and accessing Inflation Reduction Act changes to Medicare including helping beneficiaries make informed Medicare Plan decisions to ensure access to the $35 copay for insulin implemented January 1, 2023;
* Educating Medicare beneficiaries on the importance of getting their COVID-19 vaccine booster as part of their ongoing Medicare education and counseling;
* Partnering with pharmacies and pharmacy schools in response to the opioid crisis, to check prescription medication lists of Medicare beneficiaries for potential drug interactions and over-prescribing of opioids; and
* Rethinking business practices in the wake of conditions imposed by COVID-19, including practices for managing, recruiting, training, and retaining program team members.

The FY 2025 request maintains funding for the SHIP program to continue to play a critical role in providing unbiased help at current levels to older adults and people with disabilities who are Medicare eligible or dually eligible for Medicare and Medicaid.

### Funding History:

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

| Fiscal Year | Amount | FTE |
| --- | --- | --- |
| FY 2021 | $52,115,000 | 3 |
| FY 2022 | $53,115,000 | 4 |
| FY 2023 | $55,242,000 | 4 |
| FY 2024 Continuing Resolution | $55,242,000 | 4 |
| FY 2025 President’s Budget | $55,242,000 | 5 |

### Program Accomplishments:

The SHIP program provides in-depth assistance to Medicare beneficiaries, including:

* Access to a national network of nearly 11,500 highly trained SHIP team members, half of whom are volunteers; the SHIP program is able to provide twice as many trained team members than it could if only hiring paid staff. The network provides local community-based assistance to the ever-increasing number of Medicare beneficiaries.
* Support for over nearly 4.3 million Medicare beneficiaries who used SHIP services in Grant Year 2022 (Apr. 1, 2022-Mar. 31, 2023). Including:
  + Direct one-on-one assistance to over 1,650,000 beneficiaries, their families, and caregivers
  + Outreach to over 2,600,000 people in educational events explaining Medicare and its benefits.

For example, the SHIP Technical Assistance Center recently received the following feedback from a caregiver who worked with SHIP:

*I've recently had the absolute pleasure of working through signing my parents up for Medicare. My parents and I were very nervous about the process. The SHIP team member was incredibly knowledgeable, giving, and prompt in her responses. I'd get emails back from her the same day, often in just a few hours. This allowed us to quickly get answers and move one step closer to getting the plans we needed. The SHIP information on pricing and expected increases by age (as well as past inflation + medical cost increases) were invaluable. I can't tell you how absolutely essential it was to have a non-biased aid, like our SHIP team member, collect and walk us through this information. She gave us information insurance brokers didn't even have.  In short -- thank you for this program! And thank you for having such an amazing staff! Working with our team member really transformed our whole experience with Medicare. It went from intimidating to approachable. Please keep up the good work!*

### Grant Awards Table:

State Health Insurance Assistance Programs Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 54 | 54 | 54 |
| Average Award | $944,792 | $945,665 | $945,665 |
| Range of Awards\* | $64,261 - $4,163,491 | $67,474 - $4,168,212 | $67,474 - $4,168,212 |

\*Represents states and the District of Columbia

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**CENTER FOR INNOVATION AND PARTNERSHIP**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President’s Budget** | **FY 2025 +/- 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 919,783 | 913,022 | 913,022 | (6,761) |
| Alaska | 238,056 | 236,909 | 236,909 | (1,147) |
| Arizona | 1,007,653 | 1,004,039 | 1,004,039 | (3,614) |
| Arkansas | 737,466 | 728,631 | 728,631 | (8,835) |
| California | 4,163,491 | 4,168,212 | 4,168,212 | 4,721 |
| Colorado | 761,379 | 764,366 | 764,366 | 2,987 |
| Connecticut | 577,477 | 577,233 | 577,233 | (244) |
| Delaware | 271,223 | 284,784 | 284,784 | 13,561 |
| District of Columbia | 206,109 | 207,943 | 207,943 | 1,834 |
| Florida | 3,105,466 | 3,115,549 | 3,115,549 | 10,083 |
| Georgia | 1,388,919 | 1,393,292 | 1,393,292 | 4,373 |
| Hawaii | 335,194 | 350,364 | 350,364 | 15,170 |
| Idaho | 435,477 | 436,054 | 436,054 | 577 |
| Illinois | 1,608,145 | 1,600,267 | 1,600,267 | (7,878) |
| Indiana | 1,052,841 | 1,052,621 | 1,052,621 | (220) |
| Iowa | 749,118 | 746,649 | 746,649 | (2,469) |
| Kansas | 590,109 | 588,151 | 588,151 | (1,958) |
| Kentucky | 1,047,250 | 1,036,982 | 1,036,982 | (10,268) |
| Louisiana | 749,521 | 746,514 | 746,514 | (3,007) |
| Maine | 477,502 | 475,678 | 475,678 | (1,824) |
| Maryland | 794,602 | 797,859 | 797,859 | 3,257 |
| Massachusetts | 986,173 | 983,601 | 983,601 | (2,572) |
| Michigan | 1,592,986 | 1,591,265 | 1,591,265 | (1,721) |
| Minnesota | 920,889 | 921,425 | 921,425 | 536 |
| Mississippi | 799,048 | 828,562 | 828,562 | 29,514 |
| Missouri | 1,086,923 | 1,073,514 | 1,073,514 | (13,409) |
| Montana | 469,979 | 471,334 | 471,334 | 1,355 |
| Nebraska | 460,717 | 459,335 | 459,335 | (1,382) |
| Nevada | 503,124 | 508,152 | 508,152 | 5,028 |
| New Hampshire | 382,633 | 401,765 | 401,765 | 19,132 |
| New Jersey | 1,148,113 | 1,147,004 | 1,147,004 | (1,109) |
| New Mexico | 494,666 | 490,830 | 490,830 | (3,836) |
| New York | 2,464,381 | 2,454,690 | 2,454,690 | (9,691) |
| North Carolina | 1,623,102 | 1,626,508 | 1,626,508 | 3,406 |
| North Dakota | 295,121 | 294,014 | 294,014 | (1,107) |
| Ohio | 1,775,145 | 1,772,021 | 1,772,021 | (3,124) |
| Oklahoma | 777,237 | 775,926 | 775,926 | (1,311) |
| Oregon | 753,695 | 749,565 | 749,565 | (4,130) |
| Pennsylvania | 1,913,505 | 1,906,403 | 1,906,403 | (7,102) |
| Rhode Island | 292,993 | 290,689 | 290,689 | (2,304) |
| South Carolina | 892,454 | 896,367 | 896,367 | 3,913 |
| South Dakota | 337,625 | 337,261 | 337,261 | (364) |
| Tennessee | 1,165,089 | 1,161,864 | 1,161,864 | (3,225) |
| Texas | 2,986,369 | 3,021,160 | 3,021,160 | 34,791 |
| Utah | 418,038 | 419,278 | 419,278 | 1,240 |
| Vermont | 323,009 | 339,159 | 339,159 | 16,150 |
| Virginia | 1,183,489 | 1,175,319 | 1,175,319 | (8,170) |
| Washington | 1,048,619 | 1,048,393 | 1,048,393 | (226) |
| West Virginia | 531,727 | 524,690 | 524,690 | (7,037) |
| Wisconsin | 1,070,439 | 1,072,622 | 1,072,622 | 2,183 |
| Wyoming | 310,792 | 311,700 | 311,700 | 908 |
| **Subtotal** | **50,224,861** | **50,279,535** | **50,279,535** | **54,674** |
| Guam | 64,261 | 63,236 | 63,236 | (1,025) |
| Puerto Rico | 665,400 | 655,663 | 655,663 | (9,737) |
| Virgin Islands | 64,261 | 67,474 | 67,474 | 3,213 |
| **Subtotal** | **793,922** | **786,373** | **786,373** | **(7,549)** |
| **Total States/Territories** | **51,018,783** | **51,065,908** | **51,065,908** | **47,125** |
| Undistributed/1 | 4,223,217 | 4,176,092 | 4,176,092 | (47,125) |
| **TOTAL RESOURCES** | **55,242,000** | **55,242,000** | **55,242,000** | **--** |

1/ Undistributed- reflects the amount used from the SHIP appropriation for the staff and overhead, support contracts, training assistance, data systems, grant systems, and grant review costs.

## Voting Access for Individuals with Disabilities

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Voting Access for Individuals with Disabilities | $10.000 | $10.000 | $10.000 | -- |

\*BA is in millions of dollars.

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

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

FY 2025 Authorization Expired

Authorization Expiration Date 2006

Allocation Method Formula Grant

### Program Description:

The Voting Access for Individuals with Disabilities program, authorized by the Help America Vote Act (HAVA), provides formula grants to support Protection and Advocacy (P&A) systems in each state and territory and the American Indian consortium to ensure that people with disabilities are able to exercise their rights to register to vote, cast a vote, and access polling places. The program also funds competitive grants to organizations that assist P&As in this work. They provide direct services to people with disabilities to support them in all aspects of voting, advocate at the community and state levels to ensure voting accessibility and monitor and address accessibility issues.

HAVA P&As provide direct services to voters with disabilities to help them overcome barriers to exercising their right to vote. In addition, P&As work with states and communities to share information about the location of accessible polling places and to encourage the adoption of voting procedures that enable individuals with disabilities to vote privately and independently. Grantees also educate election officials, poll workers, and election volunteers on the rights of voters with disabilities and best practices for supporting disabled voters. P&As survey polling places, recommend modifications to address accessibility issues, and develop criteria for identifying accessible polling places.

Through this program, ACL also funds technical assistance to support HAVA P&As in developing proficiency in the use of voting systems; identifying and implementing technologies to assist individuals with disabilities in voting; and demonstrating and evaluating the use of such systems and technologies. P&As also receive training and technical assistance for providing non-visual access in the voting process. These TA activities are authorized under section 291 of HAVA as a seven-percent set-aside of the HAVA appropriation.

### Budget Request:

The FY 2025 request for the Voting Access for Individuals with Disabilities Protection and Advocacy (P&A) program is $10,000,000, the same as the FY 2023 final level. The request maintains increased support for direct services to support disabled voters, monitoring and consultation services to ensure polling places are accessible, and advocacy within communities and states to reduce the barriers to exercising the right to vote that are experienced by people with disabilities.

### Funding History:

Funding over the past five years is as follows:

|  |  |
| --- | --- |
| **Fiscal Year** | **Amount** |
| FY 2021 | $7,963,000 |
| FY 2022 | $8,463,000 |
| FY 2023 | $10,000,000 |
| FY 2024 Continuing Resolution | $10,000,000 |
| FY 2025 President’s Budget | $10,000,000 |

### Program Accomplishments:

According to 2021 data from the U.S. Election Assistance Commission, nearly 15.8 million Americans with disabilities voted in 2022, many with assistance from their state’s P&A. The Help America Vote Act (HAVA) P&A programs ensure access to the electoral process and support people with disabilities in exercising their right to vote. Examples of the ways HAVA P&A programs support disabled voters include:

* Information and outreach: HAVA P&As provide plain-language materials, in multiple formats, and host a variety of educational events to help people with disabilities understand the voting process and their voting rights. For example, Disability Rights Florida worked in conjunction with partners in the Access the Vote Florida (ATVFL) coalition to develop and publish information about accessible options for registered voters with disabilities to use the vote-by-mail system. Approximately 2,500 brochures were distributed throughout the state, including versions printed in Braille.
* Improving accessibility of the voting process:HAVA P&As work with communities, states, and voting officials to address barriers to voting and increase voting by people with disabilities. For example, at the invitation of the South Dakota Secretary of State, the South Dakota P&A staff provided training on election accessibility to 140 local elections officers at the state’s bi-annual training conference.
* Training and education for people with disabilities: HAVA P&As host a variety of educational events and conduct training in multiple formats. For example, the Alabama P&A worked with the center for independent living in Mobile County and the Alabama Care network, which streams live broadcasts on social media to connect people with disabilities to each other and important information, to inform people with disabilities on how to operate voting machines and how to ask for assistance at the polls.

### Grant Awards Table:

Voting Access for Individuals with Disabilities Grant Awards

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $165,360 | $164,732 | $164,732 |
| Range of Awards\* | $70,521 - $650,113 | $70,521 - $637,204 | $70,521 - $637,204 |

\*Represents states and the District of Columbia

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON DISABILITIES**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 141,043 | 141,043 | 141,043 | -- |
| Alaska | 141,043 | 141,043 | 141,043 | -- |
| Arizona | 141,043 | 141,043 | 141,043 | -- |
| Arkansas | 141,043 | 141,043 | 141,043 | -- |
| California | 650,113 | 637,204 | 637,204 | (12,909) |
| Colorado | 141,043 | 141,043 | 141,043 | -- |
| Connecticut | 141,043 | 141,043 | 141,043 | -- |
| Delaware | 141,043 | 141,043 | 141,043 | -- |
| District of Columbia | 141,043 | 141,043 | 141,043 | -- |
| Florida | 360,881 | 363,175 | 363,175 | 2,294 |
| Georgia | 178,933 | 178,166 | 178,166 | (767) |
| Hawaii | 141,043 | 141,043 | 141,043 | -- |
| Idaho | 141,043 | 141,043 | 141,043 | -- |
| Illinois | 209,947 | 205,417 | 205,417 | (4,530) |
| Indiana | 141,043 | 141,043 | 141,043 | -- |
| Iowa | 141,043 | 141,043 | 141,043 | -- |
| Kansas | 141,043 | 141,043 | 141,043 | -- |
| Kentucky | 141,043 | 141,043 | 141,043 | -- |
| Louisiana | 141,043 | 141,043 | 141,043 | -- |
| Maine | 141,043 | 141,043 | 141,043 | -- |
| Maryland | 141,043 | 141,043 | 141,043 | -- |
| Massachusetts | 141,043 | 141,043 | 141,043 | -- |
| Michigan | 166,527 | 163,819 | 163,819 | (2,708) |
| Minnesota | 141,043 | 141,043 | 141,043 | -- |
| Mississippi | 141,043 | 141,043 | 141,043 | -- |
| Missouri | 141,043 | 141,043 | 141,043 | -- |
| Montana | 141,043 | 141,043 | 141,043 | -- |
| Nebraska | 141,043 | 141,043 | 141,043 | -- |
| Nevada | 141,043 | 141,043 | 141,043 | -- |
| New Hampshire | 141,043 | 141,043 | 141,043 | -- |
| New Jersey | 153,543 | 151,209 | 151,209 | (2,334) |
| New Mexico | 141,043 | 141,043 | 141,043 | -- |
| New York | 328,652 | 321,254 | 321,254 | (7,398) |
| North Carolina | 174,817 | 174,674 | 174,674 | (143) |
| North Dakota | 141,043 | 141,043 | 141,043 | -- |
| Ohio | 195,177 | 191,932 | 191,932 | (3,245) |
| Oklahoma | 141,043 | 141,043 | 141,043 | -- |
| Oregon | 141,043 | 141,043 | 141,043 | -- |
| Pennsylvania | 214,795 | 211,784 | 211,784 | (3,011) |
| Rhode Island | 141,043 | 141,043 | 141,043 | -- |
| South Carolina | 141,043 | 141,043 | 141,043 | -- |
| South Dakota | 141,043 | 141,043 | 141,043 | -- |
| Tennessee | 141,043 | 141,043 | 141,043 | -- |
| Texas | 489,234 | 490,270 | 490,270 | 1,036 |
| Utah | 141,043 | 141,043 | 141,043 | -- |
| Vermont | 141,043 | 141,043 | 141,043 | -- |
| Virginia | 143,190 | 141,771 | 141,771 | (1,419) |
| Washington | 141,043 | 141,043 | 141,043 | -- |
| West Virginia | 141,043 | 141,043 | 141,043 | -- |
| Wisconsin | 141,043 | 141,043 | 141,043 | -- |
| Wyoming | 141,043 | 141,043 | 141,043 | -- |
| **Subtotal** | **8,766,486** | **8,731,352** | **8,731,352** | **(35,134)** |
| American Samoa | 70,521 | 70,521 | 70,521 | -- |
| Guam | 70,521 | 70,521 | 70,521 | -- |
| Northern Marianas | 70,521 | 70,521 | 70,521 | -- |
| Puerto Rico | 141,043 | 141,043 | 141,043 | -- |
| Virgin Islands | 70,521 | 70,521 | 70,521 | -- |
| Native American Org. | 70,521 | 70,521 | 70,521 | -- |
| **Subtotal** | **493,648** | **493,648** | **493,648** | **--** |
| **Total States/Territories** | **9,260,134** | **9,225,000** | **9,225,000** | **(35,134)** |
| Undistributed/1 | 739,866 | 775,000 | 775,000 | 35,134 |
| **TOTAL RESOURCES** | **10,000,000** | **10,000,000** | **10,000,000** | **--** |

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

## Assistive Technology Programs

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Assistive Technology | $40,000 | $40,000 | $40,000 | -- |
| Assistive Technology Act Programs | $38,000 | $40,000 | $40,000 | $2,000 |
| Alternative Financing Program/1/2 | $2,000 | -- | -- | -$2,000 |
| FTEs\*\* | -- | -- | -- | -- |

\*BA is in millions of dollars, FTE are in whole numbers,

\*\*Note, the FTE in each year is estimated to be 0.3 rounding to zero.

1/ The Alternative Financing Program was added by Congress in the ACL Appropriations Acts in FY 2022 and FY 2023.

2/The Continuing Resolution level presumes the FY 2024 President’s Budget

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

Most Recent Authorizing Legislation: 21st Century Assistive Technology Act (of 2023), Public Law 117-263

FY 2025 Authorization $40,000,000

Authorization Expiration Date 2027

Allocation Method Formula and Competitive Grants and Contracts

### Program Description:

ACL’s Assistive Technology (AT) programs expand access to AT devices and services that increase, maintain, or improve functional capabilities of individuals with disabilities. Examples of AT include computer or technology aids, modified driving controls, threshold ramps, sensors, and durable medical equipment such as wheelchairs or walkers. AT helps people with disabilities of all ages remain stably housed and engaged in all aspects of community living. Grants support comprehensive statewide programs that increase the:

* Availability, funding, access, provision, and training for AT devices and services;
* Ability of individuals with disabilities of all ages to secure and maintain possession of AT during periods of transition, such as transition between high school and post-school employment or higher education or transitions from nursing homes or other institutions to community settings;
* Capacity of public and private entities to provide and pay for AT devices and services;
* Involvement of individuals with disabilities in decisions about AT devices and services;
* Coordination of AT-related activities among state and local agencies and private entities;
* Awareness and facilitation of changes in laws, regulations, procedures, policies, practices, and organizational structures, that improve access to AT; and
* Awareness of the benefits of AT among targeted individuals and entities in the general population.

#### Assistive Technology (AT) State Grants

The AT State Grant program, authorized under section 4 of the 21st Century Assistive Technology Act, is a population-based formula grant program to support comprehensive statewide programs that maximize the ability of people with disabilities of all ages to access and acquire AT. The program requires states to submit an application in the form of a three-year State Plan for AT in order to receive funds. States must also establish an advisory council whose membership includes a majority of individuals with disabilities who use AT. The council advises on the planning, implementation, and evaluation of these statewide programs.

The grants fund a combination of:

* State-level activities, which include state financing programs, device reutilization programs, device loan programs, and device demonstrations;
* State leadership activities, which include technical assistance and training to promote awareness of the benefits of AT; skills development for people involved in the assessment of the need for AT; the appropriate application of AT; and the integration of AT devices and services in plans required to be developed under other federal laws; and
* Public awareness activities, including the continuation and maintenance of a statewide system of information and referral, and coordination and collaboration activities amongst entities in the states that are responsible for the provision of AT.

#### Protection and Advocacy for Assistive Technology

The Protection and Advocacy for Assistive Technology (PAAT) program provides formula grants to the Protection and Advocacy (P&A) system in each state and territory to expand assistive technology access to individuals with disabilities. With this funding, P&A systems help people with disabilities obtain, use and maintain AT services or devices.

***National Activities Grants***

The National Activities program funds competitively awarded grants, contracts, and cooperative agreements to support the development and implementation of data collection and reporting systems and technical assistance to disabled people of all ages, recipients of state AT grants, and to P&As. The program also supports the [AT3 Center](https://www.at3center.net/stateprogram), which provides training and technical assistance for all AT Act programs, and the [Center for AT Act Data Assistance](https://catada.info/), which provides data about – and to inform – AT Act programs.

#### Alternative Financing Program

The Assistive Technology Alternative Financing Program provides one-year grants to assist people with disabilities with obtaining financial assistance for AT devices and services.

### Budget Request:

The FY 2025 request for Assistive Technology (AT) programs is $40,000,000, the same as the FY 2023 final level. The request provides an additional $2,000,000 for State AT grants, AT Protection and Advocacy activities, and AT National Activities, by eliminating the $2 million Alternative Financing Program, which duplicates activities found in the primary programs. The additional $2 million will be distributed consistent with the 21st Century Assistive Technology Act.

Assistive Technology Programs increase access, availability, and training for assistive technology and reduces the cost of obtaining devices; in FY 2021 alone, the program saved consumers almost $30 million by reutilizing almost 70,000 AT devices.

### Funding History

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

| Fiscal Year | Amount | FTE |
| --- | --- | --- |
| FY 2021/1 | $37,500,000 | -- |
| FY 2022/1 | $38,500,000 | -- |
| FY 2023 /1 | $40,000,000 | 1 |
| FY 2024 Continuing Resolution/1 | $40,000,000 | 1 |
| FY 2025 President’s Budget | $40,000,000 | 1 |

1/Funding level includes $2 million in funding directed to the alternative financing program.

### Program Accomplishments

AT programs provide a set of integrated activities and services that directly benefit individuals with disabilities of all ages, veterans, caregivers, professionals, schools, vocational rehabilitation agencies, healthcare providers and agencies that increase access to assistive technology. Key accomplishments in fiscal year 2022, include:

* + 44,919 individuals participated in assistive technology device demonstrations to help them find the device(s) to meet their individual needs.
  + 43,347 AT devices were provided on short-term loan to individuals with disabilities, service providers and agencies through a “try-before-you-buy” program. For example, A Massachusetts father of a 17-year-old foster son who is does not communicate via speech was referred to the Assistive Technology Regional Center in Boston to explore ways for his son to communicate. The boy’s speech-language pathologist thought he would be successful with an eyegaze device, so they borrowed one from the Massachusetts AT Program, MassMATCH to try it out. As a result of the device demonstration and subsequent loan, this young man is able to ask for what he wants and express his likes and dislikes for the first time in his life.
  + 88,015 AT devices were reutilized, saving consumers $38,338,161 and reducing lead times to obtain devices. For example, In South Dakota, a veteran needed a hospital bed that would allow him to sit up independently. The hospital said it would take five weeks to get one from them. The veteran contacted DakotaLink, South Dakota’s AT Program, and with their AT reuse program, they were able to get him into his home with a temporary hospital bed until his permanent bed arrived a month later.
  + 771 loans totaling $7,391,629 at an average interest rate of 4.2 percent were made to enable consumers to purchase needed AT. In Kansas, a couple with four young children reached out to Assistive Technology for Kansans (ATK) for assistance in obtaining funds for a van conversion that included a dropped floor and electric lift for their 10-year-old son who has multiple physical disabilities and medical needs. The van conversion allowed the parents to safely load their son in his reclining wheelchair. While the family purchased the vehicle with their own funds, ATK staff worked together to fully fund the $15,411 for the van conversion.
  + 22,253 AT devices valued at $7,630,420 were provided to consumers through externally funded programs administered by state AT grantees.
  + 5,122 AT devices were acquired by consumers at a savings of $3,377,358 (compared to full retail price) through externally funded programs, such as such as cooperative buying programs, which are administered by state AT grantees.
  + 90,201 individuals participated in training events on topics such as AT products/services, AT funding, accessible information and communication technology, AT to support transitions from school to work and from congregate to community settings.

### Outcomes and Outputs Table: Assistive Technology:

| **Measure** | **Year and Most Recent Result /  Target for Recent Result /  (Summary of Result)** | **FY 2024 Target** | **FY 2025 Target** | **FY 2025 Target  +/-FY 2024 Target** |
| --- | --- | --- | --- | --- |
| AT1 Maintain at 90% or higher the number of device demonstrations and short-term device loans that result in positive decision-making to ensure consumer-equipment match (avoid inappropriate device acquisition). (Outcome) | FY 2022: 93%  Target: 90%  (Target Exceeded) | 90% | 90% | Maintain |
| AT2 Increase the percentage of recipients who acquire AT through reuse and state financing activities who were unable to afford or otherwise obtain the AT they need without the State AT Program. (Outcome) | FY 2022: 88%  Target: 85%  (Target Exceeded) | 85% | 85% | Maintain |
| AT3 Maintain at 95% or higher the percentage of program beneficiaries who are highly satisfied or satisfied with state level activity services they receive from the State AT Program with at least a 90% response rate. (Outcome) | FY 2022: 99%  Target: 95%  (Target Exceeded) | 95% | 95% | Maintain |

| Indicator | Year and Most Recent Result | FY 2024 Projection | FY 2025  Projection | FY 2025  Projection   +/-FY 2024  Projection |
| --- | --- | --- | --- | --- |
| Output ATi: Device Demonstrations Provided (*Output*) | FY 2021: 21,640 | 30,000 | 30,000 | Maintain |
| Output ATii: Short-Term Device Loans Made (*Output*) | FY 2021: 24,943 | 30,000 | 30,000 | Maintain |
| Output ATiii: Recipients of Reused Devices (*Output*) | FY 2021: 49,502 | 50,000 | 50,000 | Maintain |
| Output ATiv: State Financing Device Recipients (*Output*) | FY 2021: 10,664 | 7,700 | 7,700 | Maintain |
| Output ATv: Training Participants (Output) | FY 2021: 98,736 | 100,000 | 100,000 | Maintain |

### Grant Awards Tables

Assistive Technology Act - State Grants

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $556,645 | $584,919 | $584,919 |
| Range of Awards\* | $125,752 - $1,397,328 | $131,979 - $1,509,856 | $131,979 - $1,509,856 |

\*Represents states and the District of Columbia.

Assistive Technology Act - Protection and Advocacy Grants

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 56 | 56 | 56 |
| Average Award | $93,521 | $97,950 | $97,837 |
| Range of Awards\* | $30,000 - $529,577 | $30,000 - $557,628 | $50,000 - $556,783 |

\*Represents states and the District of Columbia.

Assistive Technology Act – National Grant Activities

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 1 | 1 | 1 |
| Average Award | $699,433 | $699,433 | $699,433 |
| Range of Awards | N/A | N/A | N/A |

Alternative Financing Grant Competition for Assistive Technology

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 4 | -- | -- |
| Average Award | $492,485 | -- | -- |
| Range of Awards\* | $159,294 - $700,000 | -- | -- |

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**CENTER FOR INNOVATION AND PARTNERSHIP**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

PROGRAM/CFDA NUMBER: Assistive Technology State Grants (CFDA 93.464)

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 529,162 | 554,631 | 554,631 | 25,469 |
| Alaska | 480,803 | 497,341 | 497,341 | 16,538 |
| Arizona | 711,699 | 746,847 | 746,847 | 35,148 |
| Arkansas | 538,662 | 561,000 | 561,000 | 22,338 |
| California | 1,397,328 | 1,509,856 | 1,509,856 | 112,528 |
| Colorado | 558,393 | 587,475 | 587,475 | 29,082 |
| Connecticut | 476,557 | 499,513 | 499,513 | 22,956 |
| Delaware | 467,298 | 484,322 | 484,322 | 17,024 |
| District of Columbia | 422,050 | 439,111 | 439,111 | 17,061 |
| Florida | 906,708 | 975,908 | 975,908 | 69,200 |
| Georgia | 722,675 | 763,021 | 763,021 | 40,346 |
| Hawaii | 503,969 | 521,739 | 521,739 | 17,770 |
| Idaho | 483,181 | 501,617 | 501,617 | 18,436 |
| Illinois | 735,955 | 780,291 | 780,291 | 44,336 |
| Indiana | 568,933 | 599,745 | 599,745 | 30,812 |
| Iowa | 514,089 | 536,275 | 536,275 | 22,186 |
| Kansas | 472,693 | 494,360 | 494,360 | 21,667 |
| Kentucky | 546,523 | 571,890 | 571,890 | 25,367 |
| Louisiana | 573,844 | 600,180 | 600,180 | 26,336 |
| Maine | 516,471 | 534,310 | 534,310 | 17,839 |
| Maryland | 584,947 | 613,201 | 613,201 | 28,254 |
| Massachusetts | 611,189 | 641,727 | 641,727 | 30,538 |
| Michigan | 772,383 | 810,520 | 810,520 | 38,137 |
| Minnesota | 575,209 | 603,275 | 603,275 | 28,066 |
| Mississippi | 456,655 | 478,889 | 478,889 | 22,234 |
| Missouri | 642,261 | 671,968 | 671,968 | 29,707 |
| Montana | 497,225 | 514,400 | 514,400 | 17,175 |
| Nebraska | 514,492 | 533,695 | 533,695 | 19,203 |
| Nevada | 485,544 | 508,062 | 508,062 | 22,518 |
| New Hampshire | 484,546 | 502,394 | 502,394 | 17,848 |
| New Jersey | 597,886 | 629,557 | 629,557 | 31,671 |
| New Mexico | 503,561 | 523,367 | 523,367 | 19,806 |
| New York | 883,523 | 938,918 | 938,918 | 55,395 |
| North Carolina | 672,768 | 714,742 | 714,742 | 41,974 |
| North Dakota | 421,517 | 438,048 | 438,048 | 16,531 |
| Ohio | 691,295 | 733,621 | 733,621 | 42,326 |
| Oklahoma | 504,673 | 529,260 | 529,260 | 24,587 |
| Oregon | 501,083 | 526,192 | 526,192 | 25,109 |
| Pennsylvania | 827,442 | 871,359 | 871,359 | 43,917 |
| Rhode Island | 422,400 | 439,258 | 439,258 | 16,858 |
| South Carolina | 602,064 | 630,320 | 630,320 | 28,256 |
| South Dakota | 470,969 | 487,936 | 487,936 | 16,967 |
| Tennessee | 543,031 | 573,859 | 573,859 | 30,828 |
| Texas | 1,155,054 | 1,241,621 | 1,241,621 | 86,567 |
| Utah | 527,524 | 549,296 | 549,296 | 21,772 |
| Vermont | 456,573 | 472,584 | 472,584 | 16,011 |
| Virginia | 607,096 | 642,464 | 642,464 | 35,368 |
| Washington | 587,727 | 620,993 | 620,993 | 33,266 |
| West Virginia | 479,348 | 498,490 | 498,490 | 19,142 |
| Wisconsin | 555,611 | 583,893 | 583,893 | 28,282 |
| Wyoming | 412,035 | 428,277 | 428,277 | 16,242 |
| **Subtotal** | **30,174,624** | **31,711,618** | **31,711,618** | **1,536,994** |
| American Samoa | 125,752 | 131,979 | 131,979 | 6,227 |
| Guam | 127,738 | 134,249 | 134,249 | 6,511 |
| Northern Marianas | 125,838 | 132,068 | 132,068 | 6,230 |
| Puerto Rico | 491,428 | 512,480 | 512,480 | 21,052 |
| Virgin Islands | 126,717 | 133,083 | 133,083 | 6,366 |
| **Subtotal** | **997,473** | **1,043,859** | **1,043,859** | **46,386** |
| **Total States/Territories** | **31,172,097** | **32,755,477** | **32,755,477** | **1,583,380** |
| Undistributed/1 | 120,903 | 247,523 | 247,523 | 126,620 |
| **TOTAL RESOURCES** | **31,293,000** | **33,003,000** | **33,003,000** | **1,710,000** |

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON DISABILITIES**

**FY 2024 DISCRETIONARY STATE FORMULA GRANTS**

PROGRAM/CFDA NUMBER: Assistive Technology Protection and Advocacy (CFDA 93.843)

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 68,021 | 72,498 | 72,498 | 4,477 |
| Alaska | 50,000 | 50,000 | 50,000 | -- |
| Arizona | 98,206 | 105,143 | 105,143 | 6,937 |
| Arkansas | 50,000 | 50,000 | 50,000 | -- |
| California | 529,577 | 557,628 | 557,628 | 28,051 |
| Colorado | 78,443 | 83,437 | 83,437 | 4,994 |
| Connecticut | 50,000 | 51,809 | 51,809 | 1,809 |
| Delaware | 50,000 | 50,000 | 50,000 | -- |
| District of Columbia | 50,000 | 50,000 | 50,000 | -- |
| Florida | 293,971 | 317,820 | 317,820 | 23,849 |
| Georgia | 145,757 | 155,916 | 155,916 | 10,159 |
| Hawaii | 50,000 | 50,000 | 50,000 | -- |
| Idaho | 50,000 | 50,000 | 50,000 | -- |
| Illinois | 171,022 | 179,764 | 179,764 | 8,742 |
| Indiana | 91,858 | 97,626 | 97,626 | 5,768 |
| Iowa | 50,000 | 50,000 | 50,000 | -- |
| Kansas | 50,000 | 50,000 | 50,000 | -- |
| Kentucky | 60,862 | 64,469 | 64,469 | 3,607 |
| Louisiana | 62,409 | 65,582 | 65,582 | 3,173 |
| Maine | 50,000 | 50,000 | 50,000 | -- |
| Maryland | 83,208 | 88,077 | 88,077 | 4,869 |
| Massachusetts | 94,270 | 99,754 | 99,754 | 5,484 |
| Michigan | 135,652 | 143,361 | 143,361 | 7,709 |
| Minnesota | 77,030 | 81,683 | 81,683 | 4,653 |
| Mississippi | 50,000 | 50,000 | 50,000 | -- |
| Missouri | 83,250 | 88,267 | 88,267 | 5,017 |
| Montana | 50,000 | 50,000 | 50,000 | -- |
| Nebraska | 50,000 | 50,000 | 50,000 | -- |
| Nevada | 50,000 | 50,000 | 50,000 | -- |
| New Hampshire | 50,000 | 50,000 | 50,000 | -- |
| New Jersey | 125,075 | 132,325 | 132,325 | 7,250 |
| New Mexico | 50,000 | 50,000 | 50,000 | -- |
| New York | 267,717 | 281,134 | 281,134 | 13,417 |
| North Carolina | 142,405 | 152,860 | 152,860 | 10,455 |
| North Dakota | 50,000 | 50,000 | 50,000 | -- |
| Ohio | 158,990 | 167,963 | 167,963 | 8,973 |
| Oklahoma | 53,806 | 57,432 | 57,432 | 3,626 |
| Oregon | 57,309 | 60,580 | 60,580 | 3,271 |
| Pennsylvania | 174,971 | 185,336 | 185,336 | 10,365 |
| Rhode Island | 50,000 | 50,000 | 50,000 | -- |
| South Carolina | 70,057 | 75,475 | 75,475 | 5,418 |
| South Dakota | 50,000 | 50,000 | 50,000 | -- |
| Tennessee | 94,142 | 100,745 | 100,745 | 6,603 |
| Texas | 398,527 | 429,043 | 429,043 | 30,516 |
| Utah | 50,000 | 50,000 | 50,000 | -- |
| Vermont | 50,000 | 50,000 | 50,000 | -- |
| Virginia | 116,641 | 124,066 | 124,066 | 7,425 |
| Washington | 104,446 | 111,238 | 111,238 | 6,792 |
| West Virginia | 50,000 | 50,000 | 50,000 | -- |
| Wisconsin | 79,575 | 84,189 | 84,189 | 4,614 |
| Wyoming | 50,000 | 50,000 | 50,000 | -- |
| **Subtotal** | 5,067,197 | 5,315,220 | 5,315,220 | 248,023 |
| American Samoa | 30,000 | 30,000 | 30,000 | -- |
| Guam | 30,000 | 30,000 | 30,000 | -- |
| Northern Marianas | 30,000 | 30,000 | 30,000 | -- |
| Puerto Rico | 50,000 | 50,000 | 50,000 | -- |
| Virgin Islands | 30,000 | 30,000 | 30,000 | -- |
| Native American Org. | 30,000 | 30,000 | 30,000 | -- |
| **Subtotal** | 200,000 | 200,000 | 200,000 | -- |
| **Total States/Territories** | 5,267,197 | 5,515,220 | 5,515,220 | 248,023 |
| Undistributed/1 | 39,803 | 41,978 | 41,978 | 2,175 |
| **TOTAL RESOURCES** | 5,307,000 | 5,557,198 | 5,557,198 | 250,198 |

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

## National Technical Assistance Center on Kinship and Grandfamilies

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| National Technical Assistance Center on Kinship and Grandfamilies – Supplemental Funding/1 | -- | -- | -- | -- |

\*BA is in millions of dollars.

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

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

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

FY 2025 Authorization of Funds\*…………………………………………….……..$10,000,000

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

Allocation Method……………………………Competitive Grants/ Formula Grants or Contracts

\*$10 million was authorized and appropriated to cover FY 2021 through FY 2025

### Program Description:

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

The Center provides support for the following key activities:

* Engage experts to stimulate the development of new, and identify existing evidence-based, evidence-informed, and exemplary practices or programs related to health promotion (including mental health and substance use disorder treatment), education, nutrition, housing, financial needs, legal issues, disability self-determination, caregiver support, and other issues to help serve caregivers, children, and their parents in grandfamilies and kinship families;
* Encourage and support the implementation of the evidence-based, evidence-informed, and exemplary practices to support grandfamilies and kinship families and to promote coordination of services for them across the systems that support them;
* Facilitate learning and provide technical assistance, resources, and training to individuals and entities across systems that directly work with grandfamilies and kinship families;
* Promote collaboration and coordination of OAA services in conjunction with programs that ACL already provides, including family caregivers, the LTC Ombudsman program, Elder Justice, and Nutrition where appropriate;
* Plan and coordinate disaster response to assist grandfamilies and kinship families during emergencies and disasters by supporting coordination and collaboration across grandfamily-serving government programs, nonprofit and community-based organizations, and Indian tribes, tribal organizations, and urban Indian organizations; and
* Assist government programs, and nonprofit and other community-based organizations, to promote racial equity, enhance services, and implement culturally and linguistically appropriate approaches as the programs and organizations serve grandfamilies and kinship families

### Budget Request:

Funding has been previously appropriated and is available through FY 2025.

### Funding History:

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

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 Supplemental Funding | $10,000,000 |
| FY 2022 | -- |
| FY 2023 | -- |
| FY 2024 Continuing Resolution | -- |
| FY 2025 President’s Budget | -- |

### Program Accomplishments:

The program began in FY 2021; it has already:

* Launched a website ([www.GKSNetwork.org](http://www.GKSNetwork.org)), which includes a technical assistance request form and a searchable resource repository in FY 2022
* Held 53 individual virtual meetings with leaders from each state, District of Columbia, Puerto Rico, and the U.S. Virgin Islands in FY 2022
* Hosted five virtual half-day regional convenings as well as half-day virtual tribal convening. All states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and more than 40 tribes were represented at the convenings, with an average of 95 participants per convening in FY 2022.
* Held two webinars in FY 2022. Two held (with an average attendance of 360) and three more scheduled in FY 2023
* Responded to over 180 individual technical assistance requests in FY 2022
* Distributed a monthly newsletter to more than 2,700 subscribers in FY 2022

### Grant Awards Table:

National Technical Assistance Center on Kinship Families and Grandfamilies

| Category | FY 2022 Final | FY 2024 CR | FY 2024 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 1 | -- | -- |
| Average Award | $6,116,338 | -- | -- |
| Range of Awards | $6,116,338 | -- | -- |

\*Grant was forwarded funded through FY 2025 in FY 2023.

## Medicare Improvements for Patients and Providers Act Programs (MIPPA)

| Services/1/2/3 | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2023 |
| --- | --- | --- | --- | --- |
| Total | $47.150 | $50.000 | $50.000 | +$2.850 |
| Aging Disability Resource Centers | $4.715 | $5.000 | $5.000 | +$0.285 |
| Area Agencies on Aging | $14.145 | $15.000 | $15.000 | $0.855 |
| National Center on Benefits and Enrollment | $14.145 | $15.000 | $15.000 | +$0.855 |
| State Health Insurance Assistance Programs | $14.145 | $15.000 | $15.000 | +$0.855 |
| FTE | 5 | 5 | 5 | -- |

\*BA is in millions of dollars, FTE are in whole numbers.

1/ Individual lines may not add to total due to rounding errors. Amounts shown in FY 2023 reflect a sequester of 5.7 percent.

2/ The FY 2024 column reflects proposed reauthorization of the Medicare Improvements for Patients and Providers Act (MIPPA) program, this reauthorization would direct all MIPPA funding to ACL.

3/ The FY 2025 column reflects proposed reauthorization of the Medicare Improvements for Patients and Providers Act (MIPPA) program and this reauthorization would direct all funding to ACL.

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

Most Recent Authorizing Legislation: Consolidated Appropriations Act, 2021, Division CC, Title I, Subtitle A, Section 103, Public Law 116-260.

FY 2025 Authorization of Funds Expired

Authorization Expiration Date FY 2023

Allocation Method Competitive Grants/Formula Grants and Contracts

### Program Description:

The Medicare Improvements for Patients and Providers Act (MIPPA) programs provide funding to key segments of ACL’s network of community-based service providers – including area agencies on aging (AAAs), Aging and Disability Resource Centers (ADRCs), and State Health Insurance Assistance Programs (SHIPs) – to undertake additional outreach to help hard-to-reach Medicare beneficiaries, such as those living in rural communities, low-income individuals, and people with limited English proficiency. MIPPA grantees educate beneficiaries about the Low-Income Subsidy (LIS) program for Medicare Part D, Medicare Savings Programs, and Medicare Preventive Services while also providing in-depth application assistance to eligible Medicare beneficiaries to help them apply for benefit programs that help lower their healthcare costs. MIPPA funds also support the National Center for Benefits Outreach and Enrollment.

For beneficiaries who qualify, the Medicare Savings Programs pay their Medicare Part A or/and Part B premiums and co-insurance costs, while the LIS (also known as “Extra Help”) helps reduce Medicare beneficiary prescription drug costs, including Part D premiums, prescription deductibles and co-pays. Medicare beneficiaries are eligible for these programs if they have limited incomes and assets. Medicare Preventive Services help beneficiaries stay healthy and prevent disease. These services include vaccinations for illnesses such as COVID-19 and the flu.

MIPPA grants provide support for education and application assistance so that Medicare beneficiaries can access MSP and LIS programs for which they qualify but are not yet enrolled in. MIPPA funding is not used to support the day-day services of AAAs, ADRCs, and SHIPs. Instead, it supports additional in-depth one-on-one assistance, both to identify older adults and those with disabilities in need, and to provide much more intensive counseling to these specific populations. Grantees report that the application process for these benefits is complicated and time consuming. Without the grantee assistance funded by MIPPA, many beneficiaries are unable to fully complete the application process and therefore do not receive all the benefits which they may be eligible. In addition, grantees have indicated that many beneficiaries are unaware that there are programs to help them cover their Medicare costs. If the agencies did not receive this additional MIPPA funding, it is likely that fewer beneficiaries would enroll in MSP or LIS, or access Medicare Preventive Services.

MIPPA funds also support the National Center for Benefits Outreach and Enrollment (NCBOE), which coordinates efforts to inform older adults and beneficiaries with disabilities about the benefits available under Federal and state programs, with an emphasis on providing information on programs available to those with limited incomes and/or assets. The NCBOE provides tools, resources, and technology to help local, state, and regional organizations find, counsel, and assist seniors and younger adults with disabilities in applying for and enrolling in the benefits for which they may be eligible. It also works to generate and disseminate new knowledge about best practices and cost-effective strategies or benefits outreach and enrollment. In addition, the NCBOE supports a nationwide network of over 80 local Benefit Enrollment Centers which provide in-depth low-income benefits information and enrollment assistance to those in their communities.

### Budget Request:

Funding is provided through mandatory appropriations. ACL is requesting mandatory funding starting in FY 2025-FY 2029. Existing funding has been appropriated and is available through FY 2023. The FY 2023 sequestration results in the lower FY 2023 levels. ACL is seeking to reauthorize the Medicare Improvements for Patients and Providers Act (MIPPA) program and direct all MIPPA funding to ACL. In addition to ongoing.

The request is consistent with the Department’s proposal to reauthorize the Medicare Improvements for Patients and Providers Act (MIPPA) program and direct all MIPPA funding to ACL. The reauthorization would be expanded to a five-year reauthorization, with all funding being directed to ACL. The total request in FY 2025 is $50,000,000, an increase of $2,850,000 above the FY 2023 level after sequestration, which reduced funding in that year by $2,850,000.”

### Funding History:

In each of fiscal years 2019 through 2023, MIPPA was funded through mandatory appropriations included in the CARES Act COVID-19 Supplemental, P.L. 116-136, as follows:

| Fiscal Year | Amount |
| --- | --- |
| FY 2021 | $50,000,000 |
| FY 2022/1 | $48,571,000 |
| FY 2023/1 | $47,150,000 |
| FY 2025 President’s Budge/2 | $50,000,000 |

1/ Includes a sequestration of 5.7 percent in the second half of FY 2022 and the entirety of FY 2023.

2/ FY 2024 reauthorization of the Medicare Improvements for Patients and Providers Act (MIPPA) program and direct all MIPPA funding to ACL.

### Program Accomplishments:

In Grant Year 2022 (Sept. 1, 2022 – Aug. 31, 2023), MIPPA State Grantees educated over 1.2 million beneficiaries at nearly 19,000 group outreach events and conducted almost one million one-on-one contacts with Medicare beneficiaries, their families, or caregivers. Additionally, they helped nearly 68,000 beneficiaries with applications for MSP and LIS and educated over 122,000 beneficiaries about Medicare preventive services.

Based on the most recent reporting data (March 1, 2023- August 31, 2023) the NCBOE Benefit Enrollment Centers (BECs) assisted over 87,600 people and submitted just over 140,000 applications for LIS, MSP and other low-income benefits worth an estimated $312 million. The following example highlights the value of the BEC work for beneficiaries:

* An 80-year-old woman with severe immune sensitivity and a breathing condition rarely ventures beyond her home. She was referred to the Benefits Hotline at Georgia Legal Services Program after noticing a reduction in her nutrition benefit amounts through the Supplemental Nutrition Assistance Program (SNAP). She explained to the BEC staff that traveling to the local state Medicaid office to acknowledge her medical expenses would be a physical challenge, and she could not cover the costs to fax the 70-page document. The BEC staff member contacted the Medicaid agency's supervisor, and after five days, her case review was completed, and her SNAP issuance increased from $23 to $281.14. Not too long later, she contacted the hotline again after the Social Security COLA change led to yet another significant decrease in SNAP benefits. Just as before, she had incurred more medical expenses but had yet to submit them. She still could not afford a fax expense and was not comfortable with compromising her health by accepting a ride to the state Medicaid agency to submit the documents in person. The BEC staff successfully contacted the Medicaid agency again, and a Medicaid case worker agreed to make the 40-minute drive to her home to pick up the documents. The BEC recognized that the historical process of enrolling and maintaining benefits leaves individuals like this beneficiary few options other than to choose between maintaining their health or preserving their financial well-being. Assistance from MIPPA ensured this beneficiary had more options.

### Grant Awards Tables:

MIPPA – Aging Disability and Resource Centers

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 52 | 52 | 52 |
| Average Award | $86,063 | $86,434 | $86,434 |
| Range of Awards\* | $663 - $354,096 | $666 - $355,620 | $666 - $355,620 |

\*Represents states and the District of Columbia

MIPPA – Area Agencies on Aging

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 53 | 53 | 53 |
| Average Award | $13,621 | $17,514 | $17,514 |
| Range of Awards\* | $8,316 - $1,098,586 | $8,732 - $1,153,515 | $8,732 - $1,153,515 |

\*Represents states and the District of Columbia

MIPPA – National Center for Benefits Outreach and Enrollment

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 1 | 1 | 1 |
| Average Award | $13,432,521 | $13,432,521 | $13,432,521 |
| Range of Awards | N/A | N/A | N/A |

MIPPA – State Health Insurance Assistance Programs

| Category | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget |
| --- | --- | --- | --- |
| Number of Awards | 52 | 52 | 52 |
| Average Award | $269,558 | $260,099 | $260,099 |
| Range of Awards\* | $9,007 - $1,189,797 | $8,498 - $1,122,586 | $8,498 - $1,122,586 |

\*Represents states and the District of Columbia

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President’s Budget** | **FY 2025 +/-  FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 77,193 | 77,525 | 77,525 | 332 |
| Alaska | 7,799 | 7,833 | 7,833 | 34 |
| Arizona | 101,519 | 101,956 | 101,956 | 437 |
| Arkansas | 47,051 | 47,254 | 47,254 | 203 |
| California | 354,096 | 355,620 | 355,620 | 1,524 |
| Colorado | 70,041 | 70,342 | 70,342 | 301 |
| Connecticut | 51,005 | 51,224 | 51,224 | 219 |
| Delaware | 16,242 | 16,312 | 16,312 | 70 |
| District of Columbia | 6,753 | 6,782 | 6,782 | 29 |
| Florida | 349,472 | 350,976 | 350,976 | 1,504 |
| Georgia | 131,353 | 131,919 | 131,919 | 566 |
| Hawaii | 20,986 | 21,077 | 21,077 | 91 |
| Idaho | 26,348 | 26,461 | 26,461 | 113 |
| Illinois | 165,535 | 166,247 | 166,247 | 712 |
| Indiana | 94,030 | 94,435 | 94,435 | 405 |
| Iowa | 46,897 | 47,099 | 47,099 | 202 |
| Kansas | 40,265 | 40,438 | 40,438 | 173 |
| Kentucky | 68,557 | 68,852 | 68,852 | 295 |
| Louisiana | 64,582 | 64,860 | 64,860 | 278 |
| Maine | 25,854 | 25,966 | 25,966 | 112 |
| Maryland | 77,962 | 78,297 | 78,297 | 335 |
| Massachusetts | 99,665 | 100,094 | 100,094 | 429 |
| Michigan | 154,138 | 154,802 | 154,802 | 664 |
| Minnesota | 77,747 | 78,082 | 78,082 | 335 |
| Mississippi | 44,340 | 44,531 | 44,531 | 191 |
| Missouri | 91,393 | 91,786 | 91,786 | 393 |
| Montana | 17,755 | 17,832 | 17,832 | 77 |
| Nebraska | 26,149 | 26,261 | 26,261 | 112 |
| Nevada | 40,727 | 40,902 | 40,902 | 175 |
| New Hampshire | 23,111 | 23,210 | 23,210 | 99 |
| New Jersey | 120,140 | 120,658 | 120,658 | 518 |
| New Mexico | 31,806 | 31,943 | 31,943 | 137 |
| New York | 268,471 | 269,626 | 269,626 | 1,155 |
| North Carolina | 150,782 | 151,431 | 151,431 | 649 |
| North Dakota | 9,991 | 10,034 | 10,034 | 43 |
| Ohio | 173,780 | 174,529 | 174,529 | 749 |
| Oklahoma | 55,066 | 55,303 | 55,303 | 237 |
| Oregon | 65,253 | 65,534 | 65,534 | 281 |
| Pennsylvania | 202,825 | 203,698 | 203,698 | 873 |
| Rhode Island | 16,550 | 16,621 | 16,621 | 71 |
| South Carolina | 82,429 | 82,784 | 82,784 | 355 |
| South Dakota | 13,462 | 13,520 | 13,520 | 58 |
| Tennessee | 101,500 | 101,937 | 101,937 | 437 |
| Texas | 319,239 | 320,613 | 320,613 | 1,374 |
| Utah | 31,161 | 31,295 | 31,295 | 134 |
| Vermont | 11,278 | 11,327 | 11,327 | 49 |
| Virginia | 114,356 | 114,849 | 114,849 | 493 |
| Washington | 103,983 | 104,431 | 104,431 | 448 |
| West Virginia | 31,790 | 31,927 | 31,927 | 137 |
| Wisconsin | 89,174 | 89,558 | 89,558 | 384 |
| Wyoming | 8,570 | 8,607 | 8,607 | 37 |
| **Subtotal** | **4,420,171** | **4,439,200** | **4,439,200** | **19,029** |
| Guam | 663 | 666 | 666 | 3 |
| Puerto Rico | 54,443 | 54,677 | 54,677 | 234 |
| Virgin Islands | -- | -- | -- | -- |
| **Subtotal** | **55,106** | **55,343** | **55,343** | **237** |
| **Total States/Territories** | **4,475,277** | **4,494,543** | **4,494,543** | **19,266** |
| Undistributed 1/ | 239,723 | 505,457 | 505,457 | 265,734 |
| **TOTAL RESOURCES** | **4,715,000** | **5,000,000** | **5,000,000** | **285,000** |

1/ Undistributed- reflects the amount used from the MIPPA appropriation for staff and overhead, support, contracts, training, technical assistance, data systems, grant systems, and grants review costs.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President’s Budget** | **FY 2025 +/-  FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 289,786 | 304,275 | 304,275 | 14,489 |
| Alaska | 30,499 | 32,999 | 32,999 | 2,500 |
| Arizona | 232,580 | 244,209 | 244,209 | 11,629 |
| Arkansas | 224,469 | 202,022 | 202,022 | (22,447) |
| California | 1,098,586 | 1,153,515 | 1,153,515 | 54,929 |
| Colorado | 162,425 | 170,546 | 170,546 | 8,121 |
| Connecticut | 116,819 | 122,660 | 122,660 | 5,841 |
| Delaware | 28,211 | 29,622 | 29,622 | 1,411 |
| District of Columbia | 18,373 | 19,292 | 19,292 | 919 |
| Florida | 708,489 | 743,913 | 743,913 | 35,424 |
| Georgia | 383,817 | 403,008 | 403,008 | 19,191 |
| Hawaii | 70,600 | 76,560 | 76,560 | 5,960 |
| Idaho | 94,516 | 99,242 | 99,242 | 4,726 |
| Illinois | 465,698 | 488,982 | 488,982 | 23,284 |
| Indiana | 354,046 | 371,748 | 371,748 | 17,702 |
| Iowa | 201,651 | 211,734 | 211,734 | 10,083 |
| Kansas | 144,541 | 151,768 | 151,768 | 7,227 |
| Kentucky | 293,616 | 297,750 | 297,750 | 4,134 |
| Louisiana | 228,761 | 240,199 | 240,199 | 11,438 |
| Maine | 117,544 | 130,608 | 130,608 | 13,064 |
| Maryland | 131,560 | 138,138 | 138,138 | 6,578 |
| Massachusetts | 184,450 | 193,673 | 193,673 | 9,223 |
| Michigan | 412,905 | 433,550 | 433,550 | 20,645 |
| Minnesota | 236,071 | 247,875 | 247,875 | 11,804 |
| Mississippi | 254,579 | 267,308 | 267,308 | 12,729 |
| Missouri | 293,079 | 307,733 | 307,733 | 14,654 |
| Montana | 99,300 | 104,265 | 104,265 | 4,965 |
| Nebraska | 104,367 | 109,585 | 109,585 | 5,218 |
| Nevada | 107,001 | 112,351 | 112,351 | 5,350 |
| New Hampshire | 90,249 | 94,761 | 94,761 | 4,512 |
| New Jersey | 193,093 | 199,146 | 199,146 | 6,053 |
| New Mexico | 132,540 | 139,167 | 139,167 | 6,627 |
| New York | 794,665 | 834,398 | 834,398 | 39,733 |
| North Carolina | 471,277 | 518,422 | 518,422 | 47,145 |
| North Dakota | 46,711 | 49,047 | 49,047 | 2,336 |
| Ohio | 479,309 | 503,274 | 503,274 | 23,965 |
| Oklahoma | 211,225 | 221,786 | 221,786 | 10,561 |
| Oregon | 186,417 | 195,738 | 195,738 | 9,321 |
| Pennsylvania | 482,274 | 531,563 | 531,563 | 49,289 |
| Rhode Island | 29,895 | 30,927 | 30,927 | 1,032 |
| South Carolina | 222,204 | 238,483 | 238,483 | 16,279 |
| South Dakota | 63,967 | 67,165 | 67,165 | 3,198 |
| Tennessee | 330,140 | 356,883 | 356,883 | 26,743 |
| Texas | 843,560 | 885,738 | 885,738 | 42,178 |
| Utah | 69,910 | 73,406 | 73,406 | 3,496 |
| Vermont | 66,655 | 69,988 | 69,988 | 3,333 |
| Virginia | 289,282 | 303,746 | 303,746 | 14,464 |
| Washington | 227,080 | 238,434 | 238,434 | 11,354 |
| West Virginia | 126,435 | 113,792 | 113,792 | (12,643) |
| Wisconsin | 308,930 | 324,377 | 324,377 | 15,447 |
| Wyoming | 48,038 | 50,440 | 50,440 | 2,402 |
| **Subtotal** | 12,802,195 | 13,449,811 | 13,449,811 | 647,616 |
| Guam | -- | -- | -- | -- |
| Puerto Rico | 12,575 | 13,204 | 13,204 | 629 |
| Virgin Islands | 8,316 | 8,732 | 8,732 | 416 |
| Tribal Awards | 600,000 | 600,000 | 600,000 | -- |
| **Subtotal** | 620,891 | 621,936 | 621,936 | 1,045 |
| **Total States/Territories** | 13,423,086 | 14,071,747 | 14,071,747 | 648,661 |
| Undistributed 1/ | 721,914 | 928,253 | 928,253 | 206,339 |
| **TOTAL RESOURCES** | 14,145,000 | 15,000,000 | 15,000,000 | 855,000 |

1/ Undistributed- reflects the amount used from the MIPPA appropriation for staff and overhead, support, contracts, training, technical assistance, data systems, grant systems, and grants review costs.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION FOR COMMUNITY LIVING**

**ADMINISTRATION ON AGING**

**FY 2025 DISCRETIONARY STATE FORMULA GRANTS**

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

| **STATE/TERRITORY** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President’s Budget** | **FY 2025 +/-  FY 2023** |
| --- | --- | --- | --- | --- |
| Alabama | 331,690 | 348,275 | 348,275 | 16,585 |
| Alaska | 31,016 | 30,180 | 30,180 | (836) |
| Arizona | 237,218 | 249,079 | 249,079 | 11,861 |
| Arkansas | 256,926 | 231,233 | 231,233 | (25,693) |
| California | 1,189,797 | 1,122,586 | 1,122,586 | (67,211) |
| Colorado | 175,911 | 165,973 | 165,973 | (9,938) |
| Connecticut | 119,148 | 125,105 | 125,105 | 5,957 |
| Delaware | 29,607 | 31,087 | 31,087 | 1,480 |
| District of Columbia | 18,739 | 19,676 | 19,676 | 937 |
| Florida | 770,947 | 727,396 | 727,396 | (43,551) |
| Georgia | 404,402 | 396,933 | 396,933 | (7,469) |
| Hawaii | 71,798 | 70,018 | 70,018 | (1,780) |
| Idaho | 102,363 | 96,581 | 96,581 | (5,782) |
| Illinois | 512,144 | 537,751 | 537,751 | 25,607 |
| Indiana | 364,425 | 361,780 | 361,780 | (2,645) |
| Iowa | 218,393 | 206,056 | 206,056 | (12,337) |
| Kansas | 156,541 | 147,698 | 147,698 | (8,843) |
| Kentucky | 336,072 | 302,465 | 302,465 | (33,607) |
| Louisiana | 261,840 | 274,932 | 274,932 | 13,092 |
| Maine | 120,086 | 126,090 | 126,090 | 6,004 |
| Maryland | 144,659 | 136,487 | 136,487 | (8,172) |
| Massachusetts | 200,469 | 195,296 | 195,296 | (5,173) |
| Michigan | 467,759 | 441,336 | 441,336 | (26,423) |
| Minnesota | 264,952 | 249,985 | 249,985 | (14,967) |
| Mississippi | 291,389 | 297,082 | 297,082 | 5,693 |
| Missouri | 320,858 | 312,039 | 312,039 | (8,819) |
| Montana | 107,274 | 101,469 | 101,469 | (5,805) |
| Nebraska | 112,744 | 106,647 | 106,647 | (6,097) |
| Nevada | 114,053 | 109,338 | 109,338 | (4,715) |
| New Hampshire | 95,053 | 92,220 | 92,220 | (2,833) |
| New Jersey | 211,102 | 189,992 | 189,992 | (21,110) |
| New Mexico | 138,502 | 145,427 | 145,427 | 6,925 |
| New York | 909,569 | 899,838 | 899,838 | (9,731) |
| North Carolina | 539,422 | 485,480 | 485,480 | (53,942) |
| North Dakota | 49,337 | 47,731 | 47,731 | (1,606) |
| Ohio | 528,051 | 506,586 | 506,586 | (21,465) |
| Oklahoma | 240,885 | 227,278 | 227,278 | (13,607) |
| Oregon | 190,134 | 199,641 | 199,641 | 9,507 |
| Pennsylvania | 532,517 | 479,265 | 479,265 | (53,252) |
| Rhode Island | 32,237 | 29,013 | 29,013 | (3,224) |
| South Carolina | 254,333 | 228,900 | 228,900 | (25,433) |
| South Dakota | 65,242 | 66,271 | 66,271 | 1,029 |
| Tennessee | 376,779 | 339,101 | 339,101 | (37,678) |
| Texas | 889,339 | 871,310 | 871,310 | (18,029) |
| Utah | 75,714 | 71,437 | 71,437 | (4,277) |
| Vermont | 71,213 | 74,774 | 74,774 | 3,561 |
| Virginia | 306,621 | 296,868 | 296,868 | (9,753) |
| Washington | 243,758 | 232,040 | 232,040 | (11,718) |
| West Virginia | 144,716 | 130,244 | 130,244 | (14,472) |
| Wisconsin | 315,089 | 320,747 | 320,747 | 5,658 |
| Wyoming | 51,572 | 49,088 | 49,088 | (2,484) |
| **Subtotal** | **13,994,405** | **13,503,824** | **13,503,824** | **(490,581)** |
| Guam | -- | -- | -- | -- |
| Puerto Rico | 13,619 | 12,850 | 12,850 | (769) |
| Virgin Islands | 9,007 | 8,498 | 8,498 | (509) |
| **Subtotal** | **22,626** | **21,348** | **21,348** | **(1,278)** |
| **Total States/Territories** | **14,017,031** | **13,525,172** | **13,525,172** | **(491,859)** |
| Undistributed 1/ | 127,969 | 1,474,828 | 1,474,828 | 1,346,859 |
| **TOTAL RESOURCES** | **14,145,000** | **15,000,000** | **15,000,000** | **855,000** |

1/ Undistributed- reflects the amount used from the MIPPA appropriation for staff and overhead, support, contracts, training, technical assistance, dta systems, grant systems, and grants review costs

# Program Administration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2024 |
| Program Administration | $47.063 | $47.063 | $55.063 | +$8.000 |
| FTE funded by Program Administration | 161 | 167 | 178 | +17 |
| Additional FTE funded by programs | 37 | 38 | 47 | +10 |
| Total FTE  (all sources) | 198 | 205 | 225 | +27 |

1BA is in millions of dollars; FTE is a whole number. Remaining ACL FTE are charged to reimbursable, mandatory and program funding sources. (FTE numbers do not necessarily match the number of staff on board at the end of the year; actual staff numbers may be higher or lower due to the pace of hiring and attrition.)

Authorizing Legislation: Older Americans Act of 1965; the Developmental Disabilities Assistance and Bill of Rights Act; the Help America Vote Act; the Assistive Technology Act of 2004; the Rehabilitation Act of 1973; the Public Health Services Act; the Elder Justice Act; the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act; and the Supporting Grandparents Raising Grandchildren Act.

Most Recent Authorizing Legislation: Supporting Older Americans Act of 2020, Public Law 116-131; the RAISE Family Caregivers Act, Public Law 115-119; the Supporting Grandparents Raising Grandchildren Act, Public Law 115-196; the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402; the Help America Vote Act of 2002, Public Law 107-252; the Assistive Technology Act of 2004, Public Law 108-364; the Workforce Innovation and Opportunity Act, Public Law 113-128; the Public Health Service Act, Public Law 78-410; and the Elder Justice Act (Title XX-B of the Social Security Act), Public Law 111-148.

Current FY Authorization N/A

Authorization Expiration Date N/A

Allocation Method Direct Federal/Contract

### Program Description:

Program Administration funding supports the direction and oversight of a broad range of programs to make community living possible for millions of disabled people and older adults. These funds cover a range of expenditures, the largest of which are salaries and benefits, rent and physical security, IT security and infrastructure, and shared services provided through the HHS working capital fund. Most of these costs are fixed and unavoidable in the short term.

In FY 2023, Program Administration funding supported 161 of ACL’s 198 FTE. Funding for FTEs also is provided by the following reimbursable and mandatory funding sources: the Health Care Fraud and Abuse Control account, Medicare Improvements for Patients and Providers Act funding, and money received from the Centers for Medicare & Medicaid Services for activities performed on behalf of dual Medicare/Medicaid beneficiaries. ACL also supports a small number of FTE with program funding.

### Budget Request:

The FY 2025 request for Program Administration is $55,063,000, an increase of $8,000,000 above the FY 2023 final level to offset increases in fixed costs, strengthen ACL’s ability to meet its program oversight responsibilities, and establish a tribal consultation program.

The majority of this increase ($5.5 million) covers unavoidable fixed cost increases, including the FY 2024 and FY 2025 pay raises, increased rent, HHS joint funding arrangements, and shared services. Without this increase, ACL will need to cut an estimated 15 FTE to cover these costs, which would significantly degrade program and fiscal oversight.

The request also includes a modest increase (+$2.0 million) to support 10 additional FTE to improve program support and fiscal oversight, consistent with ACL’s ongoing priority of establishing adequate, stable infrastructure to meet its statutory obligations.

Following its creation in 2012, ACL’s responsibilities increased significantly, especially in its first three years. A number of programs were transferred to ACL from other HHS divisions and from other departments. In most cases, however, these new programs did not come with sufficient corresponding staff or budget increases to cover the full costs of their administration. Consequently, infrastructure gaps – and operational risk – began to develop as each new program was added and has continued since then.

At the same time, ACL has experienced sharp increases in fixed costs. Without sufficient increases in program admin, ACL has had no option but to shift funding from FTE. As a result, ACL often has been unable to fill many vacancies created by attrition, and staff numbers steadily decreased over time, compounding the challenges created by increased responsibilities.

In recent years, ACL’s responsibilities have again grown significantly, creating additional urgency for addressing the problem. In recent years, ACL also taken on additional roles across HHS and the federal government, including:

* Assuming leadership roles on initiatives and interagency approaches to issues that affect people with disabilities and older adults, such as long COVID, expanding access to HCBS, and addressing social determinants of health.
* Establishing and leading a partnership with the Department of Housing and Urban Development to improve access to affordable, accessible housing and supportive services, which continues to grow in scope.
* Launching the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities to focus on the coordination of aging issues across federal agencies.
* Partnering with the Department of Labor, the Centers for Medicare & Medicaid Services, HHS’ Office of the Assistant Secretary for Planning and Evaluation, and other HHS agencies to strengthen the direct care workforce and support family caregivers.
* Partnering with the Assistant Secretary for Preparedness and Response, the Administration for Children & Families, and the Federal Emergency Management Agency (FEMA), among other departments and HHS agencies, on disaster planning and response efforts.

In FY 2023, ACL received a $5 million increase in Program Administration funding. About half of those funds were available to hire new staff; the remainder was needed to cover fixed costs and to fund critical technology investments. By the end FY 2023, ACL had returned to its FY 2018 staffing level of 198 FTE (161 funded by Program Administration). This allowed ACL to begin to address its most crucial staffing gaps, but additional staff are needed to meet basic oversight and monitoring requirements.

In FY 2024, the President’s Budget included an increase of $9.6 million for 44 additional FTE, which would have allowed ACL to make significant progress toward meeting these needs. In FY 2025, ACL proposes a more modest increase of $2 million, in recognition of the debt ceiling agreement, to fund ten additional FTE in ACL’s areas of greatest operational risk, including grant processing and both program and fiscal monitoring and oversight. In addition, ACL proposes to fund an additional five FTE with program funding.

Finally, the request includes $500,000 to fund an ACL-specific tribal consultation program, which includes funding for one FTE to support the program. This would complement ACL’s participation in HHS-wide tribal consultations and result in more frequent – and more direct – engagement with tribal leaders on issues specific to tribal elders and people with disabilities in tribal communities.

### Funding History:

 Funding for ACL Program Administration over the last five years is as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fiscal Year** | **Program Administration Funding** | **FTE**  **Funded w/**  **Program Admin** | **Total ACL**  **FTE** | |
| FY 2021 | $41,063,000 | 160 | 184 |
| FY 2022 | $42,063,000 | 157 | 184 |
| FY 2023 | $47,063,000 | 161 | 198 |
| FY 2024 CR | $47,063,000 | 167 | 205 |
| FY 2025 President’s Budget | $55,063,000 | 178 | 225 |

# White House Conference on Aging

| Services | FY 2023 Final | FY 2024 CR | FY 2025 President’s Budget | FY 2025 +/- FY 2024 |
| --- | --- | --- | --- | --- |
| White House Conference on Aging | -- | -- | $2.500 | +$2.500 |

1BA is in millions of dollars.

Authorizing Legislation: Older Americans Act of 1965, Amendments of 1987 (Pub. L. 100-175); Section 201 as proposed (see attached A-19).

FY 2025 Authorization N/A

Authorization Expiration Date N/A

Allocation Method Direct Federal/Contract

### Program Description:

The White House Conference on Aging (WHCoA) provides a dedicated forum for the President, Congress, state governors, federal agencies, the aging services networks, federally recognized Tribes, and advocates to meet once a decade to plan future aging policy for the nation. The conference was first held in 1961 and in every decade since (1971, 1981, 1995, 2005, and 2015). Over that time, it has been instrumental in promoting the dignity, health, and economic security of older Americans by making recommendations for the President and Congress on critical issues, including policy and research needs in the field of aging. All major aging-related reforms to the Older Americans Act have been the result of recommendations offered during prior conferences. The discussions and decisions that arise because of the next WHCoA will shape how ACL funds and delivers home and community services in the coming decade and beyond.

### Budget Request:

#### The FY 2025 request for the White House Conference on Aging (WHCoA) is $2,500,000, an increase of $2,500,000 over the FY 2024 continuing resolution level. The request reflects the minimum amount needed to execute a hybrid, one-day event with virtual stakeholder engagement to inform its content, structure, and policy goals. As a point of reference, this funding level would support a more limited conference than past conferences, which have included site visits, in-person listening sessions, funding for travel to a large in-person conference, and post-conference activities, including a final report. For example, even with in-kind contributions of staff and other forms of support, the total federal cost for the 2005 conference was $7.4 million. With this request, ACL is highlighting the minimum HHS resources needed for the 2025 WHCoA; if the White House or Congress desires a more extensive event, the level of this request would not be sufficient.

The purpose of the conference is to plan future aging policy. The last WHCoA was held on July 13, 2015, at a time when the first Baby Boomers were entering retirement. Given the demographic changes seen among older adults in the last decade, not to mention the devastating effects of the pandemic on older adults and people with disabilities, it is imperative that HHS begin preparing for this important event. Major topics for the upcoming conference will likely include planning for the demographics of a significantly growing older adult population; scaling strategies related to their health and longevity; addressing the direct care workforce crisis and supporting family caregivers; and meeting the growing demand for long-term services and supports.

### Funding History:

Funding for ACL the White House Conference on Aging over the last five years is as follows:

| Fiscal Year | WHCoA |
| --- | --- |
| FY 2021 | -- |
| FY 2022 | -- |
| FY 2023 | -- |
| FY 2024 CR | -- |
| FY 2025 President’s Budget | $2,500,000 |

# Nonrecurring Expenses Fund

Administration for Community Living

(Dollars in Thousands)

| Category | FY 2023/2 | FY 2024/3 | FY 2025/4 |
| --- | --- | --- | --- |
| Notification/1 | $5,860 | -- | -- |

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

2 Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.

3 Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.

4 HHS has not yet notified for FY 2025.

Authorizing Legislation:

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

Allocation Method…………………………………………Direct Federal, Competitive Contract

### Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

### Budget Allocation FY 2023

ACL received $5.86 million in NEF funding under notification 10 and is in the process of spending it as described below:

* Digital Platform Initiative for Communications, Training, and Technical Assistance
* Information and Referral Platforms and Services

#### The Digital Platform Initiative:

This project directly supports several Secretarial and Presidential priorities – including caregiving and expanding access to home and community-based services.

The project addresses efforts to enhance administrative and management efficiencies, analyses, dissemination of data and information, and services. This improves ACL’s program management and oversight capabilities and improves services to all those directly served by ACL grants. The NEF funding supports a set of projects intended to establish a framework of technology and business practices to improve and ensure consistent communication internally and externally across ACL's portfolio of programs; and ensures that websites and systems developed by ACL and on ACL's behalf are accessible, secure, and provide information on their effectiveness and outcomes.

#### Information and Referral Platforms and Services:

Information and Referral Platforms and Service project creates the services to enable and sustain the collection and dissemination of information about services available for older adults, people with disabilities, and caregivers.

The projects in this initiative will create practices and platforms to collect, manage, and disseminate information about aging and disability services. The technology solutions include developing and publishing REST APIs to collect information on services available to older adults, people with disabilities, and caregivers from grantees, subgrantees, and service providers contracted with funds from ACL grants. The information on services available to older adults,

people with disabilities, and caregivers will be validated by a distributed network of knowledgeable experts and AI tools, including machine learning and remote process automation. The aggregated directory of aging and disability services will be made available to local providers of information and referral services, as well as supporting ACL’s existing Eldercare Locator and Disability Information and Access Line information and referral services.

Work related to the Social Care Referral Challenge, the Disability Information and Access Line, and ongoing enhancements to Eldercare Locator this last year will allow for planning of projects with greater scope and impact across ACL in FY 2023 and FY 2024.

#### Budget Allocation FY 2022 and prior

Since FY 2013, the NEF provided approximately $35 million to ACL to modernize and secure ACL’s technology portfolio which supports ACL’s aging and disability programs. NEF investments include the ACL Cloud, which enables rapid development and deployment of technology solutions. ACL used NEF funding to develop the Older Americans Act Performance System to support updated performance reporting for ACL’s aging programs and simplify and reduce grantee burden for submitting annual performance reports. Using NEF funding, ACL continued the work to replace its Aging, Independent Living, and Disability data portal, to meet the requirements of the Evidence Act. Finally, the ACL Cloud has allowed the Office of Elder Justice to demonstrate the use Artificial Intelligence and Machine Learning with the Predicting Risk of Adult Maltreatment projects, through which ACL analyzes publicly available data sets to identify both community and individual risk factors for abuse, neglect, and exploitation of older adults and people with disabilities.

# Supplementary Tables

## Object Classification Table - Direct

Administration for Community Living

(Dollars in Thousands)

| **Object Class** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Personnel compensation | -- | -- | -- | -- |
| Full-time permanent (11.1) | 23,095 | 25,262 | 28,372 | 5,276 |
| Other than full-time permanent (11.3) | 691 | 756 | 849 | 158 |
| Other personnel compensation (11.5) | 672 | 735 | 826 | 154 |
| Military personnel (11.7) | -- | -- | -- | -- |
| Special personnel services payments (11.8) | -- | -- | -- | -- |
| **Subtotal personnel compensation** | **24,459** | **26,754** | **30,046** | **5,588** |
| Civilian benefits (12.1) | 8,716 | 9,533 | 10,707 | 1,991 |
| Military benefits (12.2) | -- | -- | -- | -- |
| Benefits to former personnel (13.0) | -- | -- | -- | -- |
| **Total Pay Costs** | **33,174** | **36,287** | **40,753** | **7,579** |
| Travel and transportation of persons (21.0) | 457 | 466 | 475 | 18 |
| Transportation of things (22.0) | 1 | 1 | 1 | 0 |
| Rental payments to GSA (23.1) | 2,193 | 2,236 | 2,281 | 89 |
| Rental payments to Others (23.2) | -- | -- | -- | -- |
| Communication, utilities, and misc. charges (23.3) | 1 | 1 | 1 | 0 |
| Printing and reproduction (24.0) | 25 | 25 | 26 | 1 |
| Other Contractual Services | -- | -- | -- | -- |
| Advisory and assistance services (25.1) | 45,822 | 46,739 | 47,674 | 1,851 |
| Other services (25.2) | 8,095 | 8,257 | 8,422 | 327 |
| Purchase of goods and services from government accounts (25.3) | 13,418 | 13,686 | 13,960 | 542 |
| Operation and maintenance of facilities (25.4) | 305 | 311 | 317 | 12 |
| Research and Development Contracts (25.5) | -- | -- | -- | -- |
| Medical care (25.6) | -- | -- | -- | -- |
| Operation and maintenance of equipment (25.7) | -- | -- | -- | -- |
| Subsistence and support of persons (25.8) | -- | -- | -- | -- |
| **Subtotal Other Contractual Services** | **67,640** | **68,992** | **70,372** | **2,733** |
| Supplies and materials (26.0) | 207 | 211 | 216 | 8 |
| Equipment (31.0) | 17 | 17 | 17 | 1 |
| Land and Structures (32.0) | -- | -- | -- | -- |
| Investments and Loans (33.0) | -- | -- | -- | -- |
| Grants, subsidies, and contributions (41.0) | 2,384,831 | 2,374,308 | 2,436,958 | 52,127 |
| Interest and dividends (43.0) | -- | -- | -- | -- |
| Refunds (44.0) | -- | -- | -- | -- |
| **Total Non-Pay Costs** | **2,455,371** | **2,446,258** | **2,510,348** | **54,977** |
| **Total Budget Authority by Object Class** | **2,488,545** | **2,482,545** | **2,551,101** | **62,556** |

## Object Classification Table - Reimbursable

Administration for Community Living

(Dollars in Thousands)

| **Object Class** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| Personnel compensation | -- | -- | -- | -- |
| Full-time permanent (11.1) | 2,507 | 2,640 | 2,693 | 186 |
| Other than full-time permanent (11.3) | 100 | 106 | 108 | 7 |
| Other personnel compensation (11.5) | 65 | 69 | 70 | 5 |
| Military personnel (11.7) | -- | -- | -- | -- |
| Special personnel services payments (11.8) | -- | -- | -- | -- |
| **Subtotal personnel compensation** | **2,673** | **2,815** | **2,871** | **198** |
| Civilian benefits (12.1) | 927 | 1,014 | 1,034 | 107 |
| Military benefits (12.2) | -- | -- | -- | -- |
| Benefits to former personnel (13.0) | -- | -- | -- | -- |
| **Total Pay Costs** | **3,600** | **3,828** | **3,905** | **305** |
| Travel and transportation of persons (21.0) | 54 | 55 | 57 | 2 |
| Transportation of things (22.0) | -- | -- | -- | -- |
| Rental payments to GSA (23.1) | 1,209 | 1,233 | 1,258 | 49 |
| Rental payments to Others (23.2) | -- | -- | -- | -- |
| Communication, utilities, and misc. charges (23.3) | -- | -- | -- | -- |
| Printing and reproduction (24.0) | -- | -- | -- | -- |
| Other Contractual Services: | -- | -- | -- | -- |
| Advisory and assistance services (25.1) | 3,423 | 3,491 | 3,561 | 138 |
| Other services (25.2) | 57 | 58 | 60 | 2 |
| Purchase of goods and services from government accounts (25.3) | 635 | 648 | 661 | 26 |
| Operation and maintenance of facilities (25.4) | 331 | 337 | 344 | 13 |
| Research and Development Contracts (25.5) | -- | -- | -- | -- |
| Medical care (25.6) | -- | -- | -- | -- |
| Operation and maintenance of equipment (25.7) | -- | -- | -- | -- |
| Subsistence and support of persons (25.8) | -- | -- | -- | -- |
| **Subtotal Other Contractual Services** | **4,446** | **4,535** | **4,625** | **180** |
| Supplies and materials (26.0) | -- | -- | -- | -- |
| Equipment (31.0) | -- | -- | -- | -- |
| Land and Structures (32.0) | -- | -- | -- | -- |
| Investments and Loans (33.0) | -- | -- | -- | -- |
| Grants, subsidies, and contributions (41.0) | 157,083 | 158,290 | 158,097 | 1,014 |
| Interest and dividends (43.0) | -- | -- | -- | -- |
| Refunds (44.0) | -- | -- | -- | -- |
| **Total Non-Pay Costs** | **162,792** | **164,114** | **164,037** | **1,245** |
| **Total Budget Authority by Object Class** | **166,392** | **167,942** | **167,942** | **1,550** |

## Salaries and Expenses – Direct

Administration for Community Living

(Dollars in Thousands)

| **Category** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2023** |
| --- | --- | --- | --- | --- |
| **Personnel compensation** | -- | -- | -- | -- |
| Full-time permanent (11.1) | 23,095 | 25,262 | 28,372 | 5,276 |
| Other than full-time permanent (11.3) | 691 | 756 | 849 | 158 |
| Other personnel compensation (11.5) | 672 | 735 | 826 | 154 |
| Military personnel (11.7) | -- | -- | -- | -- |
| Special personnel services payments (11.8) | -- | -- | -- | -- |
| **Subtotal personnel compensation** | **24,459** | **26,754** | **30,046** | **5,588** |
| Civilian benefits (12.1) | 8,716 | 9,533 | 10,707 | 1,991 |
| Military benefits (12.2) | -- | -- | -- | -- |
| Benefits to former personnel (13.0) | -- | -- | -- | -- |
| **Total Pay Costs** | **33,174** | **36,287** | **40,753** | **4,466** |
| Travel and transportation of persons (21.0) | 457 | 466 | 475 | 18 |
| Transportation of things (22.0) | 1 | 1 | 1 | 0 |
| Rental payments to GSA (23.1) | 2,193 | 2,236 | 2,281 | 89 |
| Rental payments to Others (23.2) | -- | -- | -- | -- |
| Communication, utilities, and misc. charges (23.3) | 1 | 1 | 1 | 0 |
| Printing and reproduction (24.0) | 25 | 25 | 26 | 1 |
| **Other Contractual Services:** | -- | -- | -- | -- |
| Advisory and assistance services (25.1) | 45,822 | 46,739 | 47,674 | 1,851 |
| Other services (25.2) | 8,095 | 8,257 | 8,422 | 327 |
| Purchase of goods and services from government accounts (25.3) | 13,418 | 13,686 | 13,960 | 542 |
| Operation and maintenance of facilities (25.4) | 305 | 311 | 317 | 12 |
| Research and Development Contracts (25.5) | -- | -- | -- | -- |
| Medical care (25.6) | -- | -- | -- | -- |
| Operation and maintenance of equipment (25.7) | -- | -- | -- | -- |
| Subsistence and support of persons (25.8) | -- | -- | -- | -- |
| **Subtotal Other Contractual Services** | **67,640** | **68,992** | **70,372** | **2,733** |
| Supplies and materials (26.0) | 207 | 211 | 216 | 8 |
| **Total Non-Pay Costs** | **70,523** | **71,934** | **73,372** | **2,849** |
| **Total Salary and Expense** | **103,697** | **108,220** | **114,125** | **10,428** |
| **Direct FTE** | **181** | **188** | **208** | **27** |

## Detail of Full Time Equivalents (FTEs)

Administration for Community Living

| **Category** | **2023 Actual Civilian** | **2023 Actual Military** | **2023 Actual Total** | **2024 Est. Civilian** | **2024 Est. Military** | **2024 Est. Total** | **2025 Est. Civilian** | **2025 Est. Military** | **2025 Est. Total** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office of the Administrator | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Direct | 14.3 | -- | 14.3 | 15.5 | -- | 15.5 | 16.0 | -- | 16.0 |
| Reimbursable | 0.2 | -- | 0.2 | 0.2 | -- | 0.2 | 0.2 | -- | 0.2 |
| Total | 14.5 | 0.0 | 14.5 | 15.7 | 0.0 | 15.7 | 16.2 | 0.0 | 16.2 |
| Administration on Aging | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Direct | 32.5 | -- | 32.5 | 33.9 | -- | 33.9 | 44.8 | -- | 44.8 |
| Reimbursable | 0.9 | -- | 0.9 | 0.0 | -- | 0.0 | 0.0 | -- | 0.0 |
| Total | 33.4 | 0.0 | 33.4 | 33.9 | 0.0 | 33.9 | 44.8 | 0.0 | 44.8 |
| Administration on Disabilities | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Direct | 25.8 | -- | 25.8 | 27.3 | -- | 27.3 | 28.8 | -- | 28.8 |
| Reimbursable | 0.5 | -- | 0.5 | 0.5 | -- | 0.5 | 0.5 | -- | 0.5 |
| Total | 26.3 | 0.0 | 26.3 | 27.8 | 0.0 | 27.8 | 29.3 | 0.0 | 29.3 |
| Center for Policy and Evaluation | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Direct | 11.0 | -- | 11.0 | 12.0 | -- | 12.0 | 13.0 | -- | 13.0 |
| Reimbursable | 2.0 | -- | 2.0 | 2.0 | -- | 2.0 | 2.0 | -- | 2.0 |
| Total | 13.0 | 0.0 | 13.0 | 14.0 | 0.0 | 14.0 | 15.0 | 0.0 | 15.0 |
| Center for Management and Budget | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Direct | 47.1 | -- | 47.1 | 48.1 | -- | 48.1 | 51.1 | -- | 51.1 |
| Reimbursable | 0.0 | -- | 0.0 | 0.0 | -- | 0.0 | 0.0 | -- | 0.0 |
| Total | 47.1 | 0.0 | 47.1 | 48.1 | 0.0 | 48.1 | 51.1 | 0.0 | 51.1 |
| Center for Innovation and Partnerships | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Direct | 12.6 | -- | 12.6 | 12.6 | -- | 12.6 | 13.9 | -- | 13.9 |
| Reimbursable | 13.9 | -- | 13.9 | 14.8 | -- | 14.8 | 14.8 | -- | 14.8 |
| Total | 26.5 | 0.0 | 26.5 | 27.4 | 0.0 | 27.4 | 28.7 | 0.0 | 28.7 |
| Center for Regional Operations | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Direct | 11.0 | -- | 11.0 | 11.0 | -- | 11.0 | 11.0 | -- | 11.0 |
| Reimbursable | 0.0 | -- | 0.0 | 0.0 | -- | 0.0 | 0.0 | -- | 0.0 |
| Total | 11.0 | 0.0 | 11.0 | 11.0 | 0.0 | 11.0 | 11.0 | 0.0 | 11.0 |
| National Institute on Disability, Independent Living, and Rehabilitation Research | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Direct | 26.4 | -- | 26.4 | 27.4 | -- | 27.4 | 28.9 | -- | 28.9 |
| Reimbursable | 0.0 | -- | 0.0 | 0.0 | -- | 0.0 | 0.0 | -- | 0.0 |
| Total | 26.4 | 0.0 | 26.4 | 27.4 | 0 | 27.4 | 28.9 | 0.0 | 28.9 |
| **ACL FTE Total** | **198.2** | **0.0** | **198.2** | **205.3** | **0.0** | **205.3** | **225.0** | **0.0** | **225.0** |

| **Fiscal Year** | **Average GS Grade** |
| --- | --- |
| FY 2021 | 13/8 |
| FY 2022 | 13/6 |
| FY 2023 | 13/6 |
| FY 2024 | 13/7 |
| FY 2025 | 13/6 |

## Detail of Positions

Administration for Community Living

| **Category** | **FY 2023 Final** | **FY 2024 Enacted** | **FY 2025 President's Budget** |
| --- | --- | --- | --- |
| Executive level I | 0 | 0 | 0 |
| Executive level II | 0 | 0 | 0 |
| Executive level III | 0 | 0 | 0 |
| Executive level IV | 0 | 0 | 0 |
| Executive level V | 0 | 0 | 0 |
| Subtotal Executive Level Positions | 0 | 0 | 0 |
| Total - Exec. Level Salaries | 0 | 0 | 0 |
| Subtotal ES positions | 9 | 10 | 10 |
| Total - ES Salary | $1,747,772 | $2,043,587 | $2,084,459 |
| GS-15 | 30 | 30 | 32 |
| GS-14 | 61 | 63 | 65 |
| GS-13 | 54 | 56 | 69 |
| GS-12 | 23 | 21 | 31 |
| GS-11 | 9 | 11 | 9 |
| GS-10 | 1 | 0 | 0 |
| GS-9 | 6 | 8 | 5 |
| GS-8 | 0 | 0 | 0 |
| GS-7 | 5 | 6 | 4 |
| GS-6 | 0 | 0 | 0 |
| GS-5 | 0 | 0 | 0 |
| GS-4 | 0 | 0 | 0 |
| GS-3 | 0 | 0 | 0 |
| GS-2 | 0 | 0 | 0 |
| GS-1 | 0 | 0 | 0 |
| Subtotal | 189 | 195 | 215 |
| Total - GS Salary | $25,383,975 | $27,525,083 | $30,832,504 |
| Average ES salary | $194,197 | $204,359 | $208,446 |
| Average GS grade | 13/7 | 13/7 | 14/2 |
| Average GS salary | $134,307 | $141,154 | $143,407 |

## FTEs Funded by the Affordable Care Act P.L. 111-148

Administration for Community Living

**FY 2014-2015**

| **Program** | **Section** | **FY 2014 Total** | **FY 2014 FTEs** | **FY 2014 CEs** | **FY 2015 Total** | **FY 2015 FTEs** | **FY 2015 CEs** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pre-existing programs funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| National Clearinghouse for Long-Term Care Information | Title VIII | $-- | 0 | 0 | $-- | 0 | 0 |
| Medicare Improvements for Patients & Providers Act Programs | Section 3306 | $-- | 0 | 0 | $-- | 0 | 0 |
| New programs authorized and funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| Aging and Disability Resource Centers | Section 2405 | $9,280 | 3 | 0 | $-- | 0 | 0 |
| New programs funded from the PPHF under ACA (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Adult Protective Services (Prevention & Public Health Fund) | Section 4002 | $-- | 0 | 0 | $-- | 0 | 0 |
| Chronic Disease Self-Management Education (PPHF) | Section 4002 | $8,000 | 0 | 0 | $8,000 | 0 | 0 |
| Alzheimer's Disease Initiative--Supportive Services (PPHF) | Section 4002 | $10,500 | 0 | 0 | $10,500 | 0 | 0 |
| Alzheimer's Disease Initiative--Communications (PPHF) | Section 4002 | $4,200 | 0 | 0 | $4,200 | 0 | 0 |
| Alzheimer's Disease Program--(PPHF Allocation) | Section 4002 | -- | -- | -- | $-- | 0 | 0 |
| Falls Prevention--(PPHF) | Section 4002 | $5,000 | 0 | 0 | $5,000 | 0 | 0 |
| Programs authorized by ACA but funded by other sources (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Elder Justice Initiative/Adult Protective Services | Subtitle H, Sections 6701-6703 | $-- | 0 | 0 | $4,000 | 2 | 0 |

**FY 2016-2017**

| **Program** | **Section** | **FY 2016 Total** | **FY 2016 FTEs** | **FY 2016 CEs** | **FY 2017 Total** | **FY 2017 FTEs** | **FY 2017 CEs** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pre-existing programs funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| National Clearinghouse for Long-Term Care Information | Title VIII | $-- | 0 | 0 | $-- | 0 | 0 |
| Medicare Improvements for Patients & Providers Act Programs | Section 3306 | $-- | 0 | 0 | $-- | 0 | 0 |
| New programs authorized and funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| Aging and Disability Resource Centers | Section 2405 | $-- | 0 | 0 | $-- | 0 | 0 |
| New programs funded from the PPHF under ACA (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Adult Protective Services (Prevention & Public Health Fund) | Section 4002 | $-- | 0 | 0 | $-- | 0 | 0 |
| Chronic Disease Self-Management Education (PPHF) | Section 4002 | $8,000 | 0 | 0 | $8,000 | 0 | 0 |
| Alzheimer's Disease Initiative--Supportive Services (PPHF) | Section 4002 | $10,500 | 0 | 0 | $10,500 | 0 | 0 |
| Alzheimer's Disease Initiative--Communications (PPHF) | Section 4002 | $4,200 | 0 | 0 | $4,200 | 0 | 0 |
| Alzheimer's Disease Program--(PPHF Allocation) | Section 4002 | $-- | 0 | 0 | $-- | 0 | 0 |
| Falls Prevention--(PPHF) | Section 4002 | $5,000 | 0 | 0 | $5,000 | 0 | 0 |
| Programs authorized by ACA but funded by other sources (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Elder Justice Initiative/Adult Protective Services | Subtitle H, Sections 6701-6703 | $8,000 | 1 | 0 | $10,000 | 2.5 | 0 |

**FY 2018-2019**

| **Program** | **Section** | **FY 2018 Total** | **FY 2018 FTEs** | **FY 2018 CEs** | **FY 2019 Total** | **FY 2019 FTEs** | **FY 2019 CEs** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pre-existing programs funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| National Clearinghouse for Long-Term Care Information | Title VIII | $-- | 0 | 0 | $-- | 0 | 0 |
| Medicare Improvements for Patients & Providers Act Programs | Section 3306 | $-- | 0 | 0 | $-- | 0 | 0 |
| New programs authorized and funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| Aging and Disability Resource Centers | Section 2405 | $-- | 0 | 0 | $-- | 0 | 0 |
| New programs funded from the PPHF under ACA (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Adult Protective Services (Prevention & Public Health Fund) | Section 4002 | $-- | 0 | 0 | $-- | 0 | 0 |
| Chronic Disease Self-Management Education (PPHF) | Section 4002 | $8,000 | 0 | 0 | $8,000 | 0 | 0 |
| Alzheimer's Disease Initiative--Supportive Services (PPHF) | Section 4002 | $-- | 0 | 0 | $-- | 0 | 0 |
| Alzheimer's Disease Initiative--Communications (PPHF) | Section 4002 | $-- | 0 | 0 | $-- | 0 | 0 |
| Alzheimer's Disease Program--(PPHF Allocation) | Section 4002 | $14,700 | 0 | 0 | $14,700 | 0 | 0 |
| Falls Prevention--(PPHF) | Section 4002 | $5,000 | 0 | 0 | $5,000 | 0 | 0 |
| Programs authorized by ACA but funded by other sources (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Elder Justice Initiative/Adult Protective Services | Subtitle H, Sections 6701-6703 | $12,000 | 2.1 | 0 | $12,000 | 2.35 | 0 |

**FY 2020-2021**

| **Program** | **Section** | **FY 2020 Total** | **FY 2020 FTEs** | **FY 2020 CEs** | **FY 2021 Total** | **FY 2021 FTEs** | **FY 2021 CEs** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pre-existing programs funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| National Clearinghouse for Long-Term Care Information | Title VIII | $- | 0 | 0 | $- | 0 | 0 |
| Medicare Improvements for Patients & Providers Act Programs | Section 3306 | $- | 0 | 0 | $- | 0 | 0 |
| New programs authorized and funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| Aging and Disability Resource Centers | Section 2405 | $- | 0 | 0 | $- | 0 | 0 |
| New programs funded from the PPHF under ACA (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Adult Protective Services (Prevention & Public Health Fund) | Section 4002 | $- | 0 | 0 | $- | 0 | 0 |
| Chronic Disease Self-Management Education (PPHF) | Section 4002 | $8,000 | 0 | 0 | $8,000 | 0 | 0 |
| Alzheimer's Disease Initiative--Supportive Services (PPHF) | Section 4002 | $- | 0 | 0 | $- | 0 | 0 |
| Alzheimer's Disease Initiative--Communications (PPHF) | Section 4002 | $- | 0 | 0 | $- | 0 | 0 |
| Alzheimer's Disease Program--(PPHF Allocation) | Section 4002 | $14,700 | 0 | 0 | $14,700 | 0 | 0 |
| Falls Prevention--(PPHF) | Section 4002 | $5,000 | 0 | 0 | $5,000 | 0 | 0 |
| Programs authorized by ACA but funded by other sources (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Elder Justice Initiative/Adult Protective Services | Subtitle H, Sections 6701-6703 | $12,000 | 1.7 | 0 | $14,000 | 2.6 | 0 |
| Elder Justice Initiative/Adult Protective Services (Coronavirus Response & Relief Sup) | Subtitle H, Sections 6701-6703 | $-- | 0 | 0 | $100,000 | 0 | 0 |
| Elder Justice Initiative/Adult Protective Services (American Rescue Plan Act) | Subtitle H, Sections 6701-6703 | $-- | 0 | 0 | $88,000 | 0.1 | 0 |

**FY 2022-2023**

| **Program** | **Section** | **FY 2022 Total** | **FY 2022 FTEs** | **FY 2022 CEs** | **FY 2023 Total** | **FY 2023 FTEs** | **FY 2023 Ces** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pre-existing programs funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| National Clearinghouse for Long-Term Care Information | Title VIII | $- | 0 | 0 | $-- | 0 | 0 |
| Medicare Improvements for Patients & Providers Act Programs | Section 3306 | $- | 0 | 0 | $-- | 0 | 0 |
| New programs authorized and funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| Aging and Disability Resource Centers | Section 2405 | $- | 0 | 0 | $-- | 0 | 0 |
| New programs funded from the PPHF under ACA (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Adult Protective Services (Prevention & Public Health Fund) | Section 4002 | $- | 0 | 0 | $- | 0 | 0 |
| Chronic Disease Self-Management Education (PPHF) | Section 4002 | $8,000 | 0 | 0 | $8,000 | 0 | 0 |
| Alzheimer’s Disease Initiative—Supportive Services (PPHF) | Section 4002 | $- | 0 | 0 | $-- | 0 | 0 |
| Alzheimer’s Disease Initiative—Communications (PPHF) | Section 4002 | $- | 0 | 0 | $-- | 0 | 0 |
| Alzheimer’s Disease Program—(PPHF Allocation) | Section 4002 | $14,700 | 0 | 0 | $14,700 | 0 | 0 |
| Alzheimer’s Disease Program—(direct) | Section 4002 |  |  |  | $-- | 0 | 0 |
| Falls Prevention—(PPHF) | Section 4002 | $5,000 | 0 | 0 | $5,000 | 0 | 0 |
| Programs authorized by ACA but funded by other sources (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Elder Justice Initiative/Adult Protective Services | Subtitle H, Sections 6701-6703 | $15,000 | 2.7 | 0 | $30,000 | 0.0 | 0 |
| Elder Justice Initiative/Adult Protective Services (Coronavirus Response & Relief Sup) | Subtitle H, Sections 6701-6703 | $- | 0 | 0 | -- | -- | -- |
| Elder Justice Initiative/Adult Protective Services (American Rescue Plan Act) | Subtitle H, Sections 6701-6703 | $188,888 | 2.1 | 0 | $-- | 1.9 | 0 |

**FY 2024-2025**

| **Program** | **Section** | **FY 2024 Total** | **FY 2024 FTEs** | **FY 2024 CEs** | **FY 2025 Total** | **FY 2025 FTEs** | **FY 2025 CEs** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Pre-existing programs funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| National Clearinghouse for Long-Term Care Information | Title VIII | $-- | 0 | 0 | $-- | 0 | 0 |
| Medicare Improvements for Patients & Providers Act Programs | Section 3306 | $-- | 0 | 0 | $-- | 0 | 0 |
| New programs authorized and funded by ACA (Mandatory) | -- | -- | -- | -- | -- | -- | -- |
| Aging and Disability Resource Centers | Section 2405 | $-- | 0 | 0 | $-- | 0 | 0 |
| New programs funded from the PPHF under ACA (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Adult Protective Services (Prevention & Public Health Fund) | Section 4002 | $- | 0 | 0 | $- | 0 | 0 |
| Chronic Disease Self-Management Education (PPHF) | Section 4002 | $8,000 | 0 | 0 | $8,000 | 0 | 0 |
| Alzheimer's Disease Initiative--Supportive Services (PPHF) | Section 4002 | $-- | 0 | 0 | $-- | 0 | 0 |
| Alzheimer's Disease Initiative--Communications (PPHF) | Section 4002 | $-- | 0 | 0 | $-- | 0 | 0 |
| Alzheimer's Disease Program--(PPHF Allocation) | Section 4002 | $14,700 | 0 | 0 | $14,700 | 0 | 0 |
| Alzheimer's Disease Program--(direct) | Section 4002 | $-- | 1.5 | 0 | $-- | 2.5 | 0 |
| Falls Prevention--(PPHF) | Section 4002 | $5,000 | 0 | 0 | $5,000 | 0 | 0 |
| Programs authorized by ACA but funded by other sources (Discretionary) | -- | -- | -- | -- | -- | -- | -- |
| Elder Justice Initiative/Adult Protective Services | Subtitle H, Sections 6701-6703 | $30,000 | 0.0 | 0 | $30,000 | 0.0 | 0 |
| Elder Justice Initiative/Adult Protective Services (American Rescue Plan Act) | Subtitle H, Sections 6701-6703 | $-- | 1.9 | 0 | $-- | 1.9 | 0 |

## Summary of Proposed Changes in Performance Measures

Administration for Community Living

| **Unique Identifier** | **Change Type** | **Original Measure Wording** | **Proposed Change** | **Reason for Change** | **HHS**  **Performance**  **Plan (APP/R)**  **Measure?** |
| --- | --- | --- | --- | --- | --- |
| Outcome IL1 | New | N/A | New proposed measure:  Increase the percentage of people who are successfully relocated from nursing homes or institutions to community-based living by Centers for Independent Living (based on goals set/goals achieved). | N/A | No |
| Outcome R1b | Retire | By 2023, generate new knowledge about the opioid treatment experiences and outcomes of people with disabilities to identify solutions to barriers to treatment of opioid use disorders. | Discontinue | N/A | No |
| Outcome R2 | Retire | By 2023, assess the efficacy of an intervention to improve employment outcomes for individuals with serious mental illness. | Discontinue | N/A | No |
| Outcome R3 | Retire | By 2023, grantee will generate new knowledge about the impact of (1) an ABLE account and (2) the joint impact of an ABLE account and financial management training on community living and participation of people with intellectual and developmental (I/DD) and cognitive disabilities. | Discontinue | N/A | No |

## Resources for Cyber Activities

Administration for Community Living

(Dollars in millions)

| **Cyber Category** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 President's Budget** | **FY 2025 +/- FY 2024** |
| --- | --- | --- | --- | --- |
| Cyber Human Capital | -- | -- | -- | -- |
| Planning Roles and Responsibilities | -- | -- | -- | -- |
| Sector Risk Assessment, Management, and Operations | -- | -- | -- | -- |
| Sector Coordination | -- | -- | -- | -- |
| **Other NIST CSF Capabilities** |  |  |  |  |
| Detect | 0.200 | 0.118 | 0.118 | -- |
| Identify | 0.900 | 0.451 | 0.451 | -- |
| Protect | 1.900 | 1.218 | 1.218 | -- |
| Recover | 0.300 | 0.069 | 0.069 | -- |
| Respond | 0.200 | 0.100 | 0.100 | -- |
| **Total Cyber Request** | **3.500** | **1.956** | **1.956** | **--** |
| *Technology Ecosystems (non-add)* | -- | -- | -- | -- |
| *Zero Trust Implementation (non-add)* | 0.100 | 0.100 | 0.100 | -- |

## Customer Service Experience

Administration for Community Living

(Dollars in millions)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **FY 2023 Final** | **FY 2024 CR** | **FY 2025 PB** | **FY 2025 +/- FY 2024** | **Notes** |
| **Medicare Improvements for Patients and Providers Act Programs / National Center on Benefits and Enrollment** | 0.250 | 0.250 | 0.250 | -- | Funding will be used to support Benefit Enrollment Center (BEC) implementation of the Approaching Retirement Resource Guide, training of the BECs using the guide, edits/updates to the guide, and other technical assistance needed by the BECs for the project. |

## No Submission

Administration for Community Living

ACL does not have anything to submit for the following requests:

* Drug Control Programs
* Programs Proposed for Elimination
* Physicians Comparability Table
* Significant Items in Appropriations Committee Reports will be provided under separate cover

# Citations for the ACL Budget

Performance information and other data related to Older Americans Act Programs can be cited using the following:

* Annual State Performance Report for Older Americans Act Programs (SPR)
* National Survey of Older Americans Act Participants (NSOAAP)
* National Ombudsman Reporting System (NORS)
* Dementia Capability System Quality Assurance Tool
* National Assistive Technology Act Data System (NATADS)
* Annual Program Performance Reports for
  + University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD)
  + Protection and Advocacy Agencies (P&As)
  + State Councils on Developmental Disabilities (DDC)
  + Independent Living Programs (IL)
* Agency Administrative Data for National Institute on Disability, Independent Living, and Rehabilitation Research

Information cited in the budget regarding population estimates comes from the following sources:

* U.S. Census Bureau, Projected Population by Five-Year Age Group and Sex for the United States, Main Series: 2022-2100. Release Date: November 2023.
* U.S. Census Bureau, Annual Estimates of the Resident Population for Selected Age Groups by Sex, for the United States: April 1, 2020 to July 1, 2022. Released June 2023.
* Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [appropriate year].
* Centers for Medicare & Medicaid Services. ACL analysis of 2019 Medicare Current Beneficiary Survey Limited Data Set File.
* National Survey of Older Americans Act Participants. Washington, DC: U.S. Department of Health and Human Services, Administration for Community Living, 2022.
* Arias E, Kochanek KD, Xu JQ, Tejada-Vera B. Provisional life expectancy estimates for 2022. Vital Statistics Rapid Release; no 31. Hyattsville, MD: National Center for Health Statistics. November 2023

# Legislative Proposals

FISCAL YEAR 2025 HHS LEGISLATIVE PROPOSALS

Administration for Community Living

**Establish Authority for Disaster Human Services Capacity Building, Training, and Technical Assistance**

ACL is seeking to establish a disaster human services capacity building grant program and associated national training and technical assistance center to enhance disaster preparedness of the aging and disability network and improve inclusive disaster planning.

People with disabilities and older adults are disproportionately impacted by disasters and public health emergencies. Oftentimes state, local, tribal, and territorial emergency management planning does not include aging and disability networks or consider the unique needs of older adults and people with disabilities. Aging and disability networks have expertise on the needs of these populations to inform planning and can provide critical services before, during, and after disasters but have limited resources to do so. This change would address the disconnect by providing grants to state aging and disability networks for disaster preparedness efforts. Additionally, a disaster human services national training and technical assistance center would serve the aging and disability networks nationally, with targeted assistance to grantees of the Capacity Building grant program. The Center would also provide training and technical assistance to emergency management authorities and public health authorities and support partnerships between these authorities and aging and disability organizations.

**Establish Authority for Alzheimer’s Disease Program**

ACL is seeking to add a new Part (i.e., Part F) to Title III of the Older Americans Act (OAA) to authorize an Alzheimer’s Disease and Related Disorders (ADRD) formula grant program to states. Of the total amount appropriated, current efforts to provide an Alzheimer’s Call Center and the Alzheimer’s and Related Dementia Resource Center would be maintained. In addition, authority to reserve up to five percent would be granted for continued improvement, innovations, and testing of models effective in addressing the needs of the population and for federal stewardship, oversight, and the provision of training and technical assistance for states, community-based organizations, and tribal entities.

For over twenty years, the Alzheimer’s Disease Program Initiative (ADPI) at ACL has provided competitive, short-term, pilot program and demonstration grants to states and communities to develop dementia-capable home and community-based service systems to meet the needs of people living with ADRD and their formal and informal caregivers. The current ADPI appropriations line item for demonstration projects would be converted to a new Title III-F formula program for all states to expend on making systems Alzheimer’s and dementia capable. This change would result in national implementation of the proven and effective models created under ADPI and provide equitable, consistent annual funding to embed dementia-capable home and community-based service systems, developed through ADPI, in every state.

**Provide State Flexibility to Determine Funding Distribution to Part C**

ACL is seeking to provide states with flexibility to determine (with ACL review and approval) how funds are distributed between Part C centers for independent living (CILs) to enable states to address population shifts or significant changes within their states. Currently, section 722(e) of the Rehabilitation Act of 1973 (Rehab Act) (29 U.S.C. 796f-1(e)) requires existing CILs to be funded at the level of funding for the previous year with no provision to change allocations.[[64]](#footnote-65), [[65]](#footnote-66) Section 704 (29 U.S.C. 796c) establishes requirements for a State Plan for Independent Living (State Plan), and subsection (a)(3) of that section provides for the periodic review and revision “…to ensure the existence of appropriate planning, financial support and coordination, and other assistance to appropriately address, on a statewide and comprehensive basis, needs in the state…”

Adding new language to section 704 (29 U.S.C. 796c) and 722 (29 U.S.C 796f-1), would allow the Statewide Independent Living Council (SILC) and Part C CILs, through the State Plan, to propose changes to funding allocations for review and approval by ACL. Statewide networks of people with disabilities (CILs and SILCs) would have the means to create a more equitable distribution of funds and ensure the needs of people with disabilities are being met statewide. This would increase the efficient use of funds by providing states with the flexibility to target funding where it is needed most. For those states that opt not to make any changes to their funding distributions, ACL would fund CILs at the level of funding for the previous year with cost-of-living increases if funds allow per the current section 722(e) language.

**Establish Authority for Projects of National Significance under Title VII of the Rehabilitation Act of 1973**

ACL is seeking to add a new Part (i.e., Part D) to Title VII, Chapter 1 – Individuals with Significant Disabilities, under the Rehabilitation Act of 1973, to authorize grants, contracts, or cooperative agreements for projects of national significance that advance independent living and promote the philosophy of independent living. Current statute authorizes grants to designated state entities and centers for independent living through formulas. The statute does not provide for discretionary, competitive grants, contracts, or cooperative agreements.

Innovation, evaluation, and knowledge translation are essential to meeting the evolving independent living needs of people with disabilities to live where they choose, with the people they choose, and with the ability to participate fully in their communities. Authority for discretionary grants, contracts, and cooperative agreements would allow ACL to explore new and more effective ways to support the independent living goals of people with disabilities, across all types of disabilities, and advance the independent living philosophy.

**Removal of Requirement that Annual Grantee Compliance Reviews Must Occur Onsite**

ACL is seeking to amend Section 706(c)(1) of the Rehabilitation Act of 1973 ("Rehabilitation Act"), 29 U.S.C. 796d-1(c)(1), to remove the requirement that center for independent living annual grantee compliance reviews must be conducted “onsite,” allowing the Administrator to determine the most effective method for annual grantee compliance reviews. To ensure appropriate program oversight, ACL created a more efficient risk-assessment based process to monitor program compliance, outcomes, and fiscal operations that uses remote, onsite, or a combination of approaches.

As demonstrated by pilot remote reviews conducted in FY 2019 and reviews conducted during the pandemic, today’s technology enables ACL to thoroughly review most program components remotely; onsite reviews can be reserved for more complex situations or concerns that require physical inspection. This cost-effective approach to monitoring allows ACL to focus resources on services that directly support people with disabilities in their communities, while continuing to ensure that CILs are monitored and complying with the Rehabilitation Act.

**Inclusion of Program Evaluation and Performance Measurement Activities with Reserved Training and Technical Assistance Funds**

ACL is seeking to explicitly authorize program evaluation and performance measurement as an allowable activity of funds currently appropriated for training and technical assistance to centers for independent living and statewide independent living councils (section 711A(a) and section 721(b) of the Rehabilitation Act of 1973). This change would provide ACL with information needed to address compliance and oversight of the programs and better target training and technical assistance activities.

**Authorization of Tribal Adult Protective Services Grants**

ACL is seeking to amend section 2042 of the Elder Justice Act to strengthen, enhance, and support adult protective services programs by allowing tribes and tribal organizations to be eligible for funding authorized under the statute. Section 2042 of the Elder Justice Act (42 U.S.C. 1397m-1) authorizes grants to enhance the provision of adult protective services. However, the statute restricts the grants to states and does not allow for ACL to provide the grants to Indian tribes and tribal organizations.

There is a critical need in Indian Country for additional social supports outside of family for elders experiencing abuse, neglect, and exploitation. A number of studies have identified that tribal elder abuse continues to be observed at higher rates than non-tribal populations. Despite this prevalence, elder protection codes and adult protective services programs within Indian Country vary widely, and many tribes have neither.

**Enhance Resources for Evaluation under the Older Americans Act**

ACL is seeking to increase the allowance for evaluation from a 0.5 percent to 1 percent for enhanced evaluation and data collection. Section 206(h) of the Older Americans Act (OAA) permits the use of up to half of one percent of funds appropriated to OAA Title III to conduct evaluations of programs and to review their effectiveness. Due to the increasing demographics and complexity of needs of the aging population, the demand for information about the programs and their effectiveness is increasing. In addition, COVID-19 altered the way the aging network served older adults, in many cases instituting innovative programming that can be beneficial beyond the pandemic. As a result, additional resources are needed to review programs and provide data that supports administration and congressional actions for addressing these changing needs more quickly and comprehensively.

**Repair, Alteration, Renovation, Modernization, Acquisition and/or Construction of Facilities under the Older Americans Act**

ACL is seeking to allow Older Americans Act (OAA) funds to be used to cover the cost of acquisition, alteration, or renovation of facilities used to provide services under the OAA. Sections 306(a)(1), 312, and 321(b)(1)-(2) of the OAA limit funds for construction and modernization to multipurpose senior centers. The OAA also contains reference to “a program for making grants to States…for the acquisition, alteration, or renovation of existing facilities, including mobile units, and, where appropriate, construction or modernization of facilities to serve as multipurpose senior centers” (sec. 321(b)(1)). That program is implemented under the Title III Part B, supportive services grant, and is not operated as a stand-alone program under the OAA. This change would allow for construction and modernization of facilities beyond just multipurpose senior centers to fully implement the services provided under the OAA and would remove obsolete and confusing language that references a program that is not operated or granted as a stand-alone program under the OAA as currently authorized. Additionally, this change would allow states, territories, tribes, tribal aging organizations, area agencies on aging, and local service providers to take advantage of opportunities where acquisition of a facility is a lower cost and a more effective approach to providing services to older adults and family caregivers under the OAA.

**Medicare Improvements for Patients and Providers Act (MIPPA) Program- Reauthorization**

ACL is seeking to reauthorize the Medicare Improvements for Patients and Providers Act (MIPPA) program and direct all MIPPA funding to ACL. MIPPA provides additional funding to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) to conduct one-on-one counseling and enrollment assistance to Medicare beneficiaries with limited income and assets specifically targeting hard-to-reach beneficiaries; and to support the National Center for Benefits Outreach and Enrollment (NCBOE).

The MIPPA funding structure supports the AAAs, ADRCs, and the NCOBE, while the Centers for Medicaid & Medicare Services (CMS) receives the fourth funding stream to support the SHIPs. The base SHIP program was transferred to ACL from CMS in 2014 via the Balanced Budget Act of 2014, however, the MIPPA authorization language was not updated at the same time. Since the MIPPA-SHIP funding continues to be directed to CMS, ACL and CMS must execute an Inter-Agency Agreement annually to transfer the MIPPA-SHIP dollars to ACL for administration. Updating the MIPPA reauthorization language to direct the MIPPA-SHIP dollars to ACL instead of CMS would streamline the administration of the program and reduce delays in allocating the MIPPA funding.

# Text Description Administration for Community Living Organizational Chart

(shown on Page V)

The U.S. Administration for Community Living (ACL) is led by the Administrator, who also serves as the Assistant Secretary for Aging. The Administrator is directly supported by the Principal Deputy Administrator. The following report to the Office of the Administrator:

* Administration on Aging, which includes four offices:
  + Office of Supportive and Caregiver Services
  + Office of Nutrition and Health Promotion Programs
  + Office of Elder Justice and Adult Protective Services
  + Office of American Indian, Alaskan Native and Native Hawaiian Programs
* Administration on Disabilities, which includes three offices:
  + Office of Intellectual and Developmental Disability Programs
  + Office of Independent Living Programs
  + Office of Disability Services Innovations
* Center for Innovation and Partnership, which includes three offices:
  + Office of Interagency Innovation
  + Office of Network Advancement
  + Office of Healthcare Information and Counseling
* Center for Management and Budget, which includes four offices:
  + Office of Budget and Finance
  + Office of Grants Management
  + Office of Administration and Personnel
  + Office of Information Resources Management
* Center for Policy and Evaluation, which includes two offices:
  + Office of Policy Analysis and Development
  + Office of Performance and Evaluation
* Center for Regional Operations, which includes ten regional offices
* National Institute on Disability, Independent Living, and Rehabilitation Research, which includes two offices:
  + Office of Research Administration
  + Office of Research Sciences
* Office of External Affairs

The Deputy Assistant Secretary for Aging also serves as the Director of the Office of Long-Term Care Ombudsman Programs, consistent with Section 201 of the Older Americans Act.

The Administration on Disabilities is headed by a Commissioner who also serves as:

* Commissioner of the Administration on Developmental Disabilities, as described by the Developmental Disabilities Act
* Director of the Independent Living Administration, reporting directly to the ACL Administrator in carrying out those functions, consistent with Section 701A of the Rehabilitation Act.

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