DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2011

Administration on Aging

Justification of Estimates for Appropriations Committees

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FROM THE ADMINISTRATION ON AGING

I am pleased to present the Administration on Aging (AoA) FY 2011 Congressional Justification.

AoA and the national aging services network annually serve nearly 11 million seniors and their caregivers. AoA's services are especially critical for the nearly three million seniors who receive intensive in-home services, half a million of whom meet the disability criteria for nursing home admission. These services help to keep these individuals from joining the 1.7 million seniors who live in nursing homes.

From 2010 to 2015, the population age 60 and older will increase by 15 percent, from 57 million to 65.7 million. During this period, the number of seniors with severe disabilities who are at greatest risk of nursing home admission and Medicaid eligibility (through the "spend down" provisions) will increase by more than 13 percent. Further, demographic trends indicate at least 100,000 more seniors will be living in poverty in FY 2011.

As Assistant Secretary for Aging, my goal is to ensure we serve more seniors, particularly now when our grant partners at the State, Territory, Tribal, and local levels face very tough economic times. This budget request will help us to meet this goal even as we continue to develop and maintain a comprehensive, coordinated, cost-effective system of home and community-based services that help our seniors maintain their health and independence. Added funding will allow us to expand support for AoA's core services programs that focus on keeping seniors healthy and in their communities, address and support the needs of caregivers, and protect older Americans from financial fraud and all forms of abuse and neglect. Overall, the budget requests increases of $108.4 million over FY 2010.

Of this increase, $102.5 million will be directed to a caregiver initiative -- an initiative stemming from the work of the White House Task Force on Middle Class Families -- to expand help to families to allow them to better care for their aging relatives and to support seniors trying to remain independent in their communities. Better support for caregivers is critical since often it is their availability -- whether they be informal family caregivers, paraprofessionals or unrelated friends and neighbors who volunteer their time -- that determines whether an older person can remain in his or her homes. As part of this increase, the initiative would double funding for the Lifespan Respite Care program, which provides temporary respite services to family caregivers of children or adults of any age with special needs.

With this budget, AoA will help prepare the country for the increasing numbers of older Americans and continue to provide effective support programs for this country's most vulnerable citizens so that they can remain in their homes and communities for as long as possible.

Kathy Greenlee
Assistant Secretary for Aging

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING

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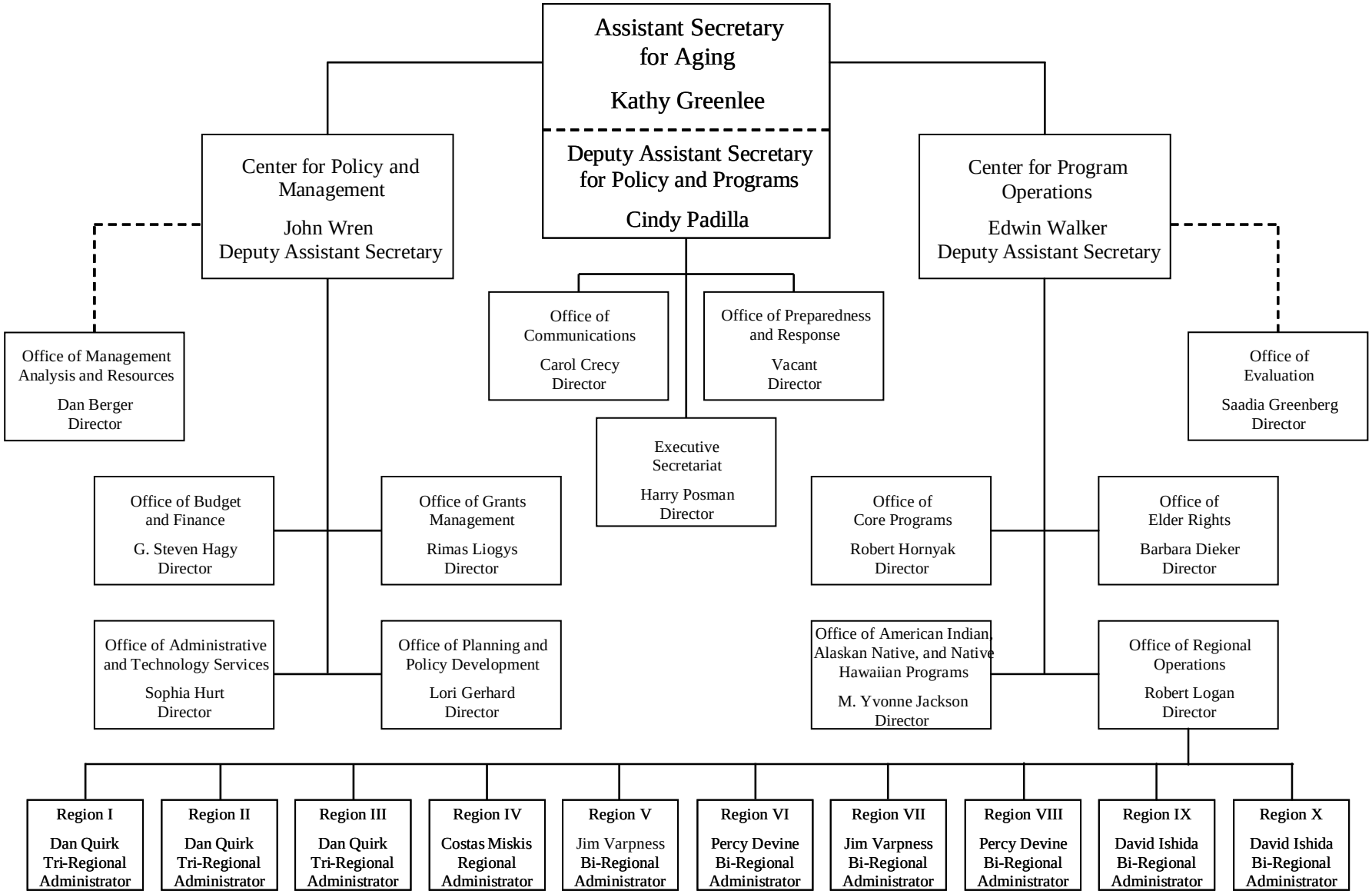
Administration on Aging Organizational Chart



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Executive Summary

Agency Overview

The Administration on Aging (AoA), an Agency of the U.S. Department of Health and Human Services (DHHS), is the principal Federal Agency charged with helping elderly individuals maintain their dignity and independence in their homes and communities. AoA advances the concerns and interests of older people, and works with and through the national aging services network to promote the development of comprehensive, coordinated home and community-based care that is responsive to the needs and preferences of older people and their caregivers. The network, led by AoA at the Federal level, is comprised of 56 State/DC and Territorial Units on Aging (SUA), 629 Area Agencies on Aging (AAA), 246 Indian Tribal and Native Hawaiian organizations, nearly 20,000 direct service providers, and more than 500,000 volunteers.

AoA's core programs, authorized under the Older Americans Act (OAA) and administered by the national aging services network, help families keep their loved ones at home for as long as possible. These services complement existing medical and health care systems and support some of life's most basic functions, such as providing assistance in elders' homes to help them with bathing or preparing food. The network also helps consumers learn about and access the services and supports that are available in the community and addresses issues related to caregivers. OAA services are less expensive than institutional care and performance data show that they are very effective. The most recent data available (FY 2008) show that AoA and its national network of aging service providers rendered direct services to nearly 11 million elderly individuals age 60 and over (nearly 20 percent of the elderly population) and their caregivers, including nearly three million clients who received intensive in-home services. Critical supports, such as respite care and a peer support network, were provided to nearly 700,000 caregivers.

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

Vision

In order to serve a growing senior population, AoA envisions ensuring the continuation of a vibrant aging services network at State, Territory, local and Tribal levels through funding of lower-cost, non-medical services and supports that provide the means by which many more seniors can maintain their independence.

EXECUTIVE SUMMARY

Mission

The mission of AoA is to develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities.

Overview of Budget Request

The FY 2011 President's Budget request for AoA is $1,624,733,000, an increase of +$108,436,000 over the FY 2010 appropriation. The request provides a 7.7 percent increase in funding for AoA's core services programs that focus on keeping seniors healthy and independent, addressing and supporting the needs of their caregivers, and protecting them from financial fraud and all forms of abuse and neglect.

Of this increase, +$102.5 million will focus additional support on middle class families struggling to care for their aging relatives. This caregiver initiative stems from the work of the White House Task Force on Middle Class Families. The Task Force heard from many families facing difficulties caring for aging parents. The Task Force is concerned about families that struggle to hold down a job and care for an aging parent; those juggling caring for their own children with the need to drive aging parents to doctor appointments and the grocery store; and those who provide extensive hands on care and simply need a break. Caregiving responsibilities demand time and money from families who too often are already strapped for both.

In response to these concerns, AoA's budget includes a $102.5 million Caregiver Initiative -- an effort to expand help to families and seniors so that caregivers can better manage their multiple responsibilities and seniors can live in the community for as long as possible.

This initiative does not create new programs, but instead builds on the successful network of agencies in local communities across the country -- Area Agencies on Aging and Aging and Disability Resource Centers -- that provide critical help to seniors and caregivers already, but who need additional resources to meet the needs of more families. The Caregiver Initiative provides an additional $52.5 million for caregiver services and temporary respite care -- such as several days at a residential facility, when appropriate -- so that caregivers can get a much needed break. The Caregiver Services program also helps families retrofit their homes to accommodate the special needs of an aging family member, provides a peer support network for caregivers, and helps link caregivers and seniors to other supportive services. The Caregiver Initiative also provides an additional $50 million for other services that relieve both the time and financial stress that caring for an aging parent or family member can bring while improving the quality of life for seniors, including:

- in-home services to seniors, such as aides that can help seniors bathe, cook meals, clean up the house, and buy groceries,

- transportation help so that a family member does not have to drive the senior to every doctor appointment, and

- adult day programs for those who need supervised and engaging activities during the day.

Together, with investments in programs that offer nutritious meals and reduce abuse and neglect, this budget seeks to take the next step in helping seniors age in their homes and communities.

Program Increases

- *Health and Independence Programs (+$58,078,000):*
  An additional +$50 million for Home and Community-Based Supportive Services (including +$2 million for Native Americans) is requested under the Caregiver Initiative to expand services including adult day care as a respite service for families, transportation assistance, case management, minor modifications of homes to facilitate seniors ability to remain at home, and information and referrals; in-home services such as personal care, chore, and help eating, dressing and bathing; and community services such as physical fitness programs. Health and Independence Programs will support more than nine million hours of adult day care, an increase of over a million hours above the 2010 expected level; 28.5 million rides for critical daily activities such as visiting the doctor, the pharmacy, or grocery stores, an increase of three million more trips than expected in 2010; and an increase in the number of hours of personal care by more than 1.3 million hours to 33 million hours of assistance to seniors unable to perform daily activities. They will also provide over one million rides for Native American seniors, an increase of about 250,000 more rides than 2010.

  The request also includes an additional +$8.1 million for AoA nutrition services to ensure that millions of older adults continue to have access to a nutritious diet needed to stay healthy and decrease their risk of disability. Overall nutrition funding of $828 million will support 214 million home-delivered and congregate meals to nearly 2.3 million elderly individuals in a variety of community settings. In addition, the budget supports approximately 4.7 million total meals at home and at congregate meal sites to more than 65,000 Native American seniors.

- *Caregiver Services Programs (+$52,500,000):*
  As part of the additional +$102.5 million for the Caregiver Initiative, an additional +$50 million is requested for the core National Family Caregiver Support Program (including +$2 million for Native American caregivers). The initiative also doubles funding for the Lifespan Respite Care program, an increase of +$2.5 million. These programs support family and informal caregivers by providing information, assistance, counseling, training, respite, and other services which help them care for their loved ones at home. These funds will increase the number of caregivers receiving support by nearly 200,000 to 755,000 caregivers. Overall, the $202 million in family caregiver funds will provide 12 million hours of respite care or temporary relief from their caregiving responsibilities and more than 365,000 sessions of counseling, peer support groups, and training to help caregivers better cope with the stresses of caregiving.

- *Protection of Vulnerable Older Americans Programs (+$1,407,000):*
  Increased funding will allow States to further develop, coordinate, enhance and carry out comprehensive statewide systems of elder justice and elder rights protections. These systems consist of programs to prevent and treat elder abuse, neglect, and exploitation; to provide education, outreach, training and information; and to coordinate services with programs providing adult protective services (half of which are directly administered by SUAs), law enforcement, protection and advocacy, licensure and certification, and victim assistance. The increase will also support regular visits by ombudsmen to long-term care facilities to monitor conditions and care, resolve individual resident problems and provide a voice for those unable to speak for themselves. Altogether, more than 12,000 volunteers participate in the Long-Term Care Ombudsman Program.

- *Program Administration (+$2,529,000, +4 FTE):*
  Eighty-seven percent of the requested funding increase is needed for costs related to the renewal of AoA's headquarters lease, to pay for increases related to changing billing methodologies in external services, and to provide for additional pay costs for AoA staff. Remaining dollars will be used to continue to allow AoA to effectively and efficiently manage the administration of the Agency and will support four additional FTEs to address AoA initiatives and other priorities.

Program Decreases

- *Network Support and Demonstration Programs (-$6,078,000):*
  Funding for Program Innovations is reduced since funding is not requested to continue FY 2010 Congressional earmarks. Additionally, a reduction in contract costs is proposed for Health and Long-Term Care programs. However, no programs are proposed for elimination under this request.

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

Program	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2010 Recovery Act	FY 2011 President's Budget Request
Health and Independence:					
Home & Community-Based Supportive Services	$ 361,348	$ --	$ 368,348	$ --	$ 416,348
Congregate Nutrition Services	434,269	65,000	440,783	--	445,644
Home-Delivered Nutrition Services	214,459	32,000	217,676	--	220,893
Native American Nutrition & Supportive Services	27,208	3,000	27,708	--	29,708
Nutrition Services Incentive Program 1/	161,015	--	161,015	--	161,015
Preventive Health Services	21,026	--	21,026	--	21,026
Subtotal, Health and Independence	$ 1,219,325	$ 100,000	$ 1,236,556	$ --	$ 1,294,634
Caregiver Services:					
Family Caregiver Support Services	$ 154,220	$ --	$ 154,220	$ --	$ 202,220
Native American Caregiver Support Services	6,389	--	6,389	--	8,389
Alzheimer's Disease Supportive Services Program	11,464	--	11,464	--	11,464
Lifespan Respite Care 2/	2,500	--	2,500	--	5,000
Subtotal, Caregiver Services	$ 174,573	$ --	$ 174,573	$ --	$ 227,073
Protection of Vulnerable Older Americans:					
Long-Term Care Ombudsman Program	$ 16,327	$ --	$ 16,827	$ --	$ 17,783
Prevention of Elder Abuse & Neglect	5,056	--	5,056	--	5,507
Subtotal, Vulnerable Older Americans	$ 21,383	$ --	$ 21,883	$ --	$ 23,290
Network Support and Demonstrations:					
Health and Long-Term Care Programs 3/	$ 28,000	$ --	$ 30,589	$ --	$ 30,485
Program Innovations	18,172	--	19,023	--	13,049
Aging Network Support Activities	13,694	--	13,694	--	13,694
Subtotal, Network Support and Demonstrations	$ 59,866	$ --	$ 63,306	$ --	$ 57,228
Program Administration	$ 18,696	$ --	$ 19,979	$ --	$ 22,508
Total, Discretionary Budget Authority	**$ 1,493,843**	**$ 100,000**	**$ 1,516,297**	**$ --**	**$ 1,624,733**
Health Care Fraud and Abuse Control 4/	$ 3,236	$ --	$ 3,289	$ --	$ 3,279
Chronic Disease Self-Management Programs 5/	$ --	$ --	$ --	$ 32,500	$ --
Medicare Enrollment Assistance	$ 17,500	$ --	$ --	$ --	$ --
Total, Program Level	**$ 1,514,579**	**$ 100,000**	**$ 1,519,586**	**$ 32,500**	**$ 1,628,012**

1/ Includes $2,681,000 in FY 2009 budget authority and $2,544,103 in FY 2010 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 110-19.
2/ Funding for the Lifespan Respite Care Act was appropriated in FY 2009 under the General Departmental Management Account in the Office of the Secretary. In FY 2010 the funds were directly appropriated to AoA. This table is comparatively adjusted.
3/ Funding for activities under this program was provided under Aging Network Support Activities in FY 2009 and FY 2010. This table is comparatively adjusted.
4/ FY 2011 is a placeholder. The Secretary and the Attorney General will determine the final amount.
5/ $32.5 million is funding transferred from the Centers for Disease Control and Prevention through an intra-departmental delegation of authority as part of the Recovery Act's $650 million "Prevention and Wellness Fund."

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American Recovery and Reinvestment Act of 2009

The American Recovery and Reinvestment Act of 2009 (Recovery Act) provided $100 million to supplement AoA's existing nutrition services programs -- Congregate, Home-Delivered, and Nutrition Services for Native Americans. Meals are provided in a variety of community settings such as senior centers or delivered to seniors who are homebound due to illness, disability, or geographic isolation. These services will help more than 350,000 seniors remain healthy and independent in their communities by providing over 14 million meals.

The Recovery Act funding was awarded using the formula grant methodologies established by the Older Americans Act. Formula grants for Congregate Nutrition Services and Home-Delivered Nutrition Services are allocated to States and Territories based on their share of the population age 60 and over. Eligible Tribal organizations receive nutrition formula grants based on their share of the American Indian, Alaskan Native, and Native Hawaiian population age 60 and over. Tribal organizations must represent at least 50 Native American elders age 60 and over to receive funding. The meals provided through these programs fulfill the standards set by the Dietary Guidelines for Americans and provide a minimum of 33 percent of the Dietary Reference Intake, as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

AoA's nearly 40 years of experience with these programs shows that these services provide an important opportunity for social interaction that helps to improve the general health status of participants, particularly homebound elders. A comparison of the number of social contacts of congregate and home-delivered meal participants showed that nutrition program clients had significantly more social contacts than people who did not participate in the program. In addition, home-delivered meal and congregate meal participants have significantly better food energy intake, protein, vitamins A, B_6 & D, Riboflavin, Calcium, Phosphorous, Potassium, Magnesium and Zinc intakes compared to matched non-participant group of senior citizens.[1] Seniors with deficiencies of these nutrients can experience osteoporosis, night blindness, decreased resistance to infection, fatigue, vasodilatation, convulsions, psychosis, and coma.

These nutrition resources came at a particularly critical time as they have augmented existing resources, replaced revenue lost from local sources due to the economic downturn, and supported the continued availability of meals to vulnerable elders to help them maintain their health and avoid hospitalization and nursing home admission. In particular, the Recovery Act funding has helped 20 percent of the States eliminate waiting lists for seniors requesting home-delivered meals.[2]

AoA obligated the entire $100 million in FY 2009. To date, States have spent over 40 percent of these funds, and AoA anticipates that States will spend the remainder by the end of FY 2010.

[1] Serving Elders at Risk – National Evaluation of the Elderly Nutrition Program, 1993-1995, pp.117-118

[2] The Economic Crisis and Its Impact on State Aging Programs. National Association of State Units on Aging. November 2009.

Recovery Act Obligations
(dollars in millions)

Program	FY 2009	FY 2010	FY 2011	FY 2009 – FY 2011
Congregate Nutrition Services	$ 65.000	$ --	$ --	$ 65.000
Home-Delivered Nutrition Services	32.000	--	--	32.000
Native American Nutrition & Supportive Services	3.000	--	--	3.000
Total, Recovery Act Obligations 1/	$ 100.000	$ --	$ --	$ 100.000

Nutrition Services Outputs

Indicator	FY 2009 Result	FY 2010 Target	FY 2011 Target
Number of Congregate meals served *(Output)*	3.8 M	4.6 M	--
Number of Home-Delivered meals served *(Output)*	2.5 M	2.6 M	--
Number of Congregate meals served to American Indian, Alaska Native, and Native Hawaiian elders *(Output)*	58,820	323,000	--
Number of Home-Delivered meals served to American Indian, Alaska Native, and Native Hawaiian elders *(Output)*	94,280	585,000	--

1/ In FY 2010, AoA will receive $32.5 million to implement chronic disease self-management programs. The funding will be transferred from the Centers for Disease Control and Prevention (CDC) through an intra-departmental delegation of authority as part of the Recovery Act's $650 million "Prevention and Wellness Fund." AoA expects to obligate all $32.5 million in FY 2010. This activity is not recorded on this table to avoid double-counting of the Recovery Act obligations reported by CDC. The chronic disease self-management programs are discussed in further detail on page 93.

Appropriations Language

Administration on Aging
Aging Services Programs

For carrying out, to the extent not otherwise provided, the Older Americans Act of 1965, *as amended,* section 398 and title XXIX of the Public Health Service Act, and section 119 of the Medicare Improvements for Patients and Providers Act of 2008, *and for necessary administrative expenses to carry out title XVII of the Public Health Service Act,* **[**$1,516,297,000**]** *$1,624,733,000,* **[**, of which $5,500,000 shall be available for activities regarding medication management, screening, and education to prevent incorrect medication and adverse drug reactions: Provided, That $5,974,000 shall be used for the projects, and in the amounts, specified under the heading "Aging Services Programs" in the statement of the managers on the conference report accompanying this Act.**]** *of which $202,220,000 shall be for sections 371 through 374 of the Older Americans Act of 1965 and $8,389,000 shall be for section 631 of such Act.*

Language Analysis

Administration on Aging
Aging Services Programs

Language Provision	Explanation
and for necessary administrative expenses to carry out title XVII of the Public Health Service Act,	Adds Title XVII of the Public Health Service Act to the activities that can be supported with the Program Administration dollars for the purposes of administering funds provided to AoA from the Prevention and Wellness Fund of the American Recovery and Reinvestment Act of 2009. Such activities include ongoing lifecycle management of grants, contracts, and other awards that will be obligated in FY 2010.
[, of which $5,500,000 shall be available for activities regarding medication management, screening, and education to prevent incorrect medication and adverse drug reactions:**]**	Deletes statutory language that previously earmarked $5.5 million for medication management since Title III-D funds may be utilized for those purposes.
[Provided, That $5,974,000 shall be used for the projects, and in the amounts, specified under the heading "Aging Services Programs" in the statement of the managers on the conference report accompanying this Act**]**	Deletes statutory language for one-year, one-time Congressional earmarks. No funding is requested for these earmarks in FY 2011.
of which $202,220,000 shall be for sections 371 through 374 of the Older Americans Act of 1965 and $8,389,000 shall be for section 631 of such Act.	Adds specific appropriations amounts for the National Family Caregiver Support Services and Native American Caregiver Support Services programs because the requested appropriation amount exceeds the authorization levels in the Older Americans Act. This language ensures AoA will be able to expend these higher sums without violating the Antideficiency Act.

Amounts Available for Obligation
Administration on Aging
FY 2011 Budget Submission
(Dollars in Thousands)

	FY 2009 Actual	FY 2010 Estimate 1/	FY 2011 President's Budget
General Fund Discretionary Appropriation:			
Appropriation (Annual)	1,493,843	1,516,297	1,624,733
Across-the-Board Reductions (P.L. 110-161)	--	--	--
Appropriation (American Recovery and Reinvestment Act)	100,000	--	--
Transfers:			
Transfer of Funds to: Department of Agriculture 2/	(2,681)	(2,544)	--
Subtotal, Adjusted Appropriation	1,591,162	1,513,753	1,624,733
Offsetting Collections From:			
Trust Funds: HCFAC 3/.	3,236	3,289	3,279
Trust Funds: MIPPA.	17,500	--	--
Unobligated Balance: Start of Year	--	--	--
Recoveries of Prior Year Obligations	--	--	--
Unobligated Balance: End of Year	--	--	--
Unobligated Balance: Lapsing	(2,522)	--	--
Total Obligations 4/	**1,609,376**	**1,517,042**	**1,628,012**

1/ FY 2010 Appropriation does not include $32,500,000 transferred via Intra-Departmental Delegation of Authority (IDDA) from the Centers for Medicare & Medicaid Services.

2/ Includes FY 2009 and FY 2010 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 110-19.

3/ FY 2009 reflects obligated amount. FY 2010 includes funds carried over from the prior year.

4/ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2009: $977,000 FY 2010: $903,000 FY 2011: $80,000

Summary of Changes
Administration on Aging
FY 2011 Budget Submission
(Dollars in Thousands)

FY 2010 Enacted.....1,516,297

FY 2011 Estimate.....1,624,733

Net Change 108,436

Increases/Decreases	FY 2010 Estimate FTE	FY 2010 Estimate Budget Authority	Change from Base FTE	Change From Base Budget Authority
Increases:				
A. Built-in:				
1. Provide for January 2011 1.4% Civilian pay raise and related pay costs	108	14,139	--	233
2. Increased costs related to GSA rent	--	1,710	--	24
Subtotal, Built-In Increases				257
B. Program				
1. Additional funding for Home and Community-Based Supportive Services	--	368,348	--	48,000
2. Additional funding for Congregate Nutrition Services	--	440,783	--	4,861
3. Additional funding for Home-Delivered Nutrition Services	--	217,676	--	3,217
4. Additional funding for Native American Nutrition and Supportive Services	--	27,708	--	2,000
5. Additional funding for Family Caregiver Support Services	--	154,220	--	48,000
6. Additional funding for Native American Caregiver Support Services	--	6,389	--	2,000
7. Additional funding for Lifespan Respite Care	--	2,500	--	2,500
8. Additional funding for Long-Term Care Ombudsman Program	--	16,827	--	956
9. Additional funding for Prevention of Elder Abuse & Neglect	--	5,056	--	451
10. Additional FTE and related costs	108	14,139	4	302
11. Increased costs related to HQ relocation agreement	--	4,617	--	1,243
12. Increased costs for external services	--	14,075	--	950
Subtotal, Program Increases				114,480
Total, Increases				**114,737**
Decreases:				
A. Built-in:				
1. Reduction in contract costs	--	11,652	--	(223)
Subtotal, Built-in Decreases				(223)
B. Program:				
1. Elimination of one-time project earmarks	--	5,974	--	(5,974)
2. Reduction in funding for Health and Long-Term Care Contracts	--	30,589	--	(104)
Subtotal, Program Decreases				(6,078)
Total, Decreases				**(6,301)**
Total, Net Change				**108,436**

Budget Authority by Activity
Administration on Aging
FY 2011 Budget Submission
(Dollars in Thousands)

Activity	FY 2009 Actual	FY 2010 Estimate	FY 2011 President's Budget Request
Health and Independence:			
Home & Community-Based Supportive Services	$ 361,348	$ 368,348	$ 416,348
Congregate Nutrition Services	434,269	440,783	445,644
Home-Delivered Nutrition Services	214,459	217,676	220,893
Native American Nutrition & Supportive Services	27,208	27,708	29,708
Nutrition Services Incentive Program 1/	161,015	161,015	161,015
Preventive Health Services	21,026	21,026	21,026
Subtotal, Health and Independence	$ 1,219,325	$ 1,236,556	$ 1,294,634
Caregiver Services:			
Family Caregiver Support Services	$ 154,220	$ 154,220	$ 202,220
Native American Caregiver Support Services	6,389	6,389	8,389
Alzheimer's Disease Supportive Services Program	11,464	11,464	11,464
Lifespan Respite Care 2/	2,500	2,500	5,000
Subtotal, Caregiver Services	$ 174,573	$ 174,573	$ 227,073
Protection of Vulnerable Older Americans:			
Long-Term Care Ombudsman Program	$ 16,327	$ 16,827	$ 17,783
Prevention of Elder Abuse & Neglect	5,056	5,056	5,507
Subtotal, Vulnerable Older Americans	$ 21,383	$ 21,883	$ 23,290
Network Support and Demonstrations:			
Health and Long-Term Care Programs 3/	$ 28,000	$ 30,589	$ 30,485
Program Innovations	18,172	19,023	13,049
Aging Network Support Activities	13,694	13,694	13,694
Subtotal, Network Support and Demonstrations	$ 59,866	$ 63,306	$ 57,228
Program Administration	$ 18,696	$ 19,979	$ 22,508
Total, Discretionary Budget Authority	**$ 1,493,843**	**$ 1,516,297**	**$ 1,624,733**
Health Care Fraud and Abuse Control 4/	$ 3,236	$ 3,289	$ 3,279
Medicare Enrollment Assistance	$ 17,500	$ --	$ --
Total, Program Level	**$ 1,514,579**	**$ 1,519,586**	**$ 1,628,012**
Total, FTE 5/	**103**	**108**	**112**

1/ Includes $2,681,000 in FY 2009 budget authority and $2,544,103 in FY 2010 budget authority appropriated to AoA and transferred to the Department of Agriculture for commodities purchases pursuant to Public Law 110-19.
2/ Funding for the Lifespan Respite Care Act was appropriated in FY 2009 under the General Departmental Management Account in the Office of the Secretary. In FY 2010 the funds were directly appropriated to AoA. This table is comparatively adjusted.
3/ Funding for activities under this program was provided under Aging Network Support Activities in FY 2009 and FY 2010. This table is comparatively adjusted.
4/ FY 2011 is a placeholder. The Secretary and the Attorney General will determine the final amount.
5/ Includes Commissioned Corps personnel.

Authorizing Legislation
Administration on Aging
FY 2011 Budget Submission

Program	FY 2010 Amount Authorized	FY 2010 Appropriations Act	FY 2011 Amount Authorized	FY 2011 President's Budget
1) Home and Community-Based Supportive Services: OAA Section 321	Such Sums	$368,348,000	Such Sums	$416,348,000
2) Congregate Nutrition Services: OAA Section 331	Such Sums	$440,783,000	Such Sums	$445,644,000
3) Home-Delivered Nutrition Services: OAA Section 336	Such Sums	$217,676,000	Such Sums	$220,893,000
4) Native American Nutrition and Supportive Services: OAA Sections 613 and 623	Such Sums	$27,708,000	Such Sums	$29,708,000
5) Nutrition Services Incentive Program: OAA Section 311 1/	Such Sums	$161,015,000	Such Sums	$161,015,000
6) Preventive Health Services: OAA Section 361	Such Sums	$21,026,000	Such Sums	$21,026,000
7) National Family Caregiver Support Program: OAA Section 371 2/	$180,000,000	$154,220,000	$187,000,000	$202,220,000
8) Native American Caregiver Support: OAA Section 631 2/	$7,500,000	$6,389,000	$7,900,000	$8,389,000
9) Alzheimer's Disease Supportive Services: PHSA Section 398	Expired	$11,464,000	Expired	$11,464,000
10) Lifespan Respite Care Program: PHSA Title XXIX	$71,110,000	$2,500,000	$94,810,000	$5,000,000
11) Long-Term Care Ombudsman Program: OAA Section 712	Such Sums	$16,827,000	Such Sums	$17,783,000

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

2/ The budget proposes appropriations language with specific amounts for the National Family Caregiver Support Services and Native American Caregiver Support Services programs because the requested appropriation amount exceeds the authorization levels in the Older Americans Act. The proposed appropriations language ensures AoA will be able to expend these higher sums without violating the Antideficiency Act.

Authorizing Legislation
Administration on Aging
FY 2011 Budget Submission

Program	FY 2010 Amount Authorized	FY 2010 Appropriations Act	FY 2011 Amount Authorized	FY 2011 President's Budget
12) Prevention of Elder Abuse and Neglect: OAA Section 721	Such Sums	$5,056,000	Such Sums	$5,507,000
13) Health and Long-Term Care Programs: OAA Section 411 3/..	Such Sums	$30,589,000	Such Sums	$30,485,000
14) Program Innovations: OAA Section 411	Such Sums	$19,023,000	Such Sums	$13,049,000
15) Aging Network Support Activities: OAA Sections 202, 215, and 411.....	Such Sums	$13,694,000	Such Sums	$13,694,000
16) Program Administration: OAA Section 205	Such Sums	$19,979,000	Such Sums	$22,508,000
Total Request Level.....		$1,516,297,000		$1,624,733,000
Unfunded Authorizations:				
1) Legal Assistance: OAA Section 731	Such Sums	--	Such Sums	--
2) Native American Organization and Elder Justice Provisions: OAA Sections 751 and 752.....	Such Sums	--	Such Sums	--

3/ Funding for activities under this program was provided under Aging Network Support Activities in FY 2010. This table is comparatively adjusted.

Appropriations History Table
Administration on Aging
FY 2011 Budget Submission

Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2002	1,097,718,000	1,144,832,000	1,209,756,000	1,199,814,000
FY 2002 Rescission 1/	--	--	--	-143,000
FY 2003	1,341,344,000	1,355,844,000	1,369,290,000	1,376,001,000
FY 2003 Rescission	--	--	--	-8,944,007
FY 2004	1,343,701,000	1,377,421,000	1,361,193,000	1,382,189,000
FY 2004 Rescission 2 /	--	--	--	-8,271,225
FY 2005	1,376,527,000	1,403,479,000	1,395,117,000	1,404,634,000
FY 2005 Rescission 3/	--	--	--	-11,292,624
FY 2006	1,369,028,000	1,376,217,000	1,391,699,000	1,376,624,000
FY 2006 Rescission	--	--	--	-13,766,240
FY 2006 Transfer	--	--	--	-936,197
FY 2007	1,334,835,000	1,390,306,000	1,380,516,000	1,383,007,000
FY 2008 4/	1,335,146,000	1,417,189,000	1,451,585,000	1,438,567,000
FY 2008 Rescission	--	--	--	-25,131,765
FY 2009 5/	1,381,384,000	1,492,741,000	1,478,156,000	1,491,343,000
FY 2009 ARRA 6/	--	--	--	100,000,000
FY 2010 7/	1,491,343,000	1,530,881,000	1,495,038,000	1,516,297,000
FY 2011	1,624,733,000	--	--	--

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

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

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

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

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

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

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

Appropriations Not Authorized by Law
Administration on Aging
FY 2011 Budget Submission

Program	Last Year of Authorization	Authorization Level in Last Year of Authorization	Appropriations in Last Year of Authorization	Appropriations in FY 2010
Alzheimer's Disease Supportive Services: PHSA Section 398	FY 2002	Such Sums	$11,483,000	$11,464,000

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Health and Independence

Summary of Request

In the face of a growing senior population, AoA programs support the development of a vibrant aging services network at the State, Territory, local, and Tribal levels. Through funding of low-cost, non-medical services and supports, these programs provide the means by which many more seniors can maintain their health and independence.

AoA's Health and Independence Programs provide a foundation of supports that assist older individuals remain healthy and independent in their homes and communities, avoiding more expensive nursing home care. For example, 58 percent of congregate and 93 percent of home-delivered meal recipients reported that the meals enabled them to continue living in their own homes and 48 percent of seniors using transportation services rely on them for the majority of their trips to doctors' offices, pharmacies, meal sites, and additional sites that help them to remain in the community.[1]

From 2010 to 2015, the population age 60 and older will increase by 15 percent, from 57 million to 65.7 million.[2] During this period, the number of seniors with severe disabilities (defined as 3 or more limitations in activities of daily living) who are at greatest risk of nursing home admission and Medicaid eligibility (through the "spend down" provisions) will increase by more than 13 percent.[3] These programs help seniors in need maintain their health and independence.

The FY 2011 funding request for Health and Independence services is $1,294,634,000, an increase of +$58,078,000 above the FY 2010 appropriation. The request includes:

- $416,348,000 for Home and Community-Based Supportive Services (HCBS), an increase of +$48,000,000 above the FY 2010 appropriation, as a critical element of the Caregiver Initiative. HCBS provides grants to States to fund a broad array of services that enable seniors to remain in their homes for as long as possible, including adult day care, transportation, case management, personal care services, chore services, and community services such as physical fitness programs. These services also aid caregivers, who might otherwise have to be even more intensively involved with the care of their loved ones on a more frequent basis -- taking time away from their work and other family responsibilities. In addition to these services, the HCBS program also funds multi-purpose senior centers, which coordinate and integrate services for the elderly. The budget supports more than nine million hours of adult day care for older adults, an increase of over a million hours above the 2010 expected level; 28.5 million rides for critical daily activities such as visiting the doctor, the pharmacy, or grocery stores, an increase of three million more trips than expected in 2010; and an increase in the number

[1] 2008 National Survey of Older Americans Act Participants. http://www.data.aoa.gov, select AGID.
[2] U.S. Census Bureau, "2008 National Population Projections," released August 2008, <http://www.census.gov/population/www/projections/2008projections.html>.
[3] Data extrapolated by AoA from U.S. Census Bureau, "2008 National Population Projections," released August 2008, <http://www.census.gov/population/www/projections/2008projections.html> and Health Data Interactive, National Center on Health Statistics, Centers for Disease Control and Prevention, "Functional limitations among Medicare beneficiaries, ages 65+: US, 1992-2006." Accessed 31 August 2009.

of hours of personal care by more than 1.3 million hours to 33 million hours of assistance to seniors unable to perform daily activities.

- $827,552,000 for Nutrition Services, an increase of +$8,078,000 above the FY 2010 appropriation. Nutrition Services help over two million older adults receive the meals they need to stay healthy and decrease their risk of disability. The meals provided through these programs fulfill the standards of the Dietary Guidelines for Americans and provide a minimum of 33 percent of the Dietary Reference Intake. With these funds in FY 2011, the Aging Services Network will provide approximately 214 million meals. These meals are especially critical for the survival of the 28 percent of meal recipients who report these meals as the only or the majority of their food intake for the day.

- $29,708,000 for Native American Nutrition and Supportive Services, an increase of +$2,000,000 above the FY 2010 appropriation, as part of the Caregiver Initiative. This increase is proportional to the increase for comparable nutrition and home and community-based services provided by the States and Territories. These funds will provide approximately 4.7 million meals and over one million rides for Native American seniors to critical daily activities such as meal sites, medical appointments, and grocery stores.

- $21,026,000 for Preventive Health Services, the same amount as the FY 2010 appropriation. These services support activities that educate older adults about the importance of healthy lifestyles and promote healthy behaviors that can help prevent or delay chronic disease and disability, thereby reducing the need for more costly medical interventions.

In concert with other Older Americans Act (OAA) programs, these services assist nearly 11 million elderly individuals and caregivers. AoA's services are especially critical for the nearly three million seniors who receive intensive in-home services, half a million of whom meet the disability criteria for nursing home admission. These services help to keep these individuals from joining the 1.7 million seniors who live in nursing homes. These increases will also help the national aging services network improve its capacity to assist the rapidly growing senior population.

State and Territory Flexibility

Within each program States and Territories have the flexibility to allocate resources to best meet local needs through intra-State funding formulas which distribute funds to Area Agencies on Aging (AAAs). These formulas vary by State and allow States to take into account their own local circumstances to best serve their population. States are required to submit their formulas to AoA for approval and must take into account the geographic distribution of older person and the distribution of older persons in greatest social and economic need. AAAs administer these grants and provide grants or contracts to local service providers based on identified needs.

The OAA specifically allows the State to transfer up to 40 percent of the funds between congregate and home-delivered meals for use as the State considers appropriate to meet the

needs of the area served. Additionally, for any fiscal year if the transferred funds are insufficient to satisfy the need for nutrition services, then the Assistant Secretary for Aging may grant a waiver that permits the State to transfer an additional 10 percent of the funds to meet those needs. The OAA provides further flexibility to States by allowing them to transfer up to 30 percent for any fiscal year between Supportive Services programs and Nutrition Services programs, for use as the State considers appropriate. These are options open only to States and Territories. A State agency may not delegate to an area agency on aging or any other entity the authority to make such transfers.

As requested by the report of the House of Representatives Appropriations committee, the tables below demonstrate the amounts transferred between programs for FY 2008, the most recent year of available data.

Table 1. FY 2008 Pre-transfer allotment of Federal funds for Title III of the OAA

	Part B – Home and Community-Based Services	**Part C1 – Congregate Nutrition**	**Part C2 – Home-Delivered Meals**
Allotment	$348,377,459	$406,067,544	$191,809,542

Table 2. FY 2008 Transfers of allotments of Federal funds between Title III programs

Transfer	**To Part B**	**To Part C1**	**To Part C2**
From Part B		$418,379	$1,728,365
From Part C1	$39,301,646		$39,188,907
From Part C2	$2,509,501	$250,000	
Net Transfer	$39,664,403	($77,822,174)	$38,157,771
Net Percent Change	11.39	(19.16)	19.89
Final Allotments after Transfers	$388,041,862	$328,245,370	$229,967,313

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Home and Community-Based Supportive Services

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Home and Community-Based Supportive Services	$361,348,000	--	$368,348,000	$416,348,000	+$48,000,000

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

FY 2011 Authorization..... Such Sums

Allocation Method .....Formula Grant

Program Description and Accomplishments:

The Home and Community-Based Supportive Services (HCBS) program, established in 1973, provides grants to States and Territories based on their share of the population age 60 and over to fund a broad array of services that enable seniors to remain in their homes for as long as possible. The services provided to seniors through the HCBS program include transportation, case management, and information and referral; in-home services such as personal care, chore, and homemaker assistance; and community services such as adult day care and physical fitness programs. In addition to these services, the HCBS program also funds multi-purpose senior centers, which coordinate and integrate services for the elderly.

While age alone does not determine the need for these long-term care supports, statistics show that both disability rates and the use of long-term supports increase with advancing age. Among those aged 85 and older, 55 percent are unable to perform critical activities of daily living and require long-term support. Data also show that over 80 percent of seniors have at least one chronic condition and 50 percent have at least two. Providing a variety of supportive services that meet the diverse needs of these older individuals is crucial to enabling them to remain healthy and independent in their homes and communities, avoiding the unnecessary, expensive, and undesirable alternative of nursing home care.

Data from AoA's national surveys of elderly clients show that the Home and Community-Based Supportive Services are providing seniors with the services and information they need to help them remain at home. For example, 48 percent of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound, while 87 percent of clients receiving case management reported that as a result of the services arranged by the case manager that they were better able to care for themselves.[1]

[1] 2008 National Survey of Older Americans Act Participants. http://www.data.aoa.gov, select AGID.

Services provided by the HCBS program in FY 2008, the most recent available data, include:

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

- *Transportation Services* provided over 28 million rides to doctor's offices, grocery stores, pharmacies, senior centers, meal sites, and other critical daily activities (Output C).

- *Personal Care, Homemaker, and Chore Services* provided nearly 33 million hours of assistance to seniors unable to perform activities of daily living (such as eating, dressing, or bathing) or instrumental activities of daily living (such as shopping or light housework) (Output D).

- *Case Management Services* provided 4.4 million hours of assistance in assessing needs, developing care plans, and arranging services for older persons or their caregivers (Output F).

In continuing with AoA's commitment to provide services to those in need, approximately 80 percent of transportation clients have annual incomes at or below $20,000. This assistance is especially critical for seniors who would be homebound with transportation assistance. In addition, transportation is a key factor in maintaining the health, safety, and independence of the 19 percent of riders who take 10 or more daily prescriptions, enabling them to get to the pharmacy, doctor, and rehabilitation appointments.[2]

Funding History

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

FY 2001.....$325,027,000
FY 2002.....$356,981,000
FY 2003.....$355,673,000
FY 2004.....$353,889,000
FY 2005.....$354,136,000
FY 2006.....$350,354,000
FY 2007.....$350,595,000
FY 2008.....$351,348,000
FY 2009.....$361,348,000
FY 2010.....$368,348,000

[2] 2008 National Survey of Older Americans Act Participants. http://www.data.aoa.gov, select AGID.

Budget Request

The FY 2011 request for Home and Community-Based Supportive Services is $416,348,000, an increase of +$48,000,000 above the FY 2010 appropriation. The +$48 million increase is requested under the Caregiver Initiative to expand services, including transportation assistance, case management, and information and referrals; in-home services such as personal care, chore, and help eating dressing and bathing; and community services such as adult day care and physical fitness programs. These services -- particularly adult day care, personal care, and chore services -- aid caregivers, who might otherwise have to be even more intensively involved with the care of their loved ones, taking time away from work and their other family responsibilities. The budget request supports more than nine million hours of adult day care for older adults, an increase of over a million hours above the 2010 expected level; 28.5 million rides for critical daily activities such as visiting the doctor, the pharmacy, or grocery stores, an increase of three million more trips than expected in 2010; and an increase in the number of hours of personal care by more than 1.3 million hours to 33 million hours of assistance to seniors unable to perform daily activities.

This +13 percent increase helps the national aging services network address the projected demand in coming years for increased elder services. From 2010 to 2015, the population age 60 and older will increase by 15 percent, from 57 million to 65.7 million.[3] During this period, the number of seniors with severe disabilities (defined as 3 or more limitations in activities of daily living) who are at greatest risk of nursing home admission and Medicaid eligibility (through the "spend down" provisions) will increase by more than 13 percent.[4]

These services are a cost-effective means of enabling seniors to remain healthy and independent, avoiding more expensive nursing home care and medical interventions. AoA core programs reach one in five seniors, serving over a half million seniors in their own communities who meet the disability criteria for nursing home admission, helping to keep them from joining the 1.7 million seniors who live in nursing homes. Nationally, about 26 percent of individuals 60 and older live alone, and in FY 2011 AoA projects 72 percent of the Older Americans Act transportation users will be individuals who live alone (Outcome 2.11). Living alone is a key predictor of nursing home admission, and HCBS services are critical to their ability to remain at home, especially for those who do not have an informal caregiver to assist with their care.

With the FY 2011 request these programs are expected to continue to have a high percentage of clients who rate service as good to excellent (Outcome 2.9b) ensuring that clients continue to receive high quality services. Efficiency and most service outcome projections remain positive; service outputs for transportation are expected to increase by 3 million trips more than the 2010 projection based on the additional funds requested (Output C). Other in-home services including the number of case management service units (Output F) and the number of personal care service

[3] U.S. Census Bureau, "2008 National Population Projections," released August 2008, <http://www.census.gov/population/www/projections/2008projections.html >.

[4] Data extrapolated by AoA from U.S. Census Bureau, "2008 National Population Projections," released August 2008, <http://www.census.gov/population/www/projections/2008projections.html> and Health Data Interactive, National Center on Health Statistics, Centers for Disease Control and Prevention, "Functional limitations among Medicare beneficiaries, ages 65+: US, 1992-2006." Accessed 31 August 2009.

units (Output D) are expected to have modest increases consistent with the funding level requested and program innovations that affect system-wide performance, including Aging and Disability Resource Centers.

Outcomes and Outputs Table

Home and Community-Based Supportive Services Outcomes and Outputs

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
2.9b: 90% of transportation clients rate services good to excellent. *(Outcome)*	FY 2009: 96.7%	90%	90%	Maintain
2.11: Increase the percentage of transportation clients who live alone. *(Outcome)*	FY 2009: 67.3% (Target Not In Place)	70%	72%	+2%
Indicator	**Most Recent Result**	**FY 2010 Projection**	**FY 2011 Projection**	**FY 2011 +/- FY 2010**
Output C: Transportation Services units *(Output)*	FY 2008: 28.3 M	25.5 M	28.5 M	+3 M
Output D: Personal Care, Homemaker and Chore Services units *(Output)*	FY 2008: 32.9 M	31.8 M	33.1 M	+1.3 M
Output E: Adult Day Care/Day Health units *(Output)*	FY 2008: 9 M	8.0 M	9.1 M	+1.1 M
Output F: Case Management Services units *(Output)*	FY 2008: 4.4 M	4.2 M	4.4 M	+0.2 M

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

Grant Awards Table

Home and Community-Based Supportive Services Grant Awards

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request
Number of Awards	56	--	56	56
Average Award	$6,414,079	--	$6,511,866	$7,360,438
Range of Awards	$224,493 - $35,454,106	--	$227,915 - $36,241,336	$257,615 - $41,789,087

HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

FY 2011 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/- FY 2010
Alabama	5,511,235	5,623,904	6,484,799	860,895
Alaska	1,795,942	1,823,323	2,060,923	237,600
Arizona	7,186,334	7,494,189	8,641,385	1,147,196
Arkansas	3,510,940	3,554,840	4,099,007	544,167
California	35,454,106	36,241,336	41,789,087	5,547,751
Colorado	4,564,582	4,735,273	5,460,139	724,866
Connecticut	4,416,847	4,414,045	4,841,374	427,329
Delaware	1,795,942	1,823,323	2,060,923	237,600
District of Columbia	1,795,942	1,823,323	2,060,923	237,600
Florida	26,072,475	26,577,730	30,646,195	4,068,465
Georgia	8,752,179	9,068,628	10,456,835	1,388,207
Hawaii	1,795,942	1,823,323	2,060,923	237,600
Idaho	1,795,942	1,823,323	2,060,923	237,600
Illinois	14,566,145	14,556,904	15,875,856	1,318,952
Indiana	7,018,309	7,138,069	8,230,750	1,092,681
Iowa	4,272,980	4,270,269	4,348,953	78,684
Kansas	3,442,659	3,440,474	3,657,473	216,999
Kentucky	4,892,022	5,010,758	5,777,795	767,037
Louisiana	4,809,520	4,806,469	5,526,280	719,811
Maine	1,795,942	1,823,323	2,060,923	237,600
Maryland	5,978,676	6,100,006	7,033,783	933,777
Massachusetts	8,232,411	8,227,189	8,807,420	580,231
Michigan	11,376,983	11,527,993	13,292,675	1,764,682
Minnesota	5,609,504	5,708,774	6,582,662	873,888
Mississippi	3,282,007	3,279,924	3,765,447	485,523
Missouri	7,138,648	7,134,119	8,100,539	966,420
Montana	1,795,942	1,823,323	2,060,923	237,600
Nebraska	2,301,456	2,299,996	2,374,017	74,021
Nevada	2,657,189	2,733,984	3,152,497	418,513
New Hampshire	1,795,942	1,823,323	2,060,923	237,600

HOME AND COMMUNITY-BASED SUPPORTIVE SERVICES

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

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/- FY 2010
New Jersey	10,292,122	10,285,593	11,611,269	1,325,676
New Mexico	2,169,925	2,236,929	2,579,354	342,425
New York	24,352,403	24,336,954	26,248,230	1,911,276
North Carolina	9,988,771	10,271,225	11,843,523	1,572,298
North Dakota	1,795,942	1,823,323	2,060,923	237,600
Ohio	13,856,054	13,847,264	15,748,264	1,901,000
Oklahoma	4,290,438	4,287,716	4,942,957	655,241
Oregon	4,399,453	4,529,183	5,222,501	693,318
Pennsylvania	17,930,762	17,919,386	18,798,375	878,989
Rhode Island	1,795,942	1,823,323	2,060,923	237,600
South Carolina	5,183,532	5,373,309	6,195,844	822,535
South Dakota	1,795,942	1,823,323	2,060,923	237,600
Tennessee	7,115,319	7,313,979	8,433,588	1,119,609
Texas	21,600,611	22,242,819	25,647,704	3,404,885
Utah	2,077,089	2,172,568	2,505,140	332,572
Vermont	1,795,942	1,823,323	2,060,923	237,600
Virginia	8,246,003	8,459,582	9,754,558	1,294,976
Washington	6,927,144	7,132,007	8,223,761	1,091,754
West Virginia	2,781,416	2,779,651	2,867,598	87,947
Wisconsin	6,429,923	6,528,884	7,528,312	999,428
Wyoming	1,795,942	1,823,323	2,060,923	237,600
Subtotal, States	352,035,418	357,365,121	403,887,945	46,522,824
American Samoa	473,659	473,358	472,317	(1,041)
Guam	897,971	911,661	1,030,461	118,800
Northern Mariana Islands	224,493	227,915	257,615	29,700
Puerto Rico	4,658,903	4,774,804	5,505,721	730,917
Virgin Islands	897,971	911,661	1,030,461	118,800
Subtotal, States and Territories	359,188,415	364,664,520	412,184,520	47,520,000
Undistributed 1/	2,159,585	3,683,480	4,163,480	480,000
TOTAL	**361,348,000**	**368,348,000**	**416,348,000**	**48,000,000**

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

Nutrition Services

Program	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Congregate Nutrition Services	$434,269,000	$65,000,000	$440,783,000	$445,644,000	+$4,861,000
Home-Delivered Nutrition Services	$214,459,000	$32,000,000	$217,676,000	$220,893,000	+$3,217,000
Nutrition Services Incentive Program	$161,015,000	--	$161,015,000	$161,015,000	--
Total BA	$809,743,000	$97,000,000	$819,474,000	$827,552,000	$8,078,000

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

FY 2011 Authorization..... Such Sums

Allocation Method .....Formula Grant

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

- Congregate Nutrition Services (Title III-C1): Provides funding for the provision of meals and related services in a variety of congregate settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. The program also presents opportunities for social engagement and meaningful volunteer roles, which contribute to overall health and well-being.

- Home-Delivered Nutrition Services (Title III-C2): Provides funding for the delivery of meals and related services to seniors that are homebound. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home and community-based services. Home-delivered meals also represent an essential service for many caregivers, by helping them maintain their own health and well-being.

- Nutrition Services Incentive Program (Title III-A): Provides additional funding to States, Territories, and eligible Tribal Organizations that is used exclusively to provide meals, and may not be used to pay for other nutrition-related services or for administrative costs. Funds are awarded to existing States and Tribes based on the number of meals served in the prior period. States and Tribes have the option to receive commodities in lieu of cash if they determine that doing so will enable them to better meet the needs of seniors.

NUTRITION SERVICES

Formula grants for Congregate Nutrition Services and Home-Delivered Nutrition Services are allocated to States and Territories based on their share of the population age 60 and over. Nutrition Services Incentive Program grants are provided to States, Territories, and Tribal organizations based on the number of meals served in the prior Federal fiscal year. The meals provided through these programs fulfill the standards set by the Dietary Guidelines for Americans and provide a minimum of 33 percent of the Dietary Reference Intake, as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

Nutrition Services help millions of older adults receive the meals they need to stay healthy and decrease their risk of disability. Studies have found that half of all persons age 85 and over are in need of assistance with instrumental activities of daily living, including obtaining and preparing food and these nutrition programs help address their needs. *Serving Elders at Risk*, a national evaluation of nutrition program clients, found that recipients are older, poorer, more likely to live alone, more likely to be minorities, are sicker, in poorer health, in poorer nutritional status, more functionally impaired, and at higher nutritional risk than those in the general population.

Nutrition Services also provide an important opportunity for social interaction that helps to improve the general health status of participants, particularly homebound elders. A comparison of the number of social contacts of congregate and home-delivered meal participants showed that nutrition program clients had significantly more social contacts than people who did not participate in the program. In addition, home-delivered meal and congregate meal participants had significantly better food energy intake, protein, vitamins A, B_6 & D, Riboflavin, Calcium, Phosphorous, Potassium, Magnesium and Zinc intakes compared to matched non-participant group of senior citizens.[1] Seniors with deficiencies of these nutrients can experience osteoporosis, night blindness, decreased resistance to infection, fatigue, vasodilatation, convulsions, psychosis, and coma.

Data from AoA's national surveys of elderly clients shows that the Nutrition Services are effectively helping seniors to improve their nutritional intake and remain at home. For example, 73 percent of congregate and 85 percent of home-delivered meal recipients say they eat healthier meals due to the programs, and 58 percent of congregate and 93 percent of home-delivered meal recipients say that the meals enabled them to continue living in their own homes.[2]

AoA's annual performance data further demonstrate that these programs are an efficient and effective means to help seniors remain healthy and independent in their homes and in the community. Eighty-eight percent of home-delivered meal clients rate service as good to excellent (Outcome 2.9a). Also the number of home-delivered meal recipients with severe disabilities (3+ ADL) totaled nearly 350,000 in 2008 (Outcome 3.2). 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. Accomplishments that these nutrition programs have achieved in helping seniors remain healthy and independent in their homes and communities in FY 2008, the most recent available data, include:

[1] *Serving Elders at Risk – National Evaluation of the Elderly Nutrition Program, 1993-1995*, pp.117-118
[2] 2008 National Survey of Older Americans Act Participants. http://www.data.aoa.gov, select AGID.

- *Home-Delivered Nutrition Services* provided nearly 146 million meals to over 909,000 individuals (Output G).

- *Congregate Nutrition Services* provided over 94.2 million meals to more than 1.6 million seniors in a variety of community settings (Output H).

Funding History

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

FY 2001	$680,334,000
FY 2002	$716,170,000
FY 2003	$714,274,000
FY 2004	$714,462,000
FY 2005	$718,696,000
FY 2006	$714,578,000
FY 2007	$735,070,000
FY 2008	$758,003,000
FY 2009*	$809,743,000
FY 2010	$819,474,000

* The FY 2009 funding indicated in this table does not include $97 million in Recovery Act funding.

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

Budget Request

The FY 2011 request for Nutrition Services is $827,552,000, an increase of +$8,078,000 above the FY 2010 appropriation. The budget request will support 214 million home-delivered and congregate meals to nearly 2.3 million elderly individuals in a variety of community settings. In FY 2011 these programs are expected to continue to provide home-delivered meals that clients rate good to excellent (Outcome 2.9a) ensuring that clients continue to receive high quality services.

These services are a cost-effective means of enabling seniors to remain healthy and independent, avoiding more expensive nursing home care and medical interventions. Currently, AoA core programs reach one in five seniors, serving over a half million seniors in their own communities who meet the disability criteria for nursing home admission, helping to keep them from joining the 1.7 million seniors who live in nursing homes.

In continuing with AoA's commitment to provide services to those in need to help maintain their health and independence, approximately 72 percent of home-delivered meal recipients have annual incomes at or below $20,000. These meals are especially critical for the survival of the 28 percent of meal recipients who report these meals as the sole or majority of their food intake for the day and for the 325,000 home-delivered meal recipients with severe disabilities who are

projected to be served in FY 2011 (Outcome 3.2). This population with severe disabilities is important to serve since this level of disability is frequently an eligibility requirement for nursing home admission.

Federal support for Nutrition Services is not expected to serve every senior. These programs have strong partnerships with State/Tribal and local governments, philanthropic organizations, and private donations that contribute funds in greater proportions than other Older Americans Act programs. Nutrition Services annual Federal funding has increased by approximately 20 percent in the past decade and the Recovery Act provided an additional $100 million in the FY 2009-2010 period for Nutrition Services. The budget request for an additional $8.1 million, or approximately one percent in FY 2011, will help offset the impact of projected inflationary increases and the support from partnerships recovering from the economic downturn.

Considering these factors, in FY 2011 AoA estimates 14.7 million fewer meals will be provided to 185,000 fewer seniors than in 2010. AoA expects the same number of home-delivered meal recipients with severe disabilities will be served in FY 2010 and FY 2011 (Outcome 3.2). AoA projects a decrease of 8.3 million congregate meals (Output H) -- continuing a roughly eight-year trend in declining meal counts -- and 6.4 million home-delivered (Output G) meals from FY 2010 levels as programs face inflation[3] and States spend their remaining Recovery Act funds in 2010. Without the stimulus funding, AoA estimates nearly 8.1 million fewer meals would have been provided in FY 2010. With this budget request, annual Federal funding for congregate meals, excluding Recovery Act funding, will have increased from FY 2004 by over $59 million or 15 percent. In contrast, funding from other sources for congregate meals is predicted to decline by $24 million during a similar time period. The multi-year decline in congregate meal counts are projected to be largely attributable to declining matching funds as State, local, and private budgets face economic hardships and States utilize their statutory authority to transfer appropriations for congregate meals to home-delivered meals and home and community-based supportive services (see page 23). Should State budgets rebound higher than projected in FY 2011, States may elect to provide additional support for meals, further offsetting inflationary pressure and the ending of Recovery Act support.

Outcomes and Outputs Table

Nutrition Services Outcomes and Outputs

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
1.1: For Home and Community-based Services including Nutrition Services, and Caregiver services increase the number of clients served per million dollars of AoA funding. *(Outcome)*	FY 2008: 8,301 (Target Exceeded)	7,742	7,618	-124

[3] AoA assumes the inflation factor of 3.2% from FY 2010 to FY 2011 using the Department of Agriculture's "food away from home" inflation index, consistent with the economic assumptions used in preparation of the President's budget.

NUTRITION SERVICES

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
2.9a: 90% of home delivered meal clients rate services good to excellent. *(Outcome)*	91.03%[4] (Target Met)	90%	90%	Maintain
3.2: Increase the number of older persons with severe disabilities who receive home-delivered meals. *(Outcome)*	FY 2008: 349,934 (Target Not Met)	325,000[5]	325,000	Maintain
Indicator	**Most Recent Result**	**FY 2010 Projection**	**FY 2011 Projection**	**FY 2011 +/- FY 2010**
Output G: Number of Home-Delivered meals served *(Output)*	FY 2008: 146 M (Target Exceeded)	136.5 M[5]	130.1 M	-6.4 M
Output H: Number of Congregate meals served *(Output)*	FY 2008: 94.2 M (Target Not Met)	92.4 M[5]	84.1 M	-8.3 M

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

Grant Awards Tables

Congregate Nutrition Services Grant Awards

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request
Number of Awards	56	56	56	56
Average Award	$7,708,457	$1,160,714	$7,805,349	$7,883,581
Range of Awards	$269,796 - $42,619,031	$40,625 - $6,585,441	$273,187 - $43,489,813	$275,925 - $44,221,133

[4] Based on upper range of survey confidence interval.
[5] Performance target reflects annual appropriation and Recovery Act funds.

NUTRITION SERVICES

Home-Delivered Nutrition Services Grant Awards

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request
Number of Awards	56	56	56	56
Average Award	$3,806,737	$571,429	$3,848,201	$3,905,073
Range of Awards	$133,236 - $21,597,330	$20,000 - $3,242,063	$134,687 - $21,860,186	$136,678 - $22,183,602

Nutrition Services Incentive Program Grant Awards

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request
Number of Awards	299	--	299	299
Average Award	$535,293[6]	--	$533,127[7]	$533,127[7]
Range of Awards	$503 - $16,168,318	--	$503 - $16,101,637	$503 - $16,101,637

[6] Excluding the 244 awards to Tribal organizations, the average award to states, DC, and territories is $2,856,077.
[7] Excluding the 244 awards to Tribal organizations, the average award to states, DC, and territories is $2,844,297.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

FY 2011 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Congregate Nutrition Services (CFDA 93.045)

State/Territory	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
Alabama	6,625,002	1,023,687	6,748,717	6,862,202	113,485
Alaska	2,158,368	325,000	2,185,498	2,207,403	21,905
Arizona	8,638,621	1,334,829	8,993,070	9,144,296	151,226
Arkansas	4,215,426	648,133	4,265,828	4,337,561	71,733
California	42,619,031	6,585,441	43,489,813	44,221,133	731,320
Colorado	5,487,038	847,851	5,682,355	5,777,908	95,553
Connecticut	5,306,740	775,759	5,277,800	5,241,452	(36,348)
Delaware	2,158,368	325,000	2,185,498	2,207,403	21,905
District of Columbia	2,158,368	325,000	2,185,498	2,207,403	21,905
Florida	31,341,465	4,842,845	31,893,428	32,429,743	536,315
Georgia	10,520,908	1,625,678	10,882,405	11,065,402	182,997
Hawaii	2,158,368	325,000	2,185,498	2,207,403	21,905
Idaho	2,158,368	325,000	2,185,498	2,207,403	21,905
Illinois	17,501,863	2,526,641	17,406,419	17,286,541	(119,878)
Indiana	8,436,640	1,303,619	8,565,723	8,709,763	144,040
Iowa	5,144,796	692,861	5,116,740	5,081,501	(35,239)
Kansas	4,140,847	579,749	4,118,266	4,089,903	(28,363)
Kentucky	5,880,652	908,671	6,012,938	6,114,051	101,113
Louisiana	5,716,325	861,168	5,751,188	5,847,899	96,711
Maine	2,158,368	325,000	2,185,498	2,207,403	21,905
Maryland	7,186,907	1,110,512	7,320,042	7,443,135	123,093
Massachusetts	9,902,090	1,403,578	9,848,091	9,780,267	(67,824)
Michigan	13,676,158	2,113,224	13,833,658	14,066,283	232,625
Minnesota	6,743,129	1,041,940	6,850,562	6,965,760	115,198
Mississippi	3,939,582	596,849	3,918,693	3,984,589	65,896
Missouri	8,572,513	1,284,714	8,525,764	8,571,974	46,210
Montana	2,158,368	325,000	2,185,498	2,207,403	21,905
Nebraska	2,772,917	376,813	2,757,795	2,738,802	(18,993)
Nevada	3,194,181	493,561	3,280,796	3,335,966	55,170
New Hampshire	2,158,368	325,000	2,185,498	2,207,403	21,905

NUTRITION SERVICES

PROGRAM: Congregate Nutrition Services (CFDA 93.045)

State/Territory	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
New Jersey	12,342,333	1,857,089	12,275,026	12,287,022	11,996
New Mexico	2,608,445	403,054	2,684,327	2,729,467	45,140
New York	29,324,630	4,148,718	29,164,713	28,963,855	(200,858)
North Carolina	12,007,403	1,855,370	12,325,528	12,532,793	207,265
North Dakota	2,158,368	325,000	2,185,498	2,207,403	21,905
Ohio	16,597,987	2,502,601	16,507,472	16,664,782	157,310
Oklahoma	5,144,022	784,386	5,144,124	5,230,627	86,503
Oregon	5,288,538	817,179	5,435,045	5,526,440	91,395
Pennsylvania	21,544,777	3,005,971	21,427,286	21,279,716	(147,570)
Rhode Island	2,158,368	325,000	2,185,498	2,207,403	21,905
South Carolina	6,231,073	962,818	6,448,002	6,556,430	108,428
South Dakota	2,158,368	325,000	2,185,498	2,207,403	21,905
Tennessee	8,553,255	1,321,639	8,776,816	8,924,406	147,590
Texas	25,965,881	4,012,217	26,691,509	27,140,350	448,841
Utah	2,496,848	385,810	2,607,094	2,650,935	43,841
Vermont	2,158,368	325,000	2,185,498	2,207,403	21,905
Virginia	9,912,439	1,531,658	10,151,547	10,322,254	170,707
Washington	8,327,051	1,286,686	8,558,450	8,702,367	143,917
West Virginia	3,347,126	455,732	3,328,873	3,305,947	(22,926)
Wisconsin	7,729,347	1,194,329	7,834,698	7,966,445	131,747
Wyoming	2,158,368	325,000	2,185,498	2,207,403	21,905
Subtotal, States	423,042,770	63,728,380	428,312,075	432,576,206	4,264,131
American Samoa	602,252	40,625	598,968	594,843	(4,125)
Guam	1,079,184	162,500	1,092,749	1,103,701	10,952
Northern Mariana Islands	269,796	40,625	273,187	275,925	2,738
Puerto Rico	5,600,421	865,370	5,729,792	5,826,144	96,352
Virgin Islands	1,079,184	162,500	1,092,749	1,103,701	10,952
Subtotal, States and Territories	431,673,607	65,000,000	437,099,520	441,480,520	4,381,000
Undistributed 1/	2,595,393	--	3,683,480	4,163,480	480,000
TOTAL	**434,269,000**	**65,000,000**	**440,783,000**	**445,644,000**	**4,861,000**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

FY 2011 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Home-Delivered Nutrition Services (CFDA 93.045)

State/Territory	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
Alabama	3,357,241	503,969	3,392,248	3,442,434	50,186
Alaska	1,065,886	160,000	1,077,496	1,093,420	15,924
Arizona	4,377,649	657,147	4,520,374	4,587,251	66,877
Arkansas	2,125,590	319,081	2,144,222	2,175,945	31,723
California	21,597,330	3,242,063	21,860,186	22,183,602	323,416
Colorado	2,780,574	417,403	2,856,240	2,898,497	42,257
Connecticut	2,544,147	381,912	2,532,559	2,570,027	37,468
Delaware	1,065,886	160,000	1,077,496	1,093,420	15,924
District of Columbia	1,065,886	160,000	1,077,496	1,093,420	15,924
Florida	15,882,387	2,384,170	16,031,256	16,268,432	237,176
Georgia	5,331,504	800,334	5,470,049	5,550,976	80,927
Hawaii	1,065,886	160,000	1,077,496	1,093,420	15,924
Idaho	1,065,886	160,000	1,077,496	1,093,420	15,924
Illinois	8,286,262	1,243,885	8,304,780	8,427,646	122,866
Indiana	4,275,294	641,782	4,305,567	4,369,266	63,699
Iowa	2,272,276	341,101	2,274,970	2,308,627	33,657
Kansas	1,901,319	285,415	1,913,252	1,941,557	28,305
Kentucky	2,980,039	447,346	3,022,408	3,067,123	44,715
Louisiana	2,824,249	423,960	2,890,839	2,933,608	42,769
Maine	1,065,886	160,000	1,077,496	1,093,420	15,924
Maryland	3,641,988	546,714	3,679,425	3,733,860	54,435
Massachusetts	4,603,113	690,992	4,607,228	4,675,390	68,162
Michigan	6,930,437	1,040,356	6,953,499	7,056,373	102,874
Minnesota	3,417,102	512,955	3,443,440	3,494,384	50,944
Mississippi	1,957,399	293,833	1,969,734	1,998,875	29,141
Missouri	4,213,292	632,475	4,237,453	4,300,144	62,691
Montana	1,065,886	160,000	1,077,496	1,093,420	15,924
Nebraska	1,235,779	185,508	1,241,866	1,260,239	18,373
Nevada	1,618,661	242,984	1,649,095	1,673,492	24,397
New Hampshire	1,065,886	160,000	1,077,496	1,093,420	15,924

NUTRITION SERVICES

PROGRAM: Home-Delivered Nutrition Services (CFDA 93.045)

State/Territory	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
New Jersey	6,090,428	914,259	6,073,942	6,163,804	89,862
New Mexico	1,321,837	198,426	1,349,279	1,369,242	19,963
New York	13,605,956	2,042,446	13,730,647	13,933,787	203,140
North Carolina	6,084,790	913,413	6,195,436	6,287,095	91,659
North Dakota	1,065,886	160,000	1,077,496	1,093,420	15,924
Ohio	8,207,423	1,232,050	8,238,036	8,359,914	121,878
Oklahoma	2,572,440	386,159	2,585,698	2,623,952	38,254
Oregon	2,679,984	402,303	2,731,930	2,772,347	40,417
Pennsylvania	9,858,253	1,479,863	9,833,572	9,979,055	145,483
Rhode Island	1,065,886	160,000	1,077,496	1,093,420	15,924
South Carolina	3,157,616	474,003	3,241,093	3,289,044	47,951
South Dakota	1,065,886	160,000	1,077,496	1,093,420	15,924
Tennessee	4,334,389	650,653	4,411,674	4,476,942	65,268
Texas	13,158,293	1,975,245	13,416,508	13,614,999	198,491
Utah	1,265,286	189,937	1,310,458	1,329,845	19,387
Vermont	1,065,886	160,000	1,077,496	1,093,420	15,924
Virginia	5,023,160	754,047	5,102,683	5,178,175	75,492
Washington	4,219,760	633,445	4,301,911	4,365,556	63,645
West Virginia	1,494,599	224,360	1,500,062	1,522,255	22,193
Wisconsin	3,916,871	587,978	3,938,117	3,996,380	58,263
Wyoming	1,065,886	160,000	1,077,496	1,093,420	15,924
Subtotal, States	209,001,235	31,373,972	211,269,184	214,394,600	3,125,416
American Samoa	138,905	20,000	137,789	136,678	(1,111)
Guam	532,943	80,000	538,748	546,710	7,962
Northern Mariana Islands	133,236	20,000	134,687	136,678	1,991
Puerto Rico	2,838,031	426,028	2,880,084	2,922,694	42,610
Virgin Islands	532,943	80,000	538,748	546,710	7,962
Subtotal, States and Territories	213,177,293	32,000,000	215,499,240	218,684,070	3,184,830
Undistributed 1/	1,281,707	--	2,176,760	2,208,930	32,170
TOTAL	**214,459,000**	**32,000,000**	**217,676,000**	**220,893,000**	**3,217,000**

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

FY 2011 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Nutrition Services Incentive Program (CFDA 93.053)

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
Alabama	2,892,540	2,880,610	2,880,610	--
Alaska	315,215	313,915	313,915	--
Arizona	2,173,561	2,164,596	2,164,596	--
Arkansas	2,738,371	2,727,077	2,727,077	--
California	12,400,914	12,349,770	12,349,770	--
Colorado	1,349,057	1,343,493	1,343,493	--
Connecticut	1,549,859	1,543,467	1,543,467	--
Delaware	663,139	660,404	660,404	--
District of Columbia	645,836	643,172	643,172	--
Florida	7,528,758	7,497,708	7,497,708	--
Georgia	2,661,160	2,650,185	2,650,185	--
Hawaii	473,298	471,346	471,346	--
Idaho	727,215	724,215	724,215	--
Illinois	7,038,908	7,009,878	7,009,878	--
Indiana	1,581,342	1,574,820	1,574,820	--
Iowa	1,962,223	1,954,131	1,954,131	--
Kansas	2,258,687	2,249,371	2,249,371	--
Kentucky	1,890,964	1,883,165	1,883,165	--
Louisiana	3,239,049	3,225,691	3,225,691	--
Maine	580,104	577,712	577,712	--
Maryland	1,828,155	1,820,615	1,820,615	--
Massachusetts	5,896,317	5,871,999	5,871,999	--
Michigan	7,308,594	7,278,452	7,278,452	--
Minnesota	2,104,664	2,095,984	2,095,984	--
Mississippi	1,901,968	1,894,123	1,894,123	--
Missouri	4,276,556	4,258,919	4,258,919	--
Montana	1,147,988	1,143,254	1,143,254	--
Nebraska	1,342,273	1,336,738	1,336,738	--
Nevada	920,301	916,505	916,505	--
New Hampshire	1,095,668	1,091,149	1,091,149	--

NUTRITION SERVICES

PROGRAM: Nutrition Services Incentive Program (CFDA 93.053)

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
New Jersey	3,966,134	3,949,777	3,949,777	--
New Mexico	2,074,623	2,066,067	2,066,067	--
New York	16,168,318	16,101,637	16,101,637	--
North Carolina	3,412,386	3,398,312	3,398,312	--
North Dakota	847,273	843,779	843,779	--
Ohio	5,749,933	5,726,219	5,726,219	--
Oklahoma	2,645,114	2,634,205	2,634,205	--
Oregon	1,760,732	1,753,471	1,753,471	--
Pennsylvania	6,313,825	6,287,786	6,287,786	--
Rhode Island	528,195	526,016	526,016	--
South Carolina	1,624,682	1,617,982	1,617,982	--
South Dakota	1,021,836	1,017,622	1,017,622	--
Tennessee	1,718,371	1,711,284	1,711,284	--
Texas	11,711,830	11,663,528	11,663,528	--
Utah	1,390,525	1,384,790	1,384,790	--
Vermont	709,225	706,300	706,300	--
Virginia	2,344,353	2,334,684	2,334,684	--
Washington	1,977,265	1,969,111	1,969,111	--
West Virginia	1,820,272	1,812,765	1,812,765	--
Wisconsin	2,792,400	2,780,884	2,780,884	--
Wyoming	799,996	796,696	796,696	--
Subtotal, States	153,869,972	153,235,379	153,235,379	-
American Samoa	--	--	--	--
Guam	317,908	316,597	316,597	--
Northern Mariana Islands	51,765	51,553	51,553	--
Puerto Rico	2,673,689	2,662,661	2,662,661	--
Virgin Islands	170,877	170,172	170,172	--
Subtotal, States and Territories	157,084,211	156,436,362	156,436,362	--
Tribal Organizations	2,968,488	2,968,488	2,968,488	--
Undistributed 1/	962,301	1,610,150	1,610,150	--
TOTAL	**161,015,000**	**161,015,000**	**161,015,000**	**--**

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

Native American Nutrition & Supportive Services

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Native American Nutrition & Supportive Services.....	$27,208,000	$3,000,000	$27,708,000	$29,708,000	+$2,000,000

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

FY 2011 Authorization..... Such Sums

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Native American Nutrition and Supportive Services provides grants to eligible Tribal organizations to promote the delivery of nutrition and home and community-based supportive services to Native American, Alaskan Native, and Native Hawaiian elders. In the 2000 Census, approximately 213,000 persons age 60 and over identified themselves as American Indians or Alaskan Natives, and another 182,000 persons age 60 and over identified themselves as part American Indians or Alaskan Natives.

Native American Nutrition and Supportive Services grants provide funding for a broad range of services to older Native Americans, including adult day care, transportation, congregate and home-delivered meals, information and referral, personal care, chore, and other supportive services. Currently, AoA's congregate meal program reaches 32 percent of eligible Native American seniors in participating Tribal organizations, home-delivered meals reach 14 percent of such persons, and supportive services reach 52 percent of such persons. These programs, which help to reduce the need for costly nursing home care and medical interventions, are responsive to the cultural diversity of Native American communities and represent an important part of each community's comprehensive services.

Services provided by this program in FY 2008, the most recent available data, include:

- *Transportation Services* provided approximately one million rides to meal sites, medical appointments, pharmacies, grocery stores, and other critical daily activities (Output L).

- *Home-Delivered Nutrition Services* provided 2.4 million meals to nearly 20,200 homebound Native American elders, as well as critical social contacts that help to reduce the risk of depression and isolation experienced by many home-bound elders (Output M).

- *Congregate Nutrition Services* provided 2.2 million meals to more than 45,400 Native American elders in community-based settings, as well as an opportunity for elders to

socialize and participate in a variety of activities, including cultural and wellness programs (Output N).

- *Information, Referral and Outreach Services* provided over one million hours of outreach and information on services and programs to Native American elders and their families, thereby empowering them to make informed choices about their service and care needs (Output O).

The program also provides training and technical assistance to Tribal organizations to support the development of comprehensive and coordinated systems of services to meet the needs of Native American elders. Training and technical assistance is provided through national meetings, site visits, e-newsletters, telephone and written consultation, and through the Native American Resource Centers, funded under Program Innovations.

Eligible Tribal organizations receive nutrition and supportive services formula grants based on their share of the American Indian, Alaskan Native, and Native Hawaiian population age 60 and over. Tribal organizations must represent at least 50 Native American elders age 60 and over to receive funding. There is no requirement for matching funds. In addition, Tribes may decide the age at which a member is considered an elder and thus eligible for services. In FY 2009 grants were awarded to 246 Tribal organizations (representing 400 Tribes), including two organizations serving Native Hawaiian elders, with an average award of $107,477 and a range of grant awards from $74,650 to $1,505,000.

Funding History

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

FY 2006	$26,116,000
FY 2007	$26,134,000
FY 2008	$26,898,000
FY 2009	$27,208,000
FY 2010	$27,708,000

Budget Request

The FY 2011 request for Native American Nutrition and Supportive Services is $29,708,000, an increase of +$2,000,000 above the FY 2010 appropriation. This increase is requested under the Caregiver Initiative to expand services, including adult day care, transportation assistance, case management, and information and referrals; in-home services such as personal care, chore, and help eating dressing and bathing; and community services such as physical fitness programs. These services -- particularly adult day care, personal care, and chore services -- aid caregivers, who might otherwise have to be even more intensively involved with the care of their loved ones.

These funds will provide approximately 1,045,000 rides (Output L), 2.4 million meals at home (Output M), and 2.2 million meals at congregate sites (Output N) to approximately 65,600 Native American seniors. These services will allow Native American elders, many of whom have limitations in activities of daily living that make it difficult to care for themselves, to remain at home, in the community, or on the reservation, which is what they prefer.

In FY 2011 the targeted number of units of service, such as home-delivered meals and transportation trips, provided to Native Americans per thousand dollars of AoA funding is projected at 330, a 50 percent increase over the FY 2002 base of 220 (Outcome 1.3). Over the past several years Native American services have met or exceeded their efficiency and output targets for meals and trips due in part to contributions from tribal organizations which value these programs. At the request level, these programs can continue to provide services that assist Native American elders to remain independent and in the community. Tribal representatives participating in listening sessions have consistently indicated that the types of home and community-based supportive services that AoA is able to provide are important for meeting the needs of elderly Native Americans.

Outcome and Outputs Table

Native American Nutrition & Supportive Services Outcome and Outputs

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
1.3: For Title VI Services, increase the number of units of service provided to Native Americans per thousand dollars of AoA funding. *(Outcome)*	FY 2008: 332 (Target Exceeded)	300[1]	330	+30
Indicator	**Most Recent Result**	**FY 2010 Projection**	**FY 2011 Projection**	**FY 2011 +/- FY 2010**
Output L: Transportation Services units *(Output)*	FY 2008: 1 M	798,000	1,045,000	+247,000
Output M: Home-Delivered Nutrition meals *(Output)*	FY 2008: 2.4 M	2,350,000[1]	2,500,000	+150,000
Output N: Congregate Nutrition meals *(Output)*	FY 2008: 2.1 M	1,800,000[1]	2,200,000	+400,000
Output O: Information, Referral and Outreach units *(Output)*	FY 2008: 1 M	992,000	1,100,000	+108,000

[1] Performance target reflects annual appropriation and Recovery Act funds

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Preventive Health Services

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Preventive Health Services	$21,026,000	--	$21,026,000	$21,026,000	--

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

FY 2011 Authorization..... Such Sums

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Preventive Health Services, established in 1987, provides formula grants to States and Territories, based on their share of the population aged 60 and over, to support activities that educate older adults about the importance of healthy lifestyles and promote healthy behaviors that can help to prevent or delay chronic disease and disability, thereby reducing the need for more costly medical interventions.

Due in large part to advances in public health and medical care, Americans are leading longer and more active lives. Average life expectancy has increased from less than 50 years at the turn of the 20th century to almost 78 years today. On average an American turning age 65 today can expect to live an additional 18.6 years. The population of older Americans is also growing, particularly the population age 85 and over, which is growing very rapidly and is projected to total 5.8 million by 2010 and 8.7 million by the year 2030. One consequence of this increased longevity is the higher incidence of chronic diseases such as obesity, arthritis, diabetes, osteoporosis, or depression as well as the greater probability of injury from a fall, which quickly limits physical activity.

States and Territories provide funds to Area Agencies on Aging (AAAs), which in turn funds local agencies and service providers. States and Territories have in the past, and again in FY 2010, been required to use at least the statutorily-mandated level of funding for medication management, screening, and education activities, but otherwise have had flexibility to allocate resources among the preventive health activities of their choice to best meet local needs. Priority has been given to providing services to those elders living in medically underserved areas of the state or who have the greatest economic need.

Services provided through the Preventive Health Service program include:

- *Information and Outreach,* including the distribution of information to seniors through Aging and Disability Resource Centers, AAAs, senior centers, community parks and recreation programs, housing programs, faith based organizations, Chronic Disease

Self-Management Programs, congregate meal sites, and the home-delivered meals program about healthy lifestyles and behaviors.

- *Health Screenings and Risk Assessments* for a variety of conditions, including hypertension, diabetes, dental, cholesterol, hearing, vision, and glaucoma.

- *Enhanced Fitness* evidence-based programs, including physical activity and exercise programs that help to maintain both physical and mental well-being.

- *Enhanced Wellness* evidence-based programs, to help older adults manage their chronic diseases through personal health goals and action plans.

- *Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)* program that integrates depression awareness and management into existing case management services provided to older adults.

In recent years, States have begun to shift the funding to provide greater funding to support evidence-based approaches, especially in dealing with chronic diseases. Examples of evidence-based models include enhanced fitness, enhanced wellness, falls prevention, and chronic disease self-management programs have been demonstrated to be especially effective and have shown the value of focusing dollars on proven interventions. Evidence-based programs are interventions that have been tested through randomized control trials and have been shown to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. AoA continues to encourage States and the Aging Services Network to adopt evidence-based prevention programs and more and more States are using these and other resources to do so. Some examples of evidence-based interventions are:

Enhanced fitness and enhanced wellness programs

Enhanced fitness is a multi-component group exercise program designed for community-based organizations and intended to promote physical activity among older adults. Strength training using soft wrist and ankle weights; cardiovascular workout using dancing, aerobics, or walking; and balance and posture exercises are used to increase the physical health of older adults. In addition exercise has been proven to improve depression, which studies have shown that nearly 20 percent of U.S. adults 65 years and older experience. Exercise may also act as a buffer against many illnesses impacted by stress.

Falls prevention

Falls prevention programs teach participants to improve strength, balance, and mobility; provide education on how to avoid falls and reduce fall risk factors; involve medication reviews and modifications; provide referrals for medical care management for selected fall risk factors; and provide home hazard assessments of ways to reduce environmental hazards.

Recent studies have shown that in the United States more than one-third of adults age 65 and over fall each year. Of those who fall, 20 to 30 percent will experience serious injuries, such as head trauma, broken bones, or hip fractures. These injuries may limit the ability of older adults to get around or live independently. Those who are not injured may develop a fear of falling, which may increase their actual risk of falling. Many people limit their activity after a fall, which may reduce strength, physical fitness, and mobility.[1]

Chronic disease self-management programs

Older Americans are disproportionately affected by a vast array of chronic conditions (including diabetes, obesity, heart disease, cancer, arthritis, and depression) that collectively account for seven out of every 10 deaths and contribute to more than three-quarters of all Medicare expenditures.[2] Data show that as an individual's number of chronic conditions increases, there is a corresponding escalation in adverse outcomes including mortality, poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice, all of which lead to higher health costs and greater outlays for programs like Medicare and Medicaid.

Chronic disease self-management programs teach evidence-based disease prevention models that utilize state-of-the-art techniques to help people with chronic disease to better self-manage their conditions, improve their health status, and reduce their need for more costly medical care. Programs often consist of a series of workshops in community settings comfortable to seniors such as churches, libraries, YW/MCAs, senior centers, public housing programs, community health centers, and cooperative extension programs. People with different chronic health problems may attend together, and the workshops are facilitated by leaders who are trained and certified. Through these programs, people with chronic diseases learn that they can change their health behaviors through action plans and goal setting.

In 2008 at least 400 services were identified by States which were focused on improving seniors' health. Activities have been carried out at multi-purpose senior centers, meal sites, and other community-based settings, as well as through individualized counseling and services for vulnerable elders. States reported 5.9 million seniors served in these health-related programs which received $16 million in additional funding from States and local entities.

[1] Even, Jennifer. 2009. *Senior Series.* The Ohio State University Extension. 20 May 2009.

[2] Deaths: Leading Causes for 2004. National Vital Statistics Report, V. 56, No. 5. Centers for Disease Control and Prevention. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_05.pdf . Accessed December 30, 2009.

Follow the Money -- Controlling Expenditures by Improving Care for Patients Needing Costly Services. Bodenheimer, T., and Berry-Millett, R. New England Journal of Medicine. 15 October 2009.

PREVENTIVE HEALTH SERVICES

Funding History

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

FY 2006	$21,385,000
FY 2007	$21,400,000
FY 2008	$21,026,000
FY 2009	$21,026,000
FY 2010	$21,026,000

Budget Request

The FY 2011 budget request for Preventive Health Services is $21,026,000, the same as the FY 2010 appropriation. The President's budget continues to provide flexibility for States to allocate resources among the preventive health activities of their choice to best meet State and local needs. States are increasingly supporting evidence-based prevention programs, as discussed previously. Their flexibility to support evidence-based programs is further increased by this budget's request to remove the FY 2010 appropriations requirement to use a minimally-mandated level of funding for medication management, screening, and education activities.

In addition, competitive funding for evidence-based prevention programs, separately funded through AoA's Health and Long-term Care Programs line, helps States learn about and implement evidence-based practices with these preventive health services formula grant resources. AoA also plans to issue competitive awards in FY 2010 using Recovery Act Prevention and Wellness funds to further support evidence-based chronic disease self-management programs. These Recovery Act awards will further help States implement evidence-based best practices.

Performance Measurement

Since AoA is promoting evidence-based systems, the performance measure developed to address this area -- the number of States, the District of Columbia, and territories using Title III funds to implement evidence-based disease prevention programs -- is especially appropriate.

PREVENTIVE HEALTH SERVICES

Outputs Table

Preventive Health Services Outputs

Indicator	Most Recent Result	FY 2010 Projection	FY 2011 Projection	FY 2011 +/- FY 2010
Output AA: The Number of States that implement evidence based disease prevention programs using Title III Preventive Health funds (Output)	N/A	N/A	Baseline	N/A
Output AB: The Number of people served with health and disease prevention programs (Output)	N/A	N/A	Baseline	N/A

Grant Awards Table

Preventive Health Services Grant Awards

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request
Number of Awards	56	--	56	56
Average Award	$375,464	--	$375,464	$375,464
Range of Awards	$13,141 - $2,132,032	--	$13,141 - $2,132,032	$13,141 - $2,132,032

PREVENTIVE HEALTH SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

FY 2011 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Preventive Health Services (CFDA 93.043)

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
Alabama	333,168	333,168	333,168	--
Alaska	105,130	105,130	105,130	--
Arizona	405,273	405,273	405,273	--
Arkansas	211,585	211,585	211,585	--
California	2,132,032	2,132,032	2,132,032	--
Colorado	256,172	256,172	256,172	--
Connecticut	261,174	261,174	261,174	--
Delaware	105,130	105,130	105,130	--
District of Columbia	105,130	105,130	105,130	--
Florida	1,557,571	1,557,571	1,557,571	--
Georgia	487,659	487,659	487,659	--
Hawaii	105,130	105,130	105,130	--
Idaho	105,130	105,130	105,130	--
Illinois	841,161	841,161	841,161	--
Indiana	427,123	427,123	427,123	--
Iowa	232,252	232,252	232,252	--
Kansas	191,697	191,697	191,697	--
Kentucky	292,333	292,333	292,333	--
Louisiana	295,701	295,701	295,701	--
Maine	105,333	105,333	105,333	--
Maryland	361,152	361,152	361,152	--
Massachusetts	465,465	465,465	465,465	--
Michigan	693,994	693,994	693,994	--
Minnesota	339,094	339,094	339,094	--
Mississippi	196,251	196,251	196,251	--
Missouri	423,251	423,251	423,251	--
Montana	105,130	105,130	105,130	--
Nebraska	124,900	124,900	124,900	--
Nevada	151,762	151,762	151,762	--
New Hampshire	105,130	105,130	105,130	--

PREVENTIVE HEALTH SERVICES

PROGRAM: Preventive Health Services (CFDA 93.043)

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
New Jersey	620,946	620,946	620,946	--
New Mexico	127,394	127,394	127,394	--
New York	1,376,603	1,376,603	1,376,603	--
North Carolina	577,661	577,661	577,661	--
North Dakota	105,130	105,130	105,130	--
Ohio	835,879	835,879	835,879	--
Oklahoma	257,429	257,429	257,429	--
Oregon	254,913	254,913	254,913	--
Pennsylvania	1,018,552	1,018,552	1,018,552	--
Rhode Island	105,130	105,130	105,130	--
South Carolina	295,433	295,433	295,433	--
South Dakota	105,130	105,130	105,130	--
Tennessee	416,815	416,815	416,815	--
Texas	1,253,246	1,253,246	1,253,246	--
Utah	115,100	115,100	115,100	--
Vermont	105,130	105,130	105,130	--
Virginia	484,930	484,930	484,930	--
Washington	397,692	397,692	397,692	--
West Virginia	153,137	153,137	153,137	--
Wisconsin	391,448	391,448	391,448	--
Wyoming	105,130	105,130	105,130	--
Subtotal, States	20,624,841	20,624,841	20,624,841	--
American Samoa	13,141	13,141	13,141	--
Guam	52,565	52,565	52,565	--
Northern Mariana Islands	13,141	13,141	13,141	--
Puerto Rico	269,747	269,747	269,747	--
Virgin Islands	52,565	52,565	52,565	--
Subtotal, States and Territories	21,026,000	21,026,000	21,026,000	--
TOTAL	**21,026,000**	**21,026,000**	**21,026,000**	**--**

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Caregiver Services

Summary of Request

Families are the nation's primary provider of long-term care, but a number of factors including financial constraints, work and family demands, and the many challenges of providing care place great pressure on family caregivers. Caregiving responsibilities demand time and money from families who too often are already strapped for both. To address this, the request includes an additional $102.5 million for the Caregiver Initiative for caregiver and home and community-based supportive services programs to expand help to families better care for their loved ones and provide additional support to seniors trying to remain independent in their communities.

As part of this Caregiver Initiative, the Budget requests $50 million in additional funding for the National Family Caregiver Support program (including $2 million for Native American Caregiver Support Services), and doubles funding, from $2.5 million to $5 million, for the Lifespan Respite Care program. Together, these programs support family and informal caregivers by providing information, assistance, counseling, training, respite, and other services which help them care for their loved ones at home.

AoA is committed to supporting the caregivers of older adults. The availability of a skilled caregiver -- whether a family or informal caregiver, a paraprofessional worker, or an unrelated volunteer -- all too often determines whether an individual remains independent or moves into a nursing home. In 2004, approximately 34 million adult caregivers provided uncompensated care to those 50 years of age and older.[1] The economic value of replacing unpaid caregiving in 2007 was estimated to be about $375 billion, an increase from $350 billion in 2006 (cost if that care had to be replaced with paid services).[2]

The demands of caregiving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk for institutionalization of the care recipient. Caregivers suffer from higher rates of depression than non-caregivers of the same age, and research indicates that caregivers suffer a mortality rate that is 63 percent higher than non-caregivers.[3]

Providing support that makes it easier for family caregivers, such as information, counseling and training, respite care, or supplemental services, is critical to sustaining caregivers' ability to provide care. Seventy-seven percent of the caregivers served by AoA programs report that AoA services allow them to provide care longer than they otherwise could.[4]

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[1] National Alliance for Caregiving and AARP. Caregiving in the U.S. Bethesda: National Alliance for Caregiving, and Washington, DC: AARP, 2004.

[2] Gibson M.J., & Houser, A.N. *Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update*. Washington, D.C.: AARP Public Policy Institute: 2008 November, Insight on the Issues #13.

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

[4] Ibid.

At the same time, AoA recognizes that it must also address the growing need for more caregivers every day. By 2015, AoA projects that there will be 12.9 million non-institutionalized seniors age 65 and over with 1+ ADL deficits, an increase of almost +2 million seniors or +18 percent since 2008, needing caregiver assistance.[5]

To address all of these caregiver-related needs, AoA requests a total of $227,073,000 in FY 2011, an increase of $52,500,000 for caregiver programs. This request includes:

- $202,220,000 for Family Caregiver Support Services, an increase of +$48,000,000 above the FY 2010 appropriation. This program makes a range of support services available to family and informal caregivers in States, including counseling, respite care, and training, that assist family and informal caregivers to care for their loved ones at home for as long as possible. Studies have shown that these supports can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly nursing home care. These funds will increase the number of caregivers receiving support by nearly 200,000 to 755,000 caregivers.

- $8,389,000 for Native American Caregiver Support Services, an increase of +$2,000,000 above the FY 2010 appropriation. This program makes a range of services available to Native American caregivers, including information and outreach, access assistance, individual counseling and outreach, access assistance, individual counseling, support groups and training, respite care and other supplemental services.

- $11,464,000 for Alzheimer's Disease Supportive Services, the same as the FY 2010 appropriation. One critical focus of grants under this program is to support the family caregivers who provide countless hours of unpaid care thereby enabling their family members with dementia to continue living in the community; another is to expand the availability of diagnostic and support services to those with Alzheimer's.

- $5,000,000 for Lifespan Respite Care, an increase of +$2,500,000 above the FY 2010 appropriation. This program funds grants to improve the quality and access of respite care for family caregivers of children or adults of any age with special needs.

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

[5] Data extrapolated by AoA from U.S. Census Bureau, "2008 National Population Projections," released August 2008, <http://www.census.gov/population/www/projections/2008projections.html> and Health Data Interactive, National Center on Health Statistics, Centers for Disease Control and Prevention, "Functional limitations among Medicare beneficiaries, ages 65+: US, 1992-2006." Accessed 31 August 2009.

Family Caregiver Support Services

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Family Caregiver Support Services	$154,220,000	--	$154,220,000	$202,220,000	+$48,000,000

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

FY 2011 Authorization..... $187,000,000[1]

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Family Caregiver Support Services provides grants to States and Territories, based on their share of the population age 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. The program includes five basic system components: information, access assistance, counseling and training, respite care, and supplemental services. These services work in conjunction with Health and Independence Services, such as transportation services, homemaker services, home-delivered meals, and adult day care, to provide a coordinated set of supports for seniors that caregivers can access on their behalf.

Family and other informal caregivers have often been called the backbone of America's long-term care system. On a daily basis, these individuals assist relatives and other loved ones with tasks ranging from assisting with personal care and homemaking to more complex health-related interventions like medication administration and wound care. The economic value of replacing unpaid caregiving in 2007 was estimated to be about $375 billion (cost if that care had to be replaced with paid services).[2] Caregivers often experience conflicts between work and caregiving, with 25 percent reporting that they have had to make adjustments such as retiring or taking time away from work.

In 2009, at least 43.5 million adult caregivers, or approximately 19 percent of all adults, provided uncompensated care to those 50 years of age and older.[3] By 2015, AoA projects that there will

[1] The budget proposes appropriations language with a specific amount for the National Family Caregivers Support Services program because the requested appropriation amount exceeds the authorization level in the Older Americans Act. The proposed appropriations language ensures AoA will be able to expend the higher sum without violating the Antideficiency Act.

[2] Gibson M.J., & Houser, A.N. *Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update*. Washington, D.C.: AARP Public Policy Institute: 2008 November, Insight on the Issues #13.

[3] National Alliance for Caregiving and AARP. Caregiving in the U.S.: A Focused Look at Those Caring for the 50+. 2009. <http://www.aarp.org/research/surveys/care/ltc/hc/articles/caregiving_09.html>

be 12.9 million non-institutionalized seniors age 65 and over with 1+ ADL deficits, an increase of almost +2 million seniors or +18 percent since 2008, needing caregiver assistance.[4]

The availability of a skilled caregiver -- whether an informal caregiver, a paraprofessional worker or an unrelated volunteer -- all too often determines whether an individual remains independent or goes into a nursing home. Research has shown that caregiving exacts a heavy emotional, physical and financial toll. Many caregivers who work and provide care at the same time experience conflicts between these responsibilities. As reported in AoA's 2008 National Survey of Older Americans Act (OAA) Participants, twenty-five percent of caregivers are assisting two or more individuals. Sixty-five percent of Title III caregivers are 60 or older, making them more vulnerable to a decline in their own health, and nearly one-third describe their own health as fair to poor.[5] Caregivers also suffer from higher rates of depression than non-caregivers of the same age, and research indicates that caregivers suffer a mortality rate that is 63 percent higher than non-caregivers.[6] The demands of caregiving can lead to a breakdown of the caregiver's health, and the illness, hospitalization, or death of a caregiver increases the risk for institutionalization of the care recipient.

Family Caregiver Support Services provide a variety of supports to family and informal caregivers. Based on FY 2008 data, the most recent available, services provided included:

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

- *Counseling and Training Services* provided more than 153,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving (Output J).

- *Respite Care Services* provided more than 75,000 caregivers with 10 million hours with temporary relief -- at home, or in an adult day care or nursing home setting -- from their caregiving responsibilities (Output K).

Studies have shown that these types of supports can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care for their loved ones. A study, *Intervention to Delay Nursing Home Placement of Patients with Alzheimer's Disease*, indicates that counseling and support for caregivers of individuals with Alzheimer's disease can permit the care recipient to stay at home, at significantly less cost, for an additional year before being admitted to a nursing home.

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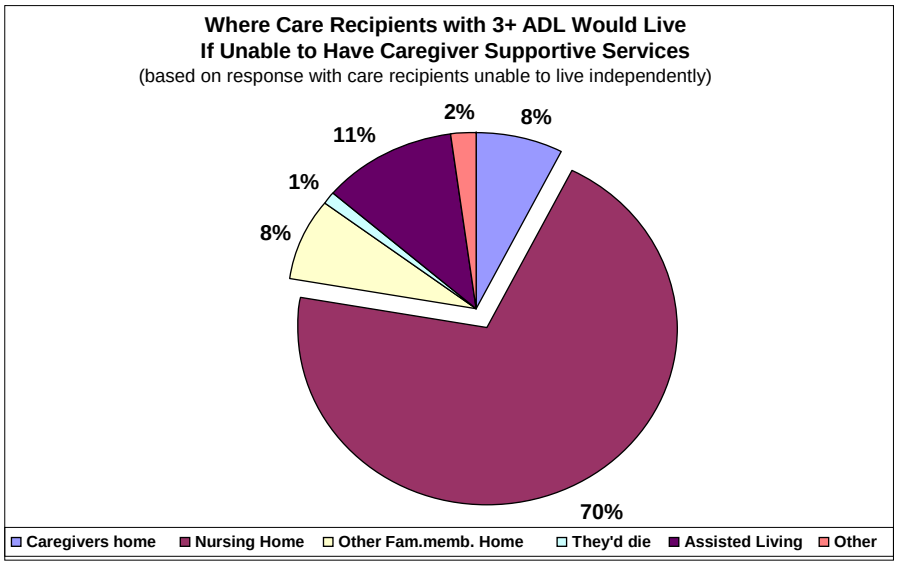
[4] Data extrapolated by AoA from U.S. Census Bureau, "2008 National Population Projections," released August 2008, <http://www.census.gov/population/www/projections/2008projections.html> and Health Data Interactive, National Center on Health Statistics, Centers for Disease Control and Prevention, "Functional limitations among Medicare beneficiaries, ages 65+: US, 1992-2006." Accessed 31 August 2009.

[5] 2008 National Survey of Older Americans Act Participants. http://www.data.aoa.gov, select AGID.

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

Additionally, data from AoA's national surveys of caregivers of elderly clients also shows that OAA services, including those provided through Family Caregiver Support Services, are effective in helping caregivers to keep their loved ones at home. Approximately 77 percent of caregivers of program clients reported in 2008 that services enabled them to provide care longer than otherwise would have been possible.[7] Caregivers receiving services were also asked whether the care recipient would have been able to live in the same residence if the services had not been available. Nearly half the caregivers of nursing home eligible care recipients indicated that the care recipient would be unable to remain at home without the support services. Those respondents were then asked to identify where the care recipient would be living without services. A significant majority of those caregivers, 81 percent, indicated that the care recipient would most likely be living in a nursing home or assisted living (see below).



Clearly, the importance of family and other informal caregivers to keeping those for whom they care independent and out of nursing homes and other institutions cannot be overstated nor can the need to provide services and supports that allow them to continue providing care.

Funding History

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

FY 2006 ..... $156,060,000
FY 2007 ..... $156,167,000
FY 2008 ..... $153,439,000
FY 2009 ..... $154,220,000
FY 2010 ..... $154,220,000

[7] 2008 National Survey of Older Americans Act Participants. http://www.data.aoa.gov, select AGID.

FAMILY CAREGIVER SUPPORT SERVICES

Budget Request

The FY 2011 request for Family Caregiver Support Services is $202,220,000, a 31 percent increase of +$48,000,000 above the FY 2010 appropriation as part of the Caregiver Initiative to increase supports to families to assist them in caring for their aging relatives so they may remain healthy and independent in their community. Over 50 percent of the caregivers helped by this program have incomes from $20,000 to $50,000, so this initiative will assist individuals in the middle income bracket, many of whom are caring for a loved one in their prime income earning years and are placing their careers, retirement, and own health at risk.

With this funding increase, nearly 200,000 additional caregivers, for a total of 755,000 caregivers, (Outcome 3.1) will be provided with supportive services including 12 million hours of respite care or temporary relief from their caregiving responsibilities. This is an increase of 3 million more hours of respite care, the service rated by caregivers as the most helpful. They will also provide nearly 186,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving, increasing by 49,000 the number of people who are better trained in caring for their loved one (Output J).

In addition, the increases should further reduce the percentage of caregivers reporting difficulty in getting services. In FY 2011, the Aging Services Network plans to meet or exceed the target of only 30 percent of caregivers experiencing difficulty obtaining services (Outcome 2.6). This is a substantial accomplishment since baseline levels from 2003 showed that 64 percent of caregivers had difficulty getting services, and by 2008 that rate had been reduced by more than half to 24.6 percent of caregivers reporting difficulty getting services.

For FY 2011, the performance target for National Family Caregiver Support Program participants who rate services good to excellent will remain consistently high at 90 percent (Outcome 2.9c). The substantive improvements in program performance can be attributed to successful implementation of the National Family Caregiver Support Program. While client reported assessment of service quality and program outcomes is expected to remain at high levels, service outputs are expected to increase reflecting the impact of increased funding.

Outcomes and Outputs Table

Family Caregiver Support Services Outcomes and Outputs

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
2.6: Reduce the percent of caregivers who report difficulty in getting services. *(Outcome)*	FY 2009: 24.6% (Target Exceeded)	30%	30%	Maintain
2.9c: 90% of NFCSP clients rate services good to excellent. *(Outcome)*	FY 2009: 95.4% (Target Exceeded)	90%	90%	Maintain
3.1: Increase the number of caregivers served. *(Outcome)*	FY 2008: 675,243 (Target Not Met)	560,000	755,000	+195,000

FAMILY CAREGIVER SUPPORT SERVICES

FAMILY CAREGIVER SUPPORT SERVICES

Indicator	Most Recent Result	FY 2010 Projection	FY 2011 Projection	FY 2011 +/- FY 2010
Output I: Caregivers access assistance units of service. *(Output)*	FY 2008: 1,300,000	1,200,000	1,600,000	+400,000
Output J: Caregivers receiving counseling and training. *(Output)*	FY 2008: 153,148	137,000	186,000	+49,000
Output K: Caregivers receiving respite care services. *(Output)*	FY 2008: 75,687	74,000	92,000	+18,000

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

Grant Awards Table

Family Caregiver Support Services Grant Awards

	FY 2009 Omnibus	FY 2009 Recovery Act	FY 2010 President's Budget	FY 2011 Request
Number of Awards	56	--	56	56
Average Award	$2,737,470	--	$2,726,389	$3,574,961
Range of Awards	$95,811 - $15,485,835	--	$95,424 - $15,506,472	$125,124 - $20,332,763

FAMILY CAREGIVER SUPPORT SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

FY 2011 DISCRETIONARY STATE FORMULA GRANTS

PROGRAM: Family Caregivers Supportive Services (CFDA 93.052)

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
Alabama	2,388,721	2,385,024	3,127,348	742,324
Alaska	766,492	763,389	1,000,989	237,600
Arizona	3,197,875	3,275,583	4,295,086	1,019,503
Arkansas	1,521,777	1,517,951	1,990,403	472,452
California	15,485,835	15,506,472	20,332,763	4,826,291
Colorado	1,847,782	1,856,241	2,433,985	577,744
Connecticut	1,867,650	1,821,153	2,387,976	566,823
Delaware	766,492	763,389	1,000,989	237,600
District of Columbia	766,492	763,389	1,000,989	237,600
Florida	12,409,192	12,419,421	16,284,888	3,865,467
Georgia	3,474,146	3,494,535	4,582,187	1,087,652
Hawaii	766,492	763,389	1,000,989	237,600
Idaho	766,492	763,389	1,000,989	237,600
Illinois	6,001,247	5,925,733	7,770,080	1,844,347
Indiana	3,066,134	3,043,099	3,990,244	947,145
Iowa	1,760,734	1,733,866	2,273,521	539,655
Kansas	1,430,357	1,413,037	1,852,836	439,799
Kentucky	2,070,600	2,074,910	2,720,712	645,802
Louisiana	1,987,302	2,001,064	2,623,882	622,818
Maine	766,492	763,389	1,000,989	237,600
Maryland	2,508,352	2,492,457	3,268,219	775,762
Massachusetts	3,412,029	3,341,332	4,381,300	1,039,968
Michigan	4,936,669	4,859,982	6,372,621	1,512,639
Minnesota	2,478,709	2,451,906	3,215,046	763,140
Mississippi	1,390,319	1,383,291	1,813,832	430,541
Missouri	3,053,274	3,023,691	3,964,795	941,104
Montana	766,492	763,389	1,000,989	237,600
Nebraska	945,715	935,875	1,227,161	291,286
Nevada	1,035,492	1,044,422	1,369,492	325,070
New Hampshire	766,492	763,389	1,000,989	237,600

FAMILY CAREGIVER SUPPORT SERVICES

PROGRAM: Family Caregivers Supportive Services (CFDA 93.052)

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
New Jersey	4,425,545	4,349,022	5,702,627	1,353,605
New Mexico	942,470	955,657	1,253,100	297,443
New York	9,932,045	9,869,763	12,941,664	3,071,901
North Carolina	4,171,739	4,172,612	5,471,311	1,298,699
North Dakota	766,492	763,389	1,000,989	237,600
Ohio	6,013,361	5,935,403	7,782,759	1,847,356
Oklahoma	1,846,777	1,834,451	2,405,413	570,962
Oregon	1,879,727	1,874,573	2,458,022	583,449
Pennsylvania	7,582,087	7,421,172	9,730,965	2,309,793
Rhode Island	766,492	763,389	1,000,989	237,600
South Carolina	2,153,600	2,172,509	2,848,688	676,179
South Dakota	766,492	763,389	1,000,989	237,600
Tennessee	2,980,312	2,993,934	3,925,777	931,843
Texas	9,079,495	9,115,012	11,952,003	2,836,991
Utah	889,240	908,506	1,191,273	282,767
Vermont	766,492	763,389	1,000,989	237,600
Virginia	3,417,589	3,424,476	4,490,323	1,065,847
Washington	2,883,863	2,883,684	3,781,213	897,529
West Virginia	1,082,333	1,069,824	1,402,800	332,976
Wisconsin	2,887,829	2,850,761	3,738,042	887,281
Wyoming	766,492	763,389	1,000,989	237,600
Subtotal, States	150,402,319	149,756,461	196,367,214	46,610,753
American Samoa	95,811	95,424	125,124	29,700
Guam	383,246	381,695	500,495	118,800
Northern Mariana Islands	95,811	95,424	125,124	29,700
Puerto Rico	1,937,877	1,967,101	2,579,348	612,247
Virgin Islands	383,246	381,695	500,495	118,800
Subtotal, States and Territories	153,298,310	152,677,800	200,197,800	47,520,000
Undistributed 1/	921,690	1,542,200	2,022,200	480,000
TOTAL	**154,220,000**	**154,220,000**	**202,220,000**	**48,000,000**

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

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Native American Caregiver Support Services

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Native American Caregiver Supportive Services	$6,389,000	--	$6,389,000	$8,389,000	+$2,000,000

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

FY 2011 Authorization.....$7,900,000[1]

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Native American Caregiver Supportive Services provide grants to eligible Tribal organizations to provide support for family and informal caregivers of Native American, Alaskan Native and Native Hawaiian elders. These programs, which help to reduce the need for costly nursing home care and medical interventions, are responsive to the cultural diversity of Native American communities and represent an important part of each community's comprehensive services.

Formula grants for the Native Americans Caregiver Supportive Services programs are allocated to eligible Tribal organizations based on their share of the American Indian, Alaskan Native, and Native Hawaiian population aged 60 and over. Tribal organizations must represent at least 50 Native American elders age 60 and over to receive funding. There is no requirement for matching funds. Tribes may also decide the age at which a member is considered an elder and thus eligible for services. In addition, there is no limit on the percentage of funds that can be used for services to grandparents caring for grandchildren. In FY 2009 grants for Caregiver Support Services were awarded to 205 Tribal organizations, including one organization serving Native Hawaiian elders, with an average award of $31,088 and a range of grant awards from $14,360 to $58,666.

Grants assist American Indian, Alaskan Native and Native Hawaiian families caring for older relatives with chronic illness or disability and grandparents caring for grandchildren. The program provides a variety of direct services that meet a range of caregiver needs, including information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services. Tribal organizations coordinate with other programs, including the Volunteers In Service To America (VISTA) program, to help support and create sustainable caregiver programs in Native American communities (many of which are

[1] The budget proposes appropriations language with a specific amount for the Native American Caregiver Support Services program because the requested appropriation amount exceeds the authorization level in the Older Americans Act. The proposed appropriations language ensures AoA will be able to expend the higher sum without violating the Antideficiency Act.

geographically isolated). A core value of the Native American Caregiver Support Services, as expressed by Tribal leaders, is that the program should not replace the tradition of families caring for their elders. Rather, it provides support that strengthens the family caregiver role.

Funding History

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

FY 2006	$6,237,000
FY 2007	$6,241,000
FY 2008	$6,316,000
FY 2009	$6,389,000
FY 2010	$6,389,000

Budget Request

The FY 2011 request for Services for Native Americans is $8,389,000, an increase of +$2,000,000 above the FY 2010 appropriation. These additional funds are requested as part of the Caregiver Initiative to increase supports to families to assist them in caring for their aging relatives, and to insure that additional resources also are available for the supportive services that allow seniors to remain healthy, independent and in their community. In the 2000 Census, approximately 213,000 persons age 60 and over identified themselves as American Indians or Alaskan Natives, and another 182,000 persons age 60 and over identified themselves as part American Indians or Alaskan Natives.

The increase for caregiver supportive services will allow more Native American elders, many of whom have limitations in activities of daily living that make it difficult to care for themselves, to remain at home, in the community, or on the reservation, which is what they prefer. Studies have shown that providing assistance to caregivers can help them cope with the emotional, physical and financial toll associated with caregiving, thereby enabling them to provide care for their loved ones longer and avoid or delay the need for costly nursing home care.

Performance data indicates that these programs are an efficient means to help Native American Elders remain independent and in the community. It should be noted that performance for FY 2010 is expected to decline due to the economic downturn impacting Tribal government budgets. For FY 2011 the efficiency measure shows performance trending upward again, consistent with the budget level requested and the anticipated positive impact of management improvements and targeted investments.

In FY 2011 the Native American Caregiver Support Program will continue to assist family caregivers, whose assistance is critical to enabling Native American elders with disabilities to remain at home, in the community, or on the reservation. It is estimated that in FY 2011 more than 320,000 units of caregiver-related services including respite care, information and referral, caregiver training, lending closets, and support groups will be provided by Native American Tribal organizations.

NATIVE AMERICAN CAREGIVER SUPPORT SERVICES

Outcome Table

Native American Caregivers Supportive Services Outcome and Outputs

Measure	Most Recent Result	FY 2010 Projection	FY 2011 Projection	FY 2011 +/- FY 2010
3.1: Increase the number of caregivers served. *(Outcome)*	FY 2008: 675,243 (Target Not Met)	560,000	755,000	+195,000

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Alzheimer's Disease Supportive Services Program

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Alzheimer's Disease Supportive Services Program.....	$11,464,000	--	$11,464,000	$11,464,000	--

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

FY 2011 Authorization..... Expired

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

Program Description and Accomplishments:

The Alzheimer's Disease Supportive Services Program (ADSSP) funds competitive grants for States to expand the availability of diagnostic and support services that help persons with dementia and as well as the family members who care for them. A critical focus of these grants is to support the family caregivers who provide countless hours of unpaid care thereby enabling their family members with dementia to continue living in the community. In order to maintain the quality of life of the caregiver and their family members with dementia, the ADSSP: 1) provides respite care, personal care, counseling, and informational assistance, using proven and innovative direct care practices; and 2) enhances the responsiveness and readiness of the home and community-based care system by improving service coordination and educating service providers about proven dementia care strategies.

ADSSP grants enable States to develop service and outreach programs that are specific to State needs and resources. The primary components of the ADSSP program include:

- Delivering supportive services including respite care, home health care, personal care, adult day care, and companion services to assist caregivers, families, and persons with Alzheimer's disease.

- Translating and replicating evidence-based interventions for dementia caregivers at the community level.

- Incorporating evidence-based research in the formulation of innovative projects and advancing changes to a State's overall system of home and community-based care.

- Providing individualized and public information, education, and referrals about diagnostic, treatment and related services; sources of assistance for services; and legal rights of people affected by Alzheimer's disease.

- Linking public and non-profit agencies that develop and operate respite care and other community-based supports, educational, and diagnostic services within the State to people who need services.

In FY 2009 the ADSSP funded 16 grants with an average award of $646,764 and a range of grant awards from $203,155 to $1,000,000. In 2008, a programmatic review was performed to determine the future direction of the program and how to enhance the program's operation and results. As a result of this review, AoA issued two grant funding opportunities in FY 2009 reflecting the new directions of the ADSSP that encourage States to: 1) translate and replicate evidence-based interventions for people with dementia and their caregivers; and, 2) develop or expand innovative service models for people with dementia and their caregivers, including a focus to expand services available to people in the early stages of dementia and to provide chronic care management.

Through two FY 2009 funding opportunities, 7 States are in the process of translating 4 evidence-based interventions into practice and 9 States are offering innovative programming for caregivers and their loved ones with dementia. One of the more promising interventions is a caregiver support program in New York City that, in a randomized-controlled trial, has significantly delayed institutionalization of persons with dementia by providing education, support, and counseling to the persons' caregivers.[1] Minnesota is translating this intervention now, but no outcomes data are yet available. Overall, these grants offer both direct services and other additional services to thousands of families. The program also supports the provision of assistance for evaluation and continual quality improvement to grantees.

Funding History

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

FY 2006	$11,660,000
FY 2007	$11,668,000
FY 2008	$11,464,000
FY 2009	$11,464,000
FY 2010	$11,464,000

Budget Request

The FY 2011 request for the ADSSP is $11,464,000, the same as the FY 2010 appropriation. Funds will be used to address the needs of a growing population: One study estimates that there were 411,000 new cases of Alzheimer's disease in 2000; by 2029 the number of new cases is projected to be 615,000.[2] Consistent with a decision in spring 2008 to incorporate evidence-based approaches into the ADSSP, this request will fund grants to States to pilot test and implement evidence-based and other innovative approaches that help individuals with

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

[2] Hebert et al., "Annual incidence of Alzheimer disease in the United States projected to the years 2000 through 2050." Alzheimer Disease and Associated disorders 2001;15;169-173.

Alzheimer's disease and their caregivers while also providing funding to demonstrate and expand the service delivery of home and community-based services.

While more than $148 billion is spent each year in Alzheimer's disease-related costs,[3] family caregivers remain the major source of support for most people with Alzheimer's disease. The nature of the disease -- a slow loss of cognitive and functional/physical independence -- means that most people with Alzheimer's disease are cared for in the community for years. They may access a variety of services from many different systems including the aging, medical, and mental health service systems. As the number of people with Alzheimer's disease grows, it is increasingly important that service delivery and health care systems are responsive to persons with dementia and are effectively coordinated. It is also important to ensure the availability of dementia-competent community-based social and health care services.

Outcome and Outputs Table

Alzheimer's Disease Supportive Services Program Outcome and Outputs

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
ALZ.1: Percent of ADSSP grant funds dedicated to implementing evidence-based programs *(Outcome)*	59%	60%	60%	--
Indicator	**Most Recent Result**	**FY 2010 Projection**	**FY 2011 Projection**	**FY 2011 +/- FY 2010**
Output AC: Number of individuals served *(Output)*	N/A	N/A	Baseline	--
Output AD: Percent of individuals served that are of a racial/ethnic minority *(Output)*	N/A	N/A	Baseline	--

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

[3] Alzheimer's Association, 2009 Alzheimer's Disease Facts and Figures.

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Lifespan Respite Care

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Lifespan Respite Care.....	$2,500,000	--	$2,500,000	$5,000,000	+$2,500,000

Funding for the Lifespan Respite Care Act was appropriated in FY 2009 under the General Departmental Management Account in the Office of the Secretary. Beginning in FY 2010 these funds are being directly appropriated to the Administration on Aging.

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

FY 2011 Authorization..... $94,810,000

Allocation Method .....Discretionary Grant

Program Description and Accomplishments:

The Lifespan Respite Care program provides grants to eligible State organizations to improve the quality and access of respite care for family caregivers of children or adults of any age with special needs while promoting the statewide dissemination and coordination of community-based respite care services.

Respite care services are highly valued by caregivers. In the most recent National Survey of Older Americans Act (OAA) service recipients a random sample of 1,629 caregivers (which represented over 229,000 active caregivers) answered questions about the impact of the caregiver program. Eighty-four percent of caregivers received respite care within the past twelve months. The respite care service recipients reported that as a result of the services they received:

- 77 percent had less stress
- 81 percent said it was easier to care for their loved one
- 59 percent reported they now know more about caring for their loved one's condition
- 77 percent reported that it was the most helpful service they received
- 95 percent reported the care recipient benefited from the service
- 82 percent said that the services enabled them to care longer

The activities funded by the Lifespan Respite Care program include providing respite care services for family caregivers, training and recruitment of respite care workers and volunteers, information and outreach, access assistance, and program development.

In addition to these activities, a grant has been awarded to establish a National Lifespan Respite Resource Center to maintain a national database on lifespan respite care; provide training and

technical assistance to State, community, and nonprofit respite care programs; and provide information, referral, and education programs to the public on lifespan respite care.

Grants for Lifespan Respite Care are awarded to eligible State organizations with a 25 percent matching requirement. Eligible State agencies include any of the following: the State agency that administers the State's OAA programs, the State's Medicaid program under Title XIX of the Social Security Act; or any other State-level agency designated by the Governor. Additionally, the eligible State agency must be an Aging and Disability Resource Center and work in collaboration with a public or private non-profit statewide respite care coalition or organization. Priority consideration is given to applicants who demonstrate the greatest likelihood of implementing or enhancing lifespan respite care statewide and who are building or improving the capacity of their long-term care systems to respond to the comprehensive needs of care recipients.

The first grants for the program were awarded in FY 2009 to twelve recipients for up to $200,000 for three-year project periods.

Funding History

FY 2006	$0
FY 2007	$0
FY 2008	$0
FY 2009	$2,500,000
FY 2010	$2,500,000

Note: Funding for the Lifespan Respite Care Act was appropriated in FY 2009 under the General Departmental Management Account in the Office of the Secretary. In FY 2010 funding was appropriated directly to the Administration on Aging.

Budget Request

The FY 2011 request for the Lifespan Respite Care program is $5,000,000, double the level of funding provided in the FY 2010 appropriation. This +$2.5 million increase is requested as part of the $102.5 million Caregivers Initiative, intended to assist families to have better support and assistance in caring for their relatives and loved ones with special needs.

The Lifespan Respite Care program demonstrates AoA's commitment to providing caregivers and their families with the support they need to continue caring for their loved ones by expanding support to include caregivers of children or adults of any age with special needs. According to a November 2009 study by the National Alliance for Caregiving, of six national policies or programs presented to caregivers as potential ways to help them, 26 percent of respondents ranked respite services as either their first or second most preferred option.[1]

[1] National Alliance for Caregiving and AARP. Caregiving in the U.S. Bethesda: National Alliance for Caregiving, and Washington, DC: AARP, 2009.

LIFESPAN RESPITE CARE

By providing opportunities for family caregivers to receive the much needed short-term relief from caring for their loved ones, the Lifespan Respite Care program helps to sustain family caregiver health and well-being, reduces the likelihood of abuse and neglect, and allows care recipients to remain in their own homes for as long as possible.

States providing Lifespan Respite Care will, at a minimum:

- Expand and enhance respite care services to family members;
- Improve the statewide dissemination and coordination of respite care; and
- Provide, supplement, or improve access and quality of respite care services to family caregivers, thereby reducing family caregiver strain.

The Lifespan Respite Care Program provides AoA, together with the National Family Caregiver Support program and the Alzheimer's Disease Supportive Services Program, with another vehicle to address the needs of caregivers. The Lifespan Respite Care program will build upon the existing infrastructure of multi-faceted caregiver services that these two earlier programs now provide to leverage training for caregivers, enhance the provision of information about available respite and other supportive services, and to further assist caregivers in accessing all services available to them, including respite, from across the spectrum of caregiver support. With the addition of the Lifespan Respite Care Program, AoA will have new opportunities to further elevate the importance of caregiving by supporting the central role of caregivers in the health and long-term care delivery system with coordinated, accessible and high quality respite services.

Output Table

Lifespan Respite Care Output

Indicator	Most Recent Result	FY 2010 Projection	FY 2011 Projection	FY 2011 +/- FY 2010
Output AE: Increase the number of people served as a result of Lifespan Respite Care (Output)	N/A	N/A	Baseline	N/A

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Protection of Vulnerable Older Americans

Program	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Long-Term Care Ombudsman Program	$16,327,000	--	$16,827,000	$17,783,000	+ $956,000
Prevention of Elder Abuse and Neglect	5,056,000	--	5,056,000	5,507,000	+451,000
Total	$21,383,000	--	$21,883,000	$23,290,000	+$1,407,000

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

FY 2011 Authorization..... Such Sums

Allocation Method .....Formula Grant

Program Description and Accomplishments:

Protection of Vulnerable Older Americans programs provide a combination of training, outreach, and information dissemination activities that promote the rights of older people, help improve the quality of care for residents of long-term care facilities, and increase public and professional awareness of the problem of elder abuse. According to the best available estimates, between one and two million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection. These funds address this problem by supporting a national Long-Term Care Ombudsmen Program, as well as State and local efforts to develop and enhance comprehensive systems of elder justice.

Long-Term Care Ombudsmen are advocates for residents of nursing homes and a variety of similar adult residential care facilities. Ombudsmen regularly visit long-term care facilities, monitor conditions and care, resolve problems of individual residents and provide a voice for those unable to speak for themselves. Over twelve thousand volunteer ombudsmen participate in this program. These funds also allow States to develop, coordinate, enhance and carry out comprehensive statewide systems of elder justice and elder rights protections, consisting of programs for the prevention and treatment of elder abuse, neglect, and exploitation; provide public education, outreach, training and information; and coordinate services with adult protective services programs (half of which are directly administered by State Units on Aging (SUAs)), law enforcement, protection and advocacy programs, licensure and certifications programs, and victim assistance programs.

Separate formula grant awards are made for the Long-Term Care Ombudsman Program and for the Prevention of Elder Abuse, Neglect and Exploitation, but for each of these programs, grants are allocated by formula to the 56 States and Territories based on their share of the population aged 60 and over. States and Territories then have discretion to further allocate funding among the various activities authorized under each program and may choose to provide funding to Area

Agencies on Aging (AAAs) and local service providers. These two programs follow different paths in protecting vulnerable elder rights, with one focused primarily on residents of long-term care facilities and the other on those residing at home.

Long-Term Care Ombudsman Program (Title VII-A2)
Grants provide funding for the training, travel, and other operating costs of more than 10,000 paid and certified volunteer ombudsmen, who routinely monitor the condition of long-term care facilities. Ombudsmen advocate on behalf of residents to ensure their welfare by representing their interests before government and administrative entities, providing information to residents and families about the long-term care system, and educating the general public about issues related to long-term care policies and regulations. The program also enables States and communities to investigate and resolve complaints from residents and their caregivers related to improper action, inaction, or decisions which may have an adverse affect on the health, safety, welfare, or rights of long-term care facility residents.

Outcome data (as displayed in the summary tables at the end of this section) demonstrate the success of this program in protecting older Americans in an efficient and effective manner. In FY 2008, ombudsmen resolved or partially resolved 10,089 complaints per million dollars of AoA funding (Outcome 1.2). Much of the efficiency in the Ombudsman Program is due to the strong reliance on volunteers who make up the bulk of those who resolve these issues - there was a ratio of nearly seven volunteers to one paid staff (FTE) in FY 2008 for this program. While the total number of complaints investigated decreased in FY 2008 (Output Q), the percentage of complaints that are fully or partially resolved has consistently remained above 75 percent, demonstrating both the efficiency of the program and its ability to produce positive outcomes for seniors.

FY 2008 output data for the Long-Term Care Ombudsman Program highlights the accomplishments achieved by these programs and the important role that ombudsmen play in ensuring that the rights of long-term care facility residents are respected:

- Over 1,300 professional ombudsmen and 8,700 certified volunteer ombudsmen regularly visited 37,700 facilities, more than 80 percent of all nursing home facilities and nearly 50 percent of all licensed board and care facilities (Output S). At least another 2,000 volunteers support these paid and certified volunteer ombudsmen.

- Ombudsmen handled 271,650 complaints (Output Q).

- Ombudsmen provided nearly 327,000 consultations to individuals and 128,000 consultations to facility managers and staff on such topics as residents' rights, staffing levels, malnutrition, dementia care, depression, discharge procedures, financial exploitation and strategies to reduce the use of restraints and prevent the abuse and neglect of residents (Output R).

Prevention of Elder Abuse, Neglect and Exploitation (Title VII-A3)
Grants provide funding for training and education, promoting public awareness of elder abuse, and supporting State and local elder abuse prevention coalitions and multi-disciplinary teams.

The program coordinates activities with adult protective services programs (over half of which are directly administered by SUAs) and other professionals who work to address issues of elder abuse and elder justice. The importance of these services at the State and local level is demonstrated by the fact that States significantly leverage Older Americans Act (OAA) funds for other sources of support for these activities, such as Social Services Block Grant and State General Funds. In FY 2008 over $19 million of the Elder Abuse Prevention services expenditures came from non-OAA funds (Output U), a ratio of approximately $4 of non-OAA funds for every $1 investment of Title VII-A3 funds.

Examples of State elder abuse prevention activities include:

- In Kentucky, the statewide network of Local Coordinating Councils on Elder Abuse has developed "Visor Cards" for law enforcement officers which contain contact information for, and resource information to assist, victims of elder abuse, and produced "Fraud Fighter" forms that were distributed to thousands of seniors to help in the prevention of exploitation and scam artists. Other public awareness activities included renting billboards with elder abuse awareness messages and the State reporting number, hosting community trainings on the various forms of elder abuse, as well as other events and items to raise awareness in communities.

- Lifespan, out of Rochester, New York, used OAA funding to support training of non-traditional reporters, such as hairdressers, store clerks, and others who have frequent contact with the elderly, on what to look for and how to report suspected cases of elder abuse. Additionally, a series of television ads were developed and aired, which have resulted in an increased awareness of the problem of elder abuse.

- The Wisconsin Bureau of Aging and Disability Resources developed, in collaboration with the National Clearinghouse on Later Life, information designed to raise awareness of caregivers who have experienced abuse in the family, as well as of the risks and signs of abuse in later life, or "domestic violence grown old." The information was distributed statewide and is available at http://dhfs.wisconsin.gov/aps/Publications/publications.htm.

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

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

PROTECTION OF VULNERABLE OLDER AMERICANS

Funding History

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

FY 2006	$20,142,000
FY 2007	$20,156,000
FY 2008	$20,633,000
FY 2009	$21,383,000
FY 2010	$21,883,000

Budget Request

The FY 2011 request for Protection of Vulnerable Older Americans programs is $23,290,000, an increase of +$1,407,000 above the FY 2010 appropriation. The request includes $17,783,000 for the Long-Term Care Ombudsman Program and $5,507,000 for the Prevention of Elder Abuse and Neglect program.

The number of older Americans is increasing, particularly the population age 85 and older, which is growing faster in percentage terms than any other age cohort and is projected to reach nearly 20 million by the year 2030. As this population grows, the need for effective long-term care services will increase greatly. Many of these seniors will rely on the support of family and other informal caregivers to remain at home and in the community, while for others a nursing home may represent the best option for receiving the care they need. Regardless of the setting in which these vulnerable elders reside, one of the consequences of this growing population of frail elders is the likelihood of an increase in the instances of elder abuse. Research has found that between one and two million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depend for care or protection. Perpetrators of elder abuse may be paid attendants, family members, or employees of long-term care facilities.

This budget request will support the Ombudsman program's increased prevention efforts by maintaining the current level of consultations (Outputs R) and regular facility visits (Output S). These methods are an efficient means to protect vulnerable adults by increasing facilities' staff skills and enhancing residents' knowledge of their rights. Title VII Protection of Vulnerable Adults is part of the AoA's Aging Services Program which successfully underwent a program assessment in 2007.

Long-Term Care Ombudsman Program
The Ombudsman program has been engaged in adopting a more proactive approach to address the needs of residents, placing greater emphasis on training, consultation, and regular facility visits to lessen the need for complaint investigation and resolution. Therefore, new performance indicators have been introduced to reflect the new program focus. In FY 2011, the average number of complaints per LTC facility will decrease to 3.9 (Outcome 2.12). In FY 2011, the Ombudsman program will also focus on reducing the percentage of complaints of the most serious abuse including complaints about gross neglect, exploitation and physical or sexual abuse (Outcome 2.13). This new outcome measure captures some of the most important work that the Ombudsman program performs in protecting frail elders living in institutional facilities.

PROTECTION OF VULNERABLE OLDER AMERICANS

Complaint investigation is a large part of the Long-Term Care Ombudsman Program's activities. It is estimated that in FY 2011 ombudsmen will handle approximately 265,000 complaints on issues ranging from residents' rights violations, involuntary transfer or discharge, inadequate assessment and care planning, unresponsiveness of staff, lack of dignity, and other issues (Output Q). The purpose of an ombudsman investigation is to work with, or on behalf of the resident to address the individual's specific concerns. Outcomes are projected to remain constant for FY 2010 and begin to show improvement in FY 2011. Outputs are projected to show declines in 2009 and 2010, with improvement back to 2008 levels by 2011.

Prevention of Elder Abuse, Neglect & Exploitation

In FY 2011, the Prevention of Elder Abuse, Neglect and Exploitation program will continue support to State and local efforts to train law enforcement officials, develop and distribute educational materials, conduct public awareness campaigns, and create community coalitions. State and AAAs also use this funding to coordinate their activities with fraud and crime prevention partnerships organized by sheriffs, police chiefs, and community organizations.

Outcomes and Outputs Table

Protection of Vulnerable Older Americans Outcomes and Outputs

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
1.2: For Title VII Services, increase the number of Ombudsman complaints resolved or partially resolved per million dollars of AoA funding. *(Outcome)*	FY 2008: 10,089 (Target Not Met)	Discontinued	Discontinued	N/A
2.7: Improve the Ombudsman complaint resolution rates. *(Outcome)*	FY 2008: 24 (Target Not Met)	Discontinued	Discontinued	N/A
2.12: Decrease the average number of complaints per LTC facility. *(Outcome)*	FY 2008: 4.06	4.06	3.9	-0.16
2.13: Decrease the percentage of complaints for abuse, gross neglect, and exploitation in nursing homes. *(Outcome)*	FY 2008: 20.18	20	19.5	-0.5
Indicator	**Most Recent Result**	**FY 2010 Projection**	**FY 2011 Projection**	**FY 2011 +/- FY 2010**
Output Q: Number of Complaints *(Output)*	FY 2008: 271,650	270,000	265,000	-5,000
Output R: Number of Ombudsman consultations *(Output)*	FY 2008: 455,423	411,000	455,000	+44,000
Output S: Facilities regularly visited not in response to a complaint *(Output)*	FY 2008: 37,706	35,000	37,000	+2,000
Output U: Elder Abuse prevention non-OAA service expenditures ($ Thousand) *(Output)*	FY 2008: $19,936	$17,992	$19,950	+$1,958

PROTECTION OF VULNERABLE OLDER AMERICANS

Indicator	Most Recent Result	FY 2010 Projection	FY 2011 Projection	FY 2011 +/- FY 2010
Output AH: Increase the number of Ombudsman FTE per bed *(Output)*	FY 2008: 1,305	1,178	1,311	+133

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

Grant Awards Tables

Long-Term Care Ombudsman Program Grant Awards

	FY 2009 Omnibus	FY 2009 Recovery Act	FY 2010 President's Budget	FY 2011 Request
Number of Awards	56	--	56	56
Average Award	$288,638	--	$288,638	$314,378
Range of Awards	$10,102 - $1,637,618	--	$10,102 - $1,639,669	$11,003 - $1,785,889

Prevention of Elder Abuse, Neglect, and Exploitation Grant Awards

	FY 2009 Omnibus	FY 2009 Recovery Act	FY 2010 President's Budget	FY 2011 Request
Number of Awards	56	--	56	56
Average Award	$89,383	--	$89,383	$97,356
Range of Awards	$3,128 - $502,534	--	$3,128 - $501,013	$3,407 - $553,052

PROTECTION OF VULNERABLE OLDER AMERICANS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

FY 2011 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
Alabama	256,575	262,235	277,133	14,898
Alaska	81,457	83,294	88,026	4,732
Arizona	334,558	349,443	369,297	19,854
Arkansas	162,447	165,757	175,174	9,417
California	1,650,561	1,689,883	1,785,889	96,006
Colorado	212,503	220,799	233,344	12,545
Connecticut	194,435	195,777	206,900	11,123
Delaware	81,457	83,294	88,026	4,732
District of Columbia	81,457	83,294	88,026	4,732
Florida	1,213,801	1,239,282	1,309,691	70,409
Georgia	407,457	422,857	446,882	24,025
Hawaii	81,457	83,294	88,026	4,732
Idaho	81,457	83,294	88,026	4,732
Illinois	633,272	641,994	678,468	36,474
Indiana	326,737	332,838	351,748	18,910
Iowa	173,657	175,865	185,856	9,991
Kansas	145,307	147,902	156,305	8,403
Kentucky	227,748	233,645	246,919	13,274
Louisiana	215,841	223,474	236,170	12,696
Maine	81,457	83,294	88,026	4,732
Maryland	278,337	284,435	300,595	16,160
Massachusetts	351,790	356,158	376,392	20,234
Michigan	529,654	537,534	568,074	30,540
Minnesota	261,150	266,192	281,316	15,124
Mississippi	149,593	152,269	160,920	8,651
Missouri	321,998	327,573	346,183	18,610
Montana	81,457	83,294	88,026	4,732
Nebraska	94,444	96,001	101,456	5,455
Nevada	123,705	127,482	134,725	7,243
New Hampshire	81,457	83,294	88,026	4,732

PROTECTION OF VULNERABLE OLDER AMERICANS

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

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
New Jersey	465,457	469,541	496,217	26,676
New Mexico	101,021	104,305	110,231	5,926
New York	1,039,826	1,061,436	1,121,740	60,304
North Carolina	465,026	478,933	506,143	27,210
North Dakota	81,457	83,294	88,026	4,732
Ohio	627,247	636,834	673,015	36,181
Oklahoma	196,597	199,885	211,241	11,356
Oregon	204,816	211,189	223,188	11,999
Pennsylvania	753,411	760,176	803,364	43,188
Rhode Island	81,457	83,294	88,026	4,732
South Carolina	241,319	250,550	264,785	14,235
South Dakota	81,457	83,294	88,026	4,732
Tennessee	331,253	341,041	360,416	19,375
Texas	1,005,614	1,037,151	1,096,076	58,925
Utah	96,699	101,304	107,059	5,755
Vermont	81,457	83,294	88,026	4,732
Virginia	383,892	394,458	416,869	22,411
Washington	322,492	332,556	351,449	18,893
West Virginia	114,224	115,961	122,549	6,588
Wisconsin	299,344	304,433	321,729	17,296
Wyoming	81,457	83,294	88,026	4,732
Subtotal, States	15,972,749	16,331,970	17,259,846	927,876
American Samoa	10,182	10,412	11,003	591
Guam	40,729	41,647	44,013	2,366
Northern Mariana Islands	10,182	10,412	11,003	591
Puerto Rico	216,895	222,642	235,292	12,650
Virgin Islands	40,729	41,647	44,013	2,366
Subtotal, States and Territories	16,291,466	16,658,730	17,605,170	946,440
Undistributed 1/	35,534	168,270	177,830	9,560
TOTAL	**16,327,000**	**16,827,000**	**17,783,000**	**956,000**

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

PROTECTION OF VULNERABLE OLDER AMERICANS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

FY 2011 DISCRETIONARY STATE FORMULA GRANTS

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

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
Alabama	78,989	77,747	85,822	8,075
Alaska	25,225	25,027	27,260	2,233
Arizona	102,997	103,602	114,362	10,760
Arkansas	50,011	49,143	54,248	5,105
California	508,140	501,013	553,052	52,039
Colorado	65,421	65,462	72,261	6,799
Connecticut	59,907	59,907	64,072	4,165
Delaware	25,225	25,027	27,260	2,233
District of Columbia	25,225	25,027	27,260	2,233
Florida	373,679	367,419	405,582	38,163
Georgia	125,439	125,368	138,389	13,021
Hawaii	25,225	25,027	27,260	2,233
Idaho	25,225	25,027	27,260	2,233
Illinois	197,384	197,384	210,106	12,722
Indiana	100,589	98,679	108,928	10,249
Iowa	55,927	55,927	57,555	1,628
Kansas	45,843	45,843	48,404	2,561
Kentucky	70,114	69,270	76,465	7,195
Louisiana	68,518	68,518	73,137	4,619
Maine	25,225	25,027	27,260	2,233
Maryland	85,688	84,329	93,087	8,758
Massachusetts	109,606	109,606	116,560	6,954
Michigan	163,059	160,862	175,920	15,058
Minnesota	80,397	78,920	87,117	8,197
Mississippi	46,053	45,198	49,833	4,635
Missouri	99,130	97,643	107,205	9,562
Montana	25,225	25,027	27,260	2,233
Nebraska	29,770	29,770	31,419	1,649
Nevada	38,084	37,796	41,721	3,925
New Hampshire	25,225	25,027	27,260	2,233

PROTECTION OF VULNERABLE OLDER AMERICANS

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

State/Territory	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	Difference +/-FY 2010
New Jersey	143,950	143,950	153,667	9,717
New Mexico	31,100	30,925	34,136	3,211
New York	320,120	318,066	347,378	29,312
North Carolina	143,162	141,993	156,741	14,748
North Dakota	25,225	25,027	27,260	2,233
Ohio	197,185	197,185	208,418	11,233
Oklahoma	60,524	60,208	65,417	5,209
Oregon	63,054	62,613	69,116	6,503
Pennsylvania	242,944	242,944	248,784	5,840
Rhode Island	25,225	25,027	27,260	2,233
South Carolina	74,292	74,282	81,998	7,716
South Dakota	25,225	25,027	27,260	2,233
Tennessee	101,979	101,111	111,613	10,502
Texas	309,587	307,492	339,430	31,938
Utah	29,769	30,034	33,154	3,120
Vermont	25,225	25,027	27,260	2,233
Virginia	118,184	116,948	129,095	12,147
Washington	99,282	98,595	108,836	10,241
West Virginia	36,736	36,736	37,951	1,215
Wisconsin	92,156	90,309	99,632	9,323
Wyoming	25,225	25,027	27,260	2,233
Subtotal, States	4,946,694	4,908,148	5,344,991	436,843
American Samoa	3,153	3,128	3,407	279
Guam	12,612	12,514	13,630	1,116
Northern Mariana Islands	3,153	3,128	3,407	279
Puerto Rico	66,773	66,008	72,865	6,857
Virgin Islands	12,612	12,514	13,630	1,116
Subtotal, States and Territories	5,044,997	5,005,440	5,451,930	446,490
Undistributed 1/	11,003	50,560	55,070	4,510
TOTAL	**5,056,000**	**5,056,000**	**5,507,000**	**451,000**

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

Network Support and Demonstrations

Summary of Request

AoA's innovation and demonstration programs provide a means to identify, evaluate, and replicate the best models and practices nationwide as part of the overall strategy for strengthening AoA's core formula-grant programs. To do this, AoA draws on best practices and evaluations of its core programs at the State and local level to identify cutting edge, state-of-the-art approaches for further testing and replication. AoA-supported Aging and Disability Resource Centers (ADRCs) are models of best practices that were identified through this process and are now being replicated across the country.

The budget requests $57,228,000 in FY 2011, a decrease of -$6,078,000 below the FY 2010 appropriation for three discretionary grant programs -- Health and Long-term Care Programs, Program Innovations, and Aging Network Support Activities. This request includes:

- $30,485,000 for Health and Long-Term Care programs -- ADRCs and evidence-based disease prevention (EBDP) programs, a reduction of -$104,000 below the FY 2010 appropriation. This reduction will be applied to achieve savings in contractual costs. This program provides a key vehicle for strengthening and transforming the core services programs and for reforming the nation's long-term care system to help individuals break the cycle of nursing home care and hospital admissions. Activities supported with these funds include:

    - Aging and Disability Resource Centers, which provide one-stop assistance to help individuals in need of short and long-term services and facilitate streamlined access to community-based long-term services and supports; and

    - Evidence-based Disease Prevention Programs, which support community-level deployment of low-cost, science-based disease prevention programs that have been proven effective in reducing the risk of disease, disability, and the utilization of emergency room and hospital services.

- $13,049,000 for Program Innovations activities, a decrease of -$5,974,000 below the FY 2010 appropriation to eliminate one-time, Congressionally-mandated earmarks. The request maintains funding for all ongoing projects of national significance at the FY 2010 appropriation level. Program Innovations provides funding that is used as a catalyst for developing new approaches, translating cutting-edge research findings into practice, demonstrating new techniques that States and communities can use to help seniors stay healthy and independent in their own homes and communities, and for addressing emerging aging issues.

- $13,694,000 is requested for Aging Network Support Activities, the same level as the FY 2010 appropriation, to provide competitive grants and contracts to support five ongoing activities -- Pension Information and Counseling, the National Eldercare Locator, the National Long-Term Care Ombudsman Resource Center, the National

Center on Elder Abuse and the Senior Medicare Patrol program -- each of which provides critical and ongoing support for the national aging services network and AoA's core services delivery programs.

These funds help AoA innovate with cost-effective services and supports in an increasingly expensive area -- long-term care. These innovations frequently enhance service delivery and coordination in the long-term care system with partners such as the Department of Veterans Affairs, State Medicaid programs, State Health Departments, the private sector, and philanthropic organizations.

Health and Long-Term Care Programs

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Health and Long-Term Care Programs	$28,000,000	--	$30,589,000	$30,485,000	-$104,000

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

FY 2011 Authorization..... Such Sums

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

Program Description and Accomplishments:

Health and Long-Term Care funding allows AoA to identify and evaluate the best models and practices nationwide, as part of its overall strategy for strengthening its core programs and the national aging services network. To this end, AoA draws on the latest research and the results of evaluations of its core programs at the State and local level to identify cutting edge, state-of-the-art approaches for further testing and replication.

Since 2003, funding has been targeted to programs designed specifically to enable older individuals and their caregivers to manage their health, develop strategies to plan for their long-term care, and avoid the need to enroll in Medicaid -- all through the use of low-cost, community-based service alternatives and preventive services. These programs, which are described in more detail below, focused on empowering older individuals to remain healthy and independent for as long as possible and on breaking the cycle of unnecessary admissions and readmissions for costly nursing home care and hospital services.

Aging and Disability Resource Centers
Aging and Disability Resource Centers (ADRCs) support state efforts to develop more efficient, cost-effective, and consumer-responsive systems of consumer information and access by creating "one-stop shop" entry points into long-term care at the community-level, ranging from in-home services to institutional care. ADRCs help States make better use of taxpayer dollars to streamline access to public services to overcome duplication and fragmentation in the long-term care system.

AoA and the Centers for Medicare & Medicaid Services (CMS) have invested over $65 million in the ADRC program since 2003. As a result of these investments:

- Currently, over 200 ADRCs have been established across the country with 12 States and territories achieving statewide coverage and an additional 8 states achieving 50 percent or more statewide coverage.

- In 2011, it is estimated that ADRCs will respond to over two million contacts to help individuals make better informed decisions about their health and long-term care options with the vast majority of these decisions resulting in referrals for community-based services including homemaker services, personal care assistance, transportation, legal assistance, and caregiver support.

- 25 States have developed statewide web-based directories available to consumers and service providers which improve the quality and consistency of the Aging Services Network information and assistance provided across the state.

- 80 percent of the ADRC states have streamlined their Medicaid application process for consumers. For example, some states are making their applications available on the internet and allowing consumers to complete their application online and submit it electronically.

- Standards have been established to provide guidance to states on the desired end result of how an ADRC should perform. For example, the standards require that each ADRC has a plan for reducing the average time from initial contact to determination of their eligibility for public services.

Evidence-based Disease Prevention

In partnership with the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), the Health Resources and Services Administration (HRSA), CMS, and over 30 private foundations, AoA supports community-level deployment of low-cost, science-based disease prevention programs that have proven effective in reducing the risk of disease, disability, and injury among the elderly and reduce the utilization of emergency rooms and hospital services. Evidence-based programs have been tested through randomized controlled experiments.

Since 2003, AoA and its partners have invested over $42 million to-date in Evidence-based Disease Prevention (EBDP) discretionary grant programs. These grants focus on providing low-cost interventions at the community level that include areas such as chronic disease self-management, diabetes self-management education, falls prevention, depression awareness and enhanced fitness and enhanced wellness programs. Some examples of these programs may be found beginning on page 48 in the discussion of preventive health services.

Of these evidence-based models, AoA has provided particular support for chronic disease self-management programs (CDSMP) in partnership with AHRQ, CDC, CMS, HRSA, and over 30 private foundations. To date about 1,200 community-based delivery sites have held programs. Supporting these sites, and the rest of the State and local infrastructure, is a national technical assistance center on evidence-based prevention programs for the elderly, a national chronic disease self-management training and certification center, local program training materials and guides, marketing materials, quality assurance mechanisms and fidelity protocols, and a variety of technologies, including an AHRQ-sponsored Knowledge Transfer Program to support rapid diffusion. Over 12,000 individuals have participated in the chronic disease

self-management programs offered through this infrastructure. Under the American Recovery and Reinvestment Act (Recovery Act), AoA has received $32.5 million in separate funding to continue the development of CDSMPs in fiscal years 2010 and 2011.

Nursing Home Diversion/Community Living Programs
These programs help States target individuals who are at high risk of nursing home placement and spend-down to Medicaid and provide them with information and access to community-based long-term care services that enable them to continue to live at home. Nursing Home Diversion/Community Living Programs (CLPs) strategically use ADRCs to identify these individuals and work with them and their family caregivers to develop care plans and link them to needed services, especially consumer-directed and community-based services and supports. Currently, 20 states are developing CLPs. The states enrolled 243 participants in FY 2008. CLP projects will continue to receive funding through the end of FY 2010.

Funding for all of these health and long-term care programs is awarded as competitive grants to states. Grantees are generally required to provide a 25 percent match for EBDP programs and a 5 percent match for ADRCs. ADRC grants do not pay for on-going costs of operating ADRC services and thus AoA's grants for ADRCs account for only 14 percent of their total program budget, on average. As a result, ADRC funds are helping transform state operations. External experts review project proposals, and project awards are made for periods of one to four years. Competitive contracts are also funded to support evaluation and technical assistance activities.

Funding History

Comparable funding for Health and Long-Term Care Programs is as follows:

FY 2008	$16,212,000
FY 2009	$28,000,000
FY 2010	$30,589,000

Note: Funding for activities under this program was provided under Aging Network Support Activities in FY 2009 and FY 2010.

Budget Request

The FY 2011 budget request for Health and Long-Term Care Programs is $30,485,000, a reduction of -$104,000 from the FY 2010 appropriation. The -$104,000 is the result of reducing contractual support for this activity consistent with the Administration's effort to improve efficiencies government-wide by reducing contracting expenses.

Beginning in FY 2011, funding under this activity will be realigned. Funding for ADRCs and for Evidence-Based Disease Prevention Programs other than Chronic Disease Self-Management Programs will continue, as described below. Funding for CDSMPs will come predominantly, if not entirely, instead from $32.5 million in Recovery Act funding provided for fiscal years 2010 and 2011, as discussed below. Finally, AoA plans to refocus funds currently being used to

support CLPs on new approaches that will complement the aging services network's role in health and long-term care reform, such as discharge planning.

AoA expects that many of the goals of the CLPs, such as keeping individuals in their own homes by helping divert individuals from costly institutional care, can be accomplished by ADRCs and the ongoing availability of home and community-based services such as adult day care, homemaker services, personal care assistance, transportation, legal assistance, and caregiver support and that this shift will provide a better use of its available resources. AoA will redirect additional resources in FY 2011 as FY 2010 CLP grants conclude.

Aging and Disability Resource Centers
Funding under the request will help ADRCs continue to mature and develop, particularly since grants do not pay for the on-going cost of operating ADRC services, and expand the number of States with statewide coverage. In FY 2011, AoA's goal is to award competitive ADRC grants to at least 50 States and Territories. With this funding, AoA intends, in coordination with CMS and the Department of Veterans Affairs, to further improve ADRC efforts to break the cycle of unnecessary admissions and readmissions for costly nursing home and hospital services.

In FY 2008, the Veterans Administration and AoA began working together to develop the Veterans Directed Home and Community Based Services Program (VDHCBS), which is designed to serve veterans of any age who are at risk of admission to a nursing home by providing them the opportunity to self-direct their care and access services to help them remain in the community. Rather than build a separate infrastructure to serve veterans, the Veterans Administration made a strategic decision to use the aging services network infrastructure as a delivery vehicle for VDHCBS. In FY 2009 the Veterans Administration invested an additional $10 million in the implementation of VDHCBS and plans for continued funding in FY 2010. Between FY 2009 and FY 2010, the implementation of VDHCBS is expected to expand to at least another 10 states, bringing the total number of states implementing VDHCBS to at least 20. AoA and the VA envision further expansion of the VDHCBS program in FY 2011.

Evidence-Based Disease Prevention
In addition, AoA also expects to issue new grants for evidence-based disease prevention programs in FY 2011. The size and number of grants will be determined after AoA issues awards from its FY 2010 Recovery Act program announcement for chronic disease self-management programs. If Recovery Act grantees are generally able to support evidence-based chronic disease self-management programs through FY 2011, AoA may focus its FY 2011 resources on sustaining and expanding other evidence-based disease prevention programs, such as falls prevention and enhanced physical fitness.

Evaluation
AoA will continue to partner with AHRQ and the Assistance Secretary for Planning and Evaluation to rigorously evaluate the health and long-term care programs, particularly ADRCs. In FY 2009, AoA initiated a design contract for the evaluation. In mid-2010, AoA expects to begin a $2.5 million evaluation based on recommendations from the design contract. The evaluation is expected to continue in FY 2011 at a similar funding level.

CDSMPs under the Recovery Act

In FY 2010, AoA will receive $32.5 million of the $650 million in Recovery Act prevention funding that was delegated to the Centers for Disease Control and Prevention by the Secretary of Health and Human Services. These funds will support activities across fiscal years 2010 and 2011. This investment will allow AoA, in coordination with its existing HHS partners and private philanthropies, to put the results of HHS' research investments into practice at more than 1,200 community-based sites across the country. AoA estimates that 50,000 individuals across the country will complete the expanded chronic disease self-management programs in the first year.

Older Americans are disproportionately affected by a vast array of chronic conditions (including diabetes, obesity, heart disease, cancer, arthritis, and depression) that collectively account for seven out of every 10 deaths and contribute to more than three-quarters of all Medicare expenditures.[1] Nearly half of older adults have hypertension and roughly one in five has heart disease, with a similar proportion having some type of cancer.[1] The average 75-year old has three chronic conditions and takes 4.5 medications.[2] More than 65 percent of Americans aged 65 and over have some form of cardiovascular disease.

There are a variety of chronic disease self-management programs. Chronic disease self-management programs eligible for funding must be evidence-based; shown to be effective in reducing the risk of disease, disability, and injury among the elderly; have results published in peer-reviewed journals; and be suitable for delivery through AoA's network of community-based organizations, including senior centers, congregate meal programs, faith-based organizations, and senior housing projects. Recognizing that the development of evidence-based self-management programs is ongoing, AoA provided a list of programs that meet the above criteria and allow for potential grantees to propose implementing programs not on the list, provided the programs meet the necessary criteria.

Grantees must demonstrate that implementation will be accomplished at the community level by aging services provider organizations working in collaboration with public health agencies and health care providers. Participant referrals to the chronic disease self-management programs will come from both clinical and community-based organizations. Clinical referrals will come from community-health centers, physicians, hospitals, managed care organizations, and other health system components. Community referrals will come from a variety of sources, including ADRCs.

[1] Deaths: Leading Causes for 2004. National Vital Statistics Report, V. 56, No. 5. Centers for Disease Control and Prevention. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_05.pdf . Accessed December 30, 2009.

Follow the Money -- Controlling Expenditures by Improving Care for Patients Needing Costly Services. Bodenheimer, T., and Berry-Millett, R. New England Journal of Medicine. 15 October 2009.

[2] Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, National Health Interview Survey, 2000-2001.

Out of the $32.5 million total investment:

- $27 million will be allocated to the states, based on the distribution of Medicare beneficiaries by state, via competitive grants;

- $2.5 million will be used for an interagency agreement with CMS develop a quality assurance program in one state on participant health care utilization and cost by linking Medicare claims data to program participants; and

- $3.0 million will be used to continue funding a National Technical Assistance Center on Evidence-Based Prevention Programs and program administration.

Outcome and Outputs Table

Health and Long-term Care Programs Outcome and Outputs

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
LTC.2: Percent of individuals who indicate ADRC information and counseling contribute to informed decision making *(Outcome)*	N/A	--	Baseline	--
Indicator	**Most Recent Result**	**FY 2010 Projection**	**FY 2011 Projection**	**FY 2011 +/- FY 2010**
Output AF: Total number of ADRC contacts *(Output)*	FY 2008: 1.3 M	1,750,000	2,000,000	+250,000
Output AG: Increase in the number of ADRC programs *(Output)*	FY 2008: 197	207	220	+13

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

Program Innovations

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Program Innovations.....	$18,172,000	--	$19,023,000	$13,049,000	--

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

FY 2011 Authorization..... Such Sums

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

Program Description and Accomplishments:

Program Innovations is intended as a source of funding for AoA to use as a catalyst for tapping existing Aging Services Network practices that represent new approaches, translating cutting-edge research and evaluation results into practice, and demonstrating techniques and best practices that can be replicated across the States and communities in the network to help seniors stay healthy, active, and independent in their own homes and communities. It also provides funds to address key AoA priorities.

These funds can provide AoA with the flexibility to innovate in a way that directly strengthens the core programs. These innovations demonstrate practical methods that can then be more widely replicated by States and local communities to help strengthen and transform Older Americans Act (OAA) core programs. Generally, these innovations are modeled after novel activities or best practices developed within the aging services network that need further support, modeling, and evaluation before enabling widespread replication and adoption.

In some cases, Program Innovation grants may be awarded to explore emerging opportunities or risks facing seniors and caregivers but where the Aging Services Network has limited expertise. In these cases, universities, consumer-focused organizations, and other entities may be brought collaboratively into the aging network as technical assistance partners to lend expertise in helping address these emerging challenges.

Currently, all Program Innovations funding goes to support ongoing projects of national significance, including resource centers and other projects that are national in scope that have provided demonstrated benefits to elderly Americans.

All funding is awarded in the form of competitive grants, cooperative agreements, and contracts to eligible public and nonprofit agencies, State Units on Aging, Area Agencies on Aging (AAAs), institutions of higher learning, and other organizations representing or serving older people, including community and faith-based organizations. Grantees are generally required to provide a match equal to 25 percent of the project's total cost. External experts review project

proposals, and project awards are made for periods of one to four years. In FY 2009, Program Innovations funded 82 grants and grant supplements with an average award of $216,226 and a range of grant awards from $20,000 to $969,234.

Activity	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request
Program Innovations:			
Model Approaches to Statewide Legal Assistance Systems	2,000,000	2,000,000	2,000,000
National Legal Assistance & Support Projects	746,000	746,000	746,000
National Education & Resource Center on Women & Retirement	249,000	249,000	249,000
Multigenerational Civic Engagement	982,000	982,000	982,000
National Resource Centers on Native Americans	693,000	693,000	693,000
National Minority Aging Organizations: Asian-Pacific Americans	357,000	357,000	357,000
National Minority Aging Organizations: Native Americans	129,000	129,000	129,000
National Minority Aging Organizations: Hispanic & African-Americans	448,000	448,000	448,000
Program Performance, Evaluation, and Technical Assistance	1,445,000	1,445,000	1,445,000
National Alzheimer's Call Center	1,000,000	1,000,000	1,000,000
Community Innovations for Aging in Place	5,000,000	5,000,000	5,000,000
One-Time Project Earmarks	5,123,000	5,974,000	--
Total, Program Innovations	**18,172,000**	**19,023,000**	**13,049,000**

Projects of national significance currently receiving Program Innovations funding are reflected in the previous table and discussed in more detail in the narrative below:

Model Approaches to Statewide Legal Assistance Systems

Model Approaches to Statewide Legal Assistance Systems helps States develop and implement cost-effective, replicable approaches for integrating senior legal helplines into the broader tapestry of state legal service delivery networks. The cornerstone of these projects is legal helplines, which assist seniors in accessing quality legal services to ensure their rights and financial security, and to enhance their choice and independence. By ensuring strong leadership at the State level, Model Approaches projects create linkages within the existing legal assistance community and services providers and professionals in the broader community-based aging and elder rights networks, including AAAs, Aging and Disability Resource Centers, State Long-Term Care Ombudsmen, and Adult Protective Services. These linkages leverage the strengths of both elder rights and aging service networks for the provision of quality service to seniors most in need.

National Legal Assistance and Support Projects

National Legal Assistance and Support grants fund a comprehensive national legal assistance support system serving professionals and advocates working in legal and aging services networks. These grants form the National Legal Resource Center which supports the leadership, knowledge, and systems capacity of legal and aging provider organizations in order to enhance the quality, cost effectiveness, and accessibility of legal assistance and elder rights protections available to older persons with social or economic needs. AoA is funding four projects which

provide core support functions for aging and legal networks including case consultation, training, technical assistance/legal and aging systems development, and information development and dissemination.

National Education and Resource Center on Women and Retirement Planning
The National Education and Resource Center on Women and Retirement (WISER) Planning provides women with access to a one-stop gateway that integrates financial information and resources on retirement, health, and planning for long-term care. This project has made user friendly financial education and retirement planning tools available to traditionally hard-to-reach women, including average and low-income women, women of color and women with limited English speaking proficiency, rural and other "underserved" women. Information is offered through financial and retirement planning programs, workshops tailored to meet women's special needs, and publications in hard copy and Web based formats. Since its establishment, the Center has conducted more than 20,000 workshops on strategies to access financial and retirement planning information for women and disseminated over 10,000 pieces of financial and retirement planning information tailored to the specific needs of hard-to-reach women.

Multigenerational Civic Engagement
The Multi-Generational Civic Engagement (MGCE) initiative enhances discovery, documentation and support for existing, exceptional locally-developed program models and volunteer engagement strategies. Nineteen model programs in FY 2009 engage older adults in civic engagement projects aimed at increasing services to frail elders, families of children with special needs, and grandparents raising grandchildren. These model programs are also supported by the Corporation of National and Community Service.

National Resource Centers on Native American Elders
The National Resource Centers on Native American Elders (Resource Centers) enhance knowledge about older Native Americans and thereby increase and improve the delivery of services to them. Each Resource Center addresses at least two areas of primary concern which are specified in the OAA. These are: health issues, long-term care (including in-home care), elder abuse, mental health, and other problems and issues facing Native communities. The Resource Centers are administered under cooperative agreements by three institutions of higher education. The Resource Centers partner with Native American organizations and communities, educational institutions including Tribal Colleges and Universities, and professionals and paraprofessionals in the field.

National Minority Aging Organizations Technical Assistance Centers
The National Minority Aging Organizations (NMAO) Technical Assistance Centers Program works to reduce or eliminate health disparities among racial and ethnic minority older individuals. These Centers design and disseminate front line health promotion and disease prevention information that is culturally and linguistically appropriate for older individuals of African American, Hispanic, Asian American and Pacific Islander descent, and American Indian and Alaska Native elders. Each NMAO project pilots a practical, nontraditional, community-based intervention for reaching older individuals who experience barriers to accessing home and community-based services. Strategies are focusing on barriers due to language and low literacy as well as those directly related to cultural diversity. Strategies developed under this program

incorporate the latest technology and facilitate the generation and dissemination of knowledge in forms that can assist racial and ethnic minority older individuals to practice positive health behaviors and strengthen their capacity to maintain active, independent life styles.

Program Performance, Evaluation, and Technical Assistance
This program supports cooperative efforts between AoA and selected States and AAAs to develop and test outcome measures, various performance measurement instruments, and sampling methods that can be used to effectively and efficiently identify the results produced through OAA programs on an ongoing basis. It also supports partnerships with National Aging Organizations to foster innovation and provide technical assistance to States, AAAs, and Tribal organizations in strategic planning, program assessment, and performance measurement.

National Alzheimer's Call Center
The National Alzheimer's Call Center is a national information and counseling service for persons with Alzheimer's disease, their family members, and informal caregivers. The National Alzheimer's Call Center is available to people in all States, 24 hours a day, 7 days a week, 365 days a year to provide expert advice, care consultation, and information and referrals at the national and local levels regarding Alzheimer's disease. Trained professional customer service staff and masters degree social workers are available at all times. The Call Center is accessible by telephone, website or e-mail at no cost to the caller. In the 12-month period ending July 31, 2009, the National Alzheimer's Call Center handled over 250,000 calls through its national and local partners, and its on-line message board community recorded over 4.8 million page views, with nearly 75,000 individual postings. Services focus on consumers, not professionals. Information provided may include basic information on caregiving; handling legal issues; resources for long-distance caregiving; and tips for working with the medical community. Local community-based organizations are directly involved to ensure local, on-the-ground capacity to respond to emergencies and on-going needs of Alzheimer's patients, their families, and informal caregivers. The Call Center has multilingual capacity and responds to inquiries in at least 140 languages through its own bilingual staff and with the use of a language interpretation service.

Community Innovations for Aging in Place
The Community Innovations for Aging in Place program (CIAIP), established and defined in the 2006 reauthorization of the OAA, is intended to provide grants to eligible entities such as non-profit health or social service organizations, community-based organizations, AAAs, local government organizations or tribal organizations to carry out aging in place projects. Projects are designed to promote independence for older individuals, including individuals who reside in Naturally Occurring Retirement Communities. AoA is currently funding fourteen local CIAIP grants and a technical assistance resource center to support their efforts. The fourteen grants, in line with Congressional intent, represent a diverse array of initiatives including the creative delivery of services to elders living in naturally occurring retirement communities. Funded projects indicate a clear understanding of the importance of program coordination with AAAs, Aging and Disability Resource Centers, and Evidence-Based Prevention programs.

PROGRAM INNOVATIONS

One-Time Congressional Project Earmarks
This line funded one-time projects in FY 2010 whose selection was incorporated into law by reference.

Funding History

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

FY 2006 ..... $24,595,000
FY 2007 ..... $24,058,000
FY 2008 ..... $14,655,000
FY 2009 ..... $18,172,000
FY 2010 ..... $19,023,000

Budget Request

The FY 2011 budget request for Program Innovations is $13,049,000, a decrease of -$5,974,000 from the FY 2010 appropriation level to eliminate funding for one-time Congressional project earmarks.

The request maintains funding for all ongoing projects of national significance at the FY 2010 appropriation level of $13,049,000 to provide support for activities that improve AoA's core service delivery programs. These investments will help generate knowledge that can be used to improve AoA's performance in program efficiency and outcomes for OAA services, maintain the current high level of consumer satisfaction with services, and ensure that services are targeted to the most vulnerable elderly individuals.

Program Innovations outcomes are reflected in performance targets for Health and Long-term Care, Caregivers, Home and Community-Based Services, and Protection of Vulnerable Older Americans.

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Aging Network Support Activities

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Aging Network Support Activities	$13,694,000	--	$13,694,000	$13,694,000	--

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

FY 2011 Authorization ..... Such Sums

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

Program Description and Accomplishments:

Aging Network Support Activities provides competitive grants and contracts to support five ongoing activities which help seniors and their families obtain information about their care options and benefits, and which assist States, Tribes, and community providers of aging services carry out their mission to help older people remain independent and live in their own homes and communities. These activities provide critical and ongoing support for the national aging services network and help support the activities of AoA's core service delivery programs.

Competitive grants, cooperative agreements, and contracts for Aging Network Support Activities are awarded to eligible public or private agencies and organizations, States and Area Agencies on Aging (AAAs), institutions of higher learning, and other organizations representing and/or serving older people, including faith-based organizations. Grantees are required to provide a match equal to 25 percent of the project's total cost. Project proposals are reviewed by external experts, and project awards are made for periods of one to four years. In FY 2009, Aging Network Support Activities funded 68 grants and grant supplements with an average award of $190,828 and a range of grant awards from $15,000 to $812,176.

Aging Network Support Activities includes funding for the following projects[1]:

Activity	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request
Aging Network Support Activities:			
Pension Information and Counseling Program	1,719,000	1,719,000	1,719,000
National Eldercare Locator.....	1,178,000	1,178,000	1,178,000
National Long Term-Care Ombudsman Resource Center	547,000	547,000	547,000
National Center on Elder Abuse	811,000	811,000	811,000
Senior Medicare Patrol (SMP) Program.....	9,439,000	9,439,000	9,439,000
Total, Aging Network Support Activities	**13,694,000**	**13,694,000**	**13,694,000**

[1] The National Center on Senior Benefits Outreach was awarded $5,000,000 from the Medicare Improvements for Patients and Providers Act of 2008 (P.L. 110-275) through FY 2011.

Pension Counseling and Information

The Pension Counseling program assists older Americans in accessing information about their retirement benefits and helps them negotiate with former employers or pension plans for due compensation. Currently, there are more than 700,000 private (as well as thousands of public) pension and retirement plans in the United States. Given that an employee may have worked for several employers, and these employers may have merged, sold their plans, or gone bankrupt, it is very difficult for the average person to know where to go to get help in finding out whether he or she is receiving all their pension benefits.

AoA currently funds six regional counseling projects covering 27 States. Data for the program shows that:

- Pension Counseling projects have successfully obtained a return of more than $5.50 for every Federal dollar invested in the program.

- Projects have directly served over 35,000 individuals by providing hands-on assistance in pursuing claims through administrative appeals processes; helping seniors to locate pension plans "lost" as a result of mergers and acquisitions; answering queries about complex plan provisions; and making targeted referrals to other professionals for assistance.

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

National Eldercare Locator

Older Americans and their caregivers face a complicated array of choices and decisions about health care, pensions, insurance, housing, financial management, and long-term care. The Eldercare Locator helps seniors and their families navigate this complex environment by connecting those needing assistance with State and local agencies on aging that serve older adults and their caregivers. The Eldercare Locator can be accessed through a toll-free nationwide telephone line (800-677-1116) or website (http://www.eldercare.gov). The phone line and website both connect those in need to providers in every zip code in the nation. The Eldercare Locator website continues to grow as a resource tool for older adults and their caregivers, serving over 300,000 individuals a year.

National Long-Term Care Ombudsmen Resource Center

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

Among other accomplishments, the Center's FY 2009 outcomes included publication and distribution of *Equipping Long-Term Care Ombudsmen for Effective Advocacy: A Basic Curriculum; Self-Evaluation and Continuous Quality Improvement Tools* for both State and local ombudsman programs; State and local ombudsman training at two national conferences and via web-based teleconferences; and continued high utilization (over 40,000 monthly visits) to the Center's website by ombudsmen, consumers, and agencies.

National Center on Elder Abuse

To support and enhance the activities of State and local programs to prevent Elder Abuse, Neglect, and Exploitation, AoA funds the National Center on Elder Abuse (NCEA). NCEA disseminates information to professionals and the public and provides technical assistance and training to States and community-based organizations. The NCEA makes available news and resources; collaborates on research; provides consultation, education, and training; identifies and provides information about promising practices and interventions; answers inquiries and requests for information; operates a listserv forum for professionals; and advises on program and policy development. NCEA also facilitates the exchange of strategies for uncovering and prosecuting fraud in areas such as telemarketing and sweepstakes scams. In FY 2008, the NCEA:

- Continued its outreach by serving over 1,700 subscribers to its newsletter and over 1,750 members to the Elder Abuse Listserv (an increase of approximately 16 percent over FY 2007).

- Launched the first-ever national elder abuse public awareness campaign, broadcasting an elder abuse information piece May 22, 2009 through June 18, 2009 in over 700 U.S. movie theaters with a potential viewership of over 2 million people. NCEA distributed materials to over 650 AAAs and State Units on Aging to help local communities sponsor their own public awareness activities in coordination with the national event.

- Responded to over 1,200 individual public inquiries and requests for information.

- Effectively utilized technology to provide cost-effective trainings to over 600 professionals though live Webcast forums on issues relevant to elder rights and consumer protection, and expanded the NCEA training library to over 230 resources.

- Supported systems change in 20 local elder justice community collaborations with funding, training, and technical assistance to leverage local resources and expertise to prevent and combat elder abuse, neglect, and exploitation.

Senior Medicare Patrol (SMP) Program

The SMP program serves a unique role in the Department's fight to identify and prevent health care fraud in the Medicare and Medicaid programs. Projects utilize the skills of retired professionals as volunteers to conduct community outreach and education and provide toolkits that empower beneficiaries and their families to recognize and report suspected cases of Medicare and Medicaid fraud. Activities are carried out in partnership with the Centers for Medicare & Medicaid Services, the Office of Inspector General (OIG), healthcare providers, and other aging and elder rights professionals from around the country.

AGING NETWORK SUPPORT ACTIVITIES

Project training and technical assistance is provided by AoA's National Consumer Technical Resource Center (Center). The website http://www.smpresource.org is maintained by the Center as a gateway to "one stop" current fraud alerts and consumer information, the SMP locator, and best practices. A total of 54 SMP projects operate in all States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

OIG collects performance data from the SMP projects semiannually. The most recent report, dated May 18, 2009, documented the following program outputs and outcomes for the calendar year 2008. Data show SMP projects:

- Maintained 4,685 active volunteers who worked almost 113,000 hours to educate beneficiaries about how to prevent Medicare and Medicaid fraud;
- Educated 308,724 beneficiaries in 6,869 group education sessions and held 24,505 one-on-one counseling sessions;
- Conducted 5,742 community outreach education events and over 785,000 media activities;
- Received 40,734 inquiries for information or assistance from beneficiaries and resolved over 99 percent;
- Resolved or referred for further investigation over 4,000 complaints of potential fraud, error, or abuse from beneficiaries, their families, or caregivers as a result of educational efforts; and
- Referred over 10 percent of the complaints of potential fraud, worth over $2,343,000 to the Centers for Medicare & Medicaid Services or other entities for further investigation.

In addition, the OIG reports that since the program's inception 12 years ago, SMP projects have:

- Educated 2.6 million beneficiaries in 67,491 group education sessions and 1,008,243 one-on-one sessions;
- Conducted 957,960 media outreach events and 63,147 community outreach education events; and
- Documented over $105.72 million in savings, including Medicare and Medicaid funds recovered, beneficiary savings, and other savings as attributable to the project as a result of beneficiary complaints, which does not attempt to quantify the savings that may occur from the SMP program deterring fraud.

AGING NETWORK SUPPORT ACTIVITIES

Funding History

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

FY 2006	$13,124,000
FY 2007	$13,133,000
FY 2008	$13,694,000
FY 2009	$13,694,000
FY 2010	$13,694,000

Budget Request

The FY 2011 budget request for Aging Network Support Activities is $13,694,000, the same as the FY 2010 appropriation.

The FY 2011 request for Aging Network Support Activities focuses on maintaining performance at FY 2010 levels for the activities funded with this appropriation. These programs provide critical and ongoing support for the national aging services network and continue to be needed to support the activities of AoA's core service delivery programs. At the current request level AoA's commitment to maintain FY 2010 service levels is ambitious and will take advantage of management initiatives to maximize performance.

In FY 2011, AoA anticipates that SMP projects will refer $2,750,000 for further action (e.g. investigation), an increase of $250,000 over the FY 2010 target (Outcome 1.5).

In FY 2011, AoA estimates increasing the number of beneficiaries educated to 333,000 over FY 2010 projection of 320,000 beneficiaries educated through the Senior Medicare Patrol (Output W).

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

In FY 2011, AoA plans to increase the number of Eldercare Locator web contacts to 303,000 nearly 12 percent over the 2007 performance (Output Y), and 61 percent over the 2005 performance level. This projection is expected to be achieved through more efficient use of technology and expanded familiarity of the potential service population in seeking assistance through the web.

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

Outcome and Outputs Table

Aging Network Support Activities Outcome and Outputs

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2011 +/- FY 2010
1.5: SMP projects will increase the total dollar amount referred for further action. *(Outcome)*	FY 2008: $2,345,299	$2,500,000	$2,750,000	+$250,000
Indicator	**Most Recent Result**	**FY 2010 Projection**	**FY 2011 Projection**	**FY 2011 +/- FY 2010**
Output W: Beneficiaries Educated *(Output)*	FY 2008: 333,229	320,000	333,000	+12,000
Output X: Eldercare Locator calls *(Output)*	FY 2008: 118,571	121,940	125,000	+3,060
Output Y: Eldercare Locator web contacts *(Output)*	FY 2008: 300,899	298,000	303,000	+5,000

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

Program Administration

	FY 2009 Appropriation	FY 2009 Recovery Act	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
Program Administration	$18,696,000	--	$19, 979,000	$22,508,000	+$2,529,000
FTE.....	103	--	108	112	+4

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

FY 2011 Authorization..... Such Sums

Allocation Method ..... Direct Federal/Contract

Program Description and Accomplishments:

Program Administration dollars pay for the staffing and administrative costs related to AoA's programs, including those established under the Older Americans Act (OAA), and section 398 and Title XXIX of the Public Health Services Act (Alzheimer's Disease Supportive Services and Lifespan Respite Care). These funds are also used to carry out and support oversight and implementation of activities under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and the American Recovery and Reinvestment Act (Recovery Act) of 2009. AoA's mission, as embodied in the OAA, is to develop a comprehensive and cost-effective system of services that helps elderly individuals to maintain their independence and dignity in their homes and communities. AoA does this by overseeing the development of coordinated systems of community-based care in States and localities that are responsive to the needs and preferences of older people and their family caregivers.

Improving program efficiency, improving client outcomes, and effective targeting of services to vulnerable elders are the three performance measures used to assess the performance of the AoA's Aging Services programs as a whole. Program Administration is not directly measured by AoA's performance indicators, or by specific outcomes, and it does not have specific output measures. Rather, the program provides the administrative resources that enable AoA to carry out its programmatic activities and achieve its performance goals.

AoA's responsibilities are expanding at the same time that the demand for services under its core programs is increasing, reflecting the sharp increases nationally in the numbers of seniors. AoA is actively involved in prevention through its Chronic Disease Self-Management program and other Evidence-Based Disease Prevention programs; is taking on greater responsibility for addressing caregiver and workforce issues through activities such as those under the Lifespan Respite Care act; is helping States to transform systems through the expansion of Aging and Disability Resource Centers, and is actively establishing new partnerships with a range of agencies like the Department of Veterans Affairs and the Department of Housing and Urban Development to better address issues related to seniors. In FY 2009 alone, AoA received

funding for new programs under the Medicare Improvements for Patients and Provider's Act (MIPPA) and the Lifespan Respite Care Act, and appropriations for a new Community Innovations for Aging in Place program, in addition to increased funding for nutrition programs provided by the Recovery Act.

Over the last decade, however, AoA's resources have been stretched to meet growing responsibilities. AoA appropriations for Program Administration were relatively flat and lagged increases in pay and other expenses. Fixed costs have grown to comprise 93 percent of AoA's FY 2009 operating budget, leaving AoA little room to make adjustments in the short run to address new demands and responsibilities. As a result, to cover steadily increasing fixed costs while remaining within its budget, AoA staffing has had to be reduced from 120 FTE in FY 2002 to 103 FTE in FY 2009.

The FY 2010 appropriation for AoA took a key first step to address the imbalance between resources and responsibilities for Program Administration. This additional funding allows AoA to begin to make needed investments in human capital development, information technology modernization, and other activities that are critically needed to effectively reach out to citizens, promote efficiency and innovation, and provide transparency and accountability.

Funding History

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

FY 2006	$17,688,000	113 FTE
FY 2007	$18,379,000	112 FTE
FY 2008	$18,064,000	106 FTE
FY 2009	$18,696,000	103 FTE
FY 2010	$19,979,000	108 FTE

Budget Request

The FY 2011 request for Program Administration is $22,508,000 an increase of +$2,529,000 and +4 FTE over the FY 2010 appropriation.

The FY 2011 request builds upon expected FY 2010 progress towards addressing critical administrative resources to AoA. The FY 2011 request includes funding for pay raises and inflation to allow the agency to maintain its staffing level in the face of rising costs. FTE usage is expected to rise from 108 FTE to 112 FTE, reflecting the annualization of hiring begun in FY 2010 and a move towards lower cost, entry-level grades where possible for new hires.

However, the majority of the additional resources requested for Program Administration represent pass-throughs required by other agencies, and do not provide AoA with additional resources to use to address its growing responsibilities. Specifically, the algorithms used to calculate AoA charges for accounting services, e-government and other external services provided by DHHS shared service provider organization will change in FY 2011. This will result in higher costs for some HHS Operating Divisions and lower costs for others, but will not

change the volume nor the nature of the services provided. For AoA, these changes are projected to add $950,000 in mandatory costs. In addition, $1,243,000 is needed up front by the General Services Administration (GSA) to pay for advance costs associated with lease renewal when AoA's current Headquarters lease expires in 2012 (e.g., modifying current space or preparing for a move should relocation prove necessary).

Of the additional +$2,529,000:

- $293,000 is necessary to cover the projected FY 2011 pay increase.

- $950,000 would pay for rate changes approved by the Department's Service and Supply Fund Board for accounting and related Program Support Center (PSC) services.

- $1,243,000 is included to pay the General Services Administration for the initiation of the AoA Headquarters office relocation, which cannot begin until these resources have been made available. This cost planned for FY 2011 is approximately half of the required $2,500,000 needed to execute a lease that allows either for AoA's relocation, or for down-sizing at the existing location, by the expiration of the current lease; and,

- $43,000 will be used for non-pay inflation, including higher rent costs, and for cost increases in travel, contracts and external services.

The aging population will continue to surge in the coming years. For AoA to effectively address this population's needs while also advancing the Administration's goals of innovation, transparency and accountability, it must receive these increases in administrative resources.

HHS Enterprise Information Technology and Government-Wide E-Gov Initiatives:

The AoA will use $276,437 of its FY 2011 budget to support Department-wide enterprise information technology and government-wide E-Government initiatives. Operating Divisions help to finance specific HHS enterprise information technology programs and initiatives, identified through the HHS Information Technology Capital Planning and Investment Control process, and the government-wide E-Government initiatives. The HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability.

Of the amount specified above, $111,107 is allocated to developmental government-wide E-Government initiatives for FY 2011. This amount supports these government-wide E-Government initiatives as follows:

FY 2011 Developmental E-Gov Initiatives[1]	**Amount**
Line of Business - Human Resources	$232
Line of Business - Grants Management	$5,751
Line of Business - Financial	$6,021
Line of Business - Budget Formulation and Execution	$4,000
Disaster Assistance Improvement Plan	$95,103
FY 2011 Developmental E-Gov Initiatives Total	**$111,107**

Prospective benefits from these initiatives are:

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

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

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

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

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

[1] Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

In addition, $142,094 is allocated to ongoing government-wide E-Government initiatives for FY 2011. This amount supports these government-wide E-Government initiatives as follows:

FY 2011 Ongoing E-Gov Initiatives[1]	**Amount**
Grants.Gov	$138,136
Integrated Acquisition Environment	$3,958
FY 2011 Ongoing E-Gov Initiatives Total	**$142,094**

HHS FY 2011 OMB Circular A-11, Exhibit 300: Capital Asset Plan and Business Case Summaries can be found at http://it.usaspending.gov/. AoA does not have an Exhibit 300.

[1] Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

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Budget Authority by Object
Administration on Aging
FY 2011 Budget Submission
(Dollars in Thousands)

Object Class	FY 2010 Estimate 1/	FY 2011 Estimate	Increase or Decrease
Personnel Compensation:			
Full-time Permanent (11.1)	10,854	11,253	399
Other than Full-Time Permanent (11.3)	309	327	18
Other Personnel Compensation (11.5)	305	321	16
Military Personnel (11.7)	--	--	--
Subtotal, Personnel Compensation	**11,468**	**11,901**	**433**
Personnel Benefits (12.1)	2,671	2,820	149
Military Benefits (12.2)	--	--	--
Total, Pay Costs	**14,139**	**14,721**	**582**
Travel and Transportation of Persons (21.0)	283	287	4
Transportation of Things (22.0)	25	25	--
Rental Payments to GSA (23.1)	1,710	1,734	24
Communications, Utilities, and Miscellaneous (23.3)	226	229	3
Printing and Reproduction (24.0)	14	14	--
Other Contractual Services:			
Advisory and Assistance Services (25.1)	11,652	19,815	8,163
Other Services (25.2)	69	70	1
Purchases from Government Accounts (25.3)	4,617	10,531	5,914
Operation and Maintenance of Equipment (25.7).	41	42	1
Subtotal, Other Contractual Services	**16,379**	**30,458**	**14,079**
Supplies and Materials (26.0).	47	65	18
Equipment (31.0)	8	15	7
Grants, Subsidies and Contributions (41.0)	1,483,466	1,577,185	93,719
Total, Non-Pay Costs	**1,502,158**	**1,610,012**	**107,854**
Total, Budget Authority by Object Class	**1,516,297**	**1,624,733**	**108,436**

1/ FY 2010 does not include funds appropriated under the American Recovery and Reinvestment Act.

Salaries and Expenses
Administration on Aging
FY 2011 Budget Submission
(Dollars in Thousands)

Object Class	FY 2010 Estimate 1/	FY 2011 Estimate	Increase or Decrease
Personnel Compensation:			
Full-time Permanent (11.1)	10,854	11,253	399
Other than Full-Time Permanent (11.3)	309	327	18
Other Personnel Compensation (11.5)	305	321	16
Military Personnel (11.7)	--	--	--
Subtotal, Personnel Compensation	**11,468**	**11,901**	**433**
Personnel Benefits (12.1)	2,671	2,820	149
Military Benefits (12.2)	--	--	--
Total, Pay Costs	**14,139**	**14,721**	**582**
Travel and Transportation of Persons (21.0)	283	287	4
Transportation of Things (22.0)	25	25	--
Communications, Utilities, and Miscellaneous (23.3)	226	229	3
Printing and Reproduction (24.0)	14	14	--
Other Contractual Services:			
Advisory and Assistance Services (25.1)	11,652	19,815	8,163
Other Services (25.2)	69	70	1
Purchases from Government Accounts (25.3)	4,617	10,531	5,914
Operation and Maintenance of Equipment (25.7)	41	42	1
Subtotal, Other Contractual Services	**16,379**	**30,458**	**14,079**
Supplies and Materials (26.0)	47	65	18
Total, Non-Pay Costs	**16,974**	**31,078**	**14,104**
Total, Salaries and Expenses	**31,113**	**45,799**	**14,686**
Direct FTE	**108**	**112**	**4**

1/ FY 2010 does not include funds appropriated under the American Recovery and Reinvestment Act.

Detail of Full Time Equivalent Employment (FTE)
Administration on Aging
FY 2011 Budget Submission

	2009 Actual Civilian	2009 Actual Military	2009 Actual Total	2010 Est. Civilian	2010 Est. Military	2010 Est. Total	2011 Est. Civilian	2011 Est. Military	2011 Est. Total
Immediate Office of the Assistant Secretary									
Direct	12		12	15		15	15		15
Reimbursable									
Total	12		12	15		15	15		15
Center for Policy and Management									
Direct	32	1	33	35		35	38		38
Reimbursable.									
Total	32	1	33	35		35	38		38
Center for Program Operations									
Direct	25		25	25		25	26		26
Reimbursable	2		2	2		2	2		2
Total	27		27	27		27	28		28
Office of Regional Operations									
Direct	26		26	26		26	26		26
Reimbursable	5		5	5		5	5		5
Total	31		31	31		31	31		31
AoA FTE Total	**102**	**1**	**103**	**108**	**0**	**108**	**112**	**0**	**112**

Centers for Policy and Management and Program Operations: The increase of 4 FTE in FY 2011 is needed to ensure that AoA is efficiently staffed to manage the rising demand for services under its core programs, reflecting the sharp increases nationally in the numbers of seniors, as well as to accommodate AoA's growing involvement within and outside the Department in reform of health and long-term care issues.

	Average GS Grade 1/
2006	12.4
2007	12.5
2008	12.9
2009	13.0
2010	12.9

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

Detail of Positions
Administration on Aging
FY 2011 Budget Submission

	2009 Actual	2010 Estimate	2011 Estimate
Executive Level I			
Executive Level II			
Executive Level III			
Executive Level IV	1	1	1
Executive Level V			
Subtotal	1	1	1
Total - Exec. Level Salaries 1/	**$99,000**	**$190,000**	**$193,900**
ES-6			
ES-5			
ES-4			
ES-3	1	1	1
ES-2			
ES-1	2	2	2
Subtotal	3	3	3
Total - ES Salary	**$597,800**	**$602,000**	**$614,500**
GS-15	21	22	22
GS-14	14	15	15
GS-13	42	42	42
GS-12	8	8	8
GS-11	5	5	7
GS-10	1	1	1
GS-9	4	8	10
GS-7	2	2	2
GS-6	1	1	1
Subtotal	98	104	108
Total - GS Salary	**$13,312,200**	**$14,287,000**	**$15,155,600**
Average ES Level	1.7	1.7	1.7
Average ES Salary	$199,267	$200,667	$204,833
Average GS Grade 2/	13.0	12.9	12.8
Average GS Salary	$135,839	$137,375	$140,330

1/ The Executive Level salary for FY 2009 is stated at the actual lower level due to the position being vacant during the transition period.

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

Note: This table does not reflect Commissioned Corps FTE.

Programs Proposed for Elimination

AoA has no programs proposed for elimination.

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Significant Items in House and Senate Appropriations Committee Reports

FY 2010 House of Representatives Appropriations Committee Report Language (House Report 111-220)

Item

Nutrition Services - The Older Americans Act provides States with significant flexibility to transfer funds between Home-Delivered and Congregate Nutrition Services to meet the varying demands for nutrition services in different States. The Older Americans Act also provides States flexibility to transfer funds between Nutrition Services programs and Home and Community-Based Supportive Services. This allows States with a higher demand for congregate meals to also provide transportation services to meal sites. The Committee recognizes this need for flexibility. In order to get a more accurate sense of the demand for different services, the Committee requests AoA to include in future Congressional budget justifications the actual amount obligated by States for Home Delivered Nutrition Services, Congregate Nutrition Services, and Home and Community-Based Supportive Services, including transfers between programs. (p. 181)

Action taken or to be taken

AoA has addressed the report by providing information in the Health and Independence Summary.

Item

Community Innovations for Aging in Place — Within the funds provided, the Committee includes $8,000,000 for the Community Innovations for Aging in Place program, which is $3,000,000 more than the fiscal year 2009 funding level and the budget request. This funding will provide grants to community-based organizations for model aging in place initiatives, such as the coordination and delivery of services to elderly residents living in naturally occurring retirement communities. The Committee encourages AOA to ensure that these initiatives are coordinated with existing programming under the Older Americans Act, including Aging and Disability Resource Centers, Nursing Home Diversion, and Evidence-Based Prevention activities. (p. 181-182)

Action taken or to be taken

The Older Americans Act envisions for AoA and the Aging Services Network to assist older Americans in their efforts to remain safely in their own homes and communities. The Community Innovations for Aging in Place (CIAIP) program provides AoA the opportunity to support innovative community based efforts designed to implement that vision at the local level. During FY 2009 AoA funded fourteen local CIAIP grants and a technical assistance resource center to support their efforts. The fourteen grants, in line with Congressional intent, represent a diverse array of initiatives including the creative delivery of services to elders living in naturally occurring retirement communities. Funded projects indicate a clear understanding of the importance of program coordination with Area Agencies on Aging, Aging and Disability Resource Centers, and Evidence-Based Prevention activities. AoA notes that the final appropriation for CIAIP was $5,000,000, not $8,000,000.

SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

FY 2010 Senate Appropriations Committee Report Language (Senate Report 111-66)

Item

Civic Engagement - The Committee strongly supports the multigenerational and civic engagement activities authorized under section 417 of the Older Americans Act. The Committee is aware of a program using older volunteers as tutors that has significantly improved the reading skills of students, as well as improved the mental and physical health of volunteers. The Committee encourages AoA to continue its work in advancing the field of civic engagement for older Americans by partnering with organizations with proven experience in creating innovative opportunities for older Americans to serve their communities. (p. 154)

Action taken or to be taken

AoA strongly supports civic engagement programs designed to expand volunteer opportunities for older individuals and continues to fund a three-year national Multi-Generational and Civic Engagement (MGCE) Initiative through the National Council on Aging (NCOA). The purpose of the initiative is to discover, document, and support existing exceptional locally-developed program models and volunteer engagement strategies using volunteers who serve one of three target populations:

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

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

Nineteen local grants have been awarded. Through the Memorandum of Understanding with the Corporation for National and Community Service, twelve Volunteers in Service to America (VISTA) volunteers are supporting six of these grantees. We plan to meet with the Corporation for National and Community Service to discuss further collaboration opportunities.

Technical assistance is offered to local grantees through site visits, Webinars assistance, meetings, performance monitoring and assessment, and evaluation.

A three-day meeting was held in February 2009 for all the MGCE grantees, national collaborating organizations, and key technical and expert facilitators. The meeting reinforced common program expectations, grant requirements, measures of success, and built a sense of MGCE "community" and network exchange.

In July 2009, AoA also partnered with the National Council on Aging (NCOA) and the National Association of Area Agencies on Aging (n4a) for a workshop "Taking a Fresh Look at Volunteers." The keynote speaker addressed the Kennedy Serve America Act and the implications for an aging America, while leadership from the AoA, n4a and NCOA spoke about their roles in civic engagement and volunteerism. AoA and NCOA also organized a conference workshop: "Model Approaches for Volunteer Engagement: Building Your Local Capacity."

Next steps include synthesis and dissemination of best practices and setting the stage for widespread replication of the most promising models, using strategies and on-line tools grounded in diffusion of innovations theory and practice.

Item

Older Adults and Mental Health - The Committee recognizes that older adults are among the fastest growing subgroups of the U.S. population. Approximately 20 to 25 percent of older adults have a mental or behavioral health problem. Older white males (age 85 and over) currently have the highest rates of suicide of any group in the United States. The Committee acknowledges the importance of addressing the mental and behavioral health needs of older adults and encourages AoA to implement the provisions related to mental and behavioral health that were signed into law as part of the Older Americans Act Amendments of 2006. (p. 155)

Action taken or to be taken

AoA is an active partner with the Substance Abuse and Mental Health Services Administration (SAMHSA), including through the SAMHSA Mental Health Transformation initiative. Through this initiative AoA actively participates in the Federal Executive Steering Committee, the Federal Partner Senior Workgroup, the Suicide Prevention Workgroup, and the Rural Mental Health Workgroup. In addition, through our Evidence-Based Disease Prevention programs, AoA has encouraged States and Area Agencies on Aging to use evidence-based mental health prevention interventions including Healthy IDEAS, an evidence-based depression screening and prevention program. State plan guidance developed by AoA for FY 2011, similar to past guidance, will direct States and Area Agencies on Aging to implement the provisions related to mental and behavioral health that were signed into law as part of the Older Americans Act Amendments of 2006.

Item

Transportation - The Committee is aware of the rapidly growing need for transportation services for older Americans. In order to expand resources to meet this need, the Committee encourages AoA to fund section 416 of the Older Americans Act. Such funding could support successful, entrepreneurial models of economically sustainable transportation that supplement publicly funded services by accessing private resources and voluntary local community support, and that do not rely on Federal or other public financial assistance after 5 years. (p. 155)

Action taken or to be taken

While section 416 of the Older Americans Act was not funded in FY 2010, AoA recognizes the importance of supporting and fostering innovation in serving older consumers and their caregivers. Since 2004, AoA has been a key partner in the United We Ride initiative, to promote the participation of the Aging Services Network in the coordination of transportation services at the State and local levels. AoA has provided guidance to State Units on Aging in the development of their State plans on aging and have encouraged their describing coordination activities and discussions with State and local entities.

AoA continues to be involved in United We Ride and is taking a leadership role in the new Health, Wellness, and Transportation workgroup. This workgroup focuses on ensuring that 1) transportation is not a barrier for transportation-disadvantaged populations seeking to access their health care, general health, and wellness needs (i.e. preventive care, hospitals, nutritional resources, and exercise); and 2) transportation options provide these populations the mobility that keeps them active and healthier, and therefore out of expensive nursing home care and acute treatment.

AoA has also been closely involved in the development and ongoing operation of the National Center on Senior Transportation (NCST) (http://www.seniortransportation.net), a Technical Assistance center funded by the Federal Transit Administration and administered by Easter Seals Project Action and the National Association of Area Agencies on Aging. One of the major activities of the NCST has been the funding of demonstration grants to promote innovations in the coordination and delivery of transportation services to older adults and their caregivers.

Item

Alzheimer's Disease Demonstration Grants to States - The Committee recommends a funding level of $11,464,000 for Alzheimer's disease demonstration grants to States, which is the same as the comparable fiscal year 2009 level and the administration request. This program provides competitively awarded matching grants to States to encourage program innovation and coordination of public and private services for individuals with Alzheimer's disease and their families. The Committee urges the AoA to continue this program with a focus on early intervention and chronic care management, particularly among underserved populations. (p. 156)

Action taken or to be taken

AoA continues to expand the availability of coordinated supportive services for persons with Alzheimer's disease and their families. In FY 2008 and 2009, 44 cooperative agreements were awarded to States to deliver evidence-based and innovative care coordination for persons with Alzheimer's disease and their families through the Aging Services Network, community-based organizations, and institutions of higher education partnerships. In particular, AoA awarded innovation grants for supportive services that enable individuals with Alzheimer's disease to remain in the community longer, promote early intervention and chronic care management, and enhance the ability of state systems to provide effective and cost-efficient supportive services for persons with Alzheimer's disease and their families. A key focus of the evaluation criteria for awarding Alzheimer's disease supportive services grants is reaching underserved and culturally-diverse populations.

In FY 2010, grants will expand the repertoire of evidence-based and innovative Alzheimer's disease interventions, particularly those that promote early intervention and chronic care management, and promote the embedding of successful interventions into State health and long-term care services and supports across the country.

SIGNIFICANT ITEMS IN HOUSE AND SENATE APPROPRIATIONS COMMITTEE REPORTS

Item

Lifespan Respite Care - The Committee recognizes the essential role of family caregivers who provide a significant proportion of our Nation's health and long-term care for the chronically ill and aging. Respite care can provide family caregivers with relief necessary to maintain their own health, bolster family stability and well-being, and avoid or delay more costly nursing home or foster care placements. The Committee urges AoA to ensure that State agencies and Aging and Disability Resource Centers use the funds to serve all age groups, chronic conditions and disability categories equitably and without preference. (p. 156)

Action taken or to be taken

In implementing the Lifespan Respite Care Program in FY 2009, AoA has carefully considered the requirements of the Lifespan Respite Care Act as well as Congressional intent as specified in the Committee Report accompanying the authorizing statute. Both the Act and Committee Report were consulted in the development of the Program Announcement, especially where service to all age groups, chronic conditions and disability categories was concerned. To help ensure that State agencies and Aging and Disability Resource Centers use the funds to serve all age and disability groups, AoA employed the following strategies in FY 2009 and will continue to employ these strategies in FY 2010 and beyond:

First, applications from eligible State agencies are minimally required to:

1. Demonstrate the support and active involvement of a range of government and non-government, private, nonprofit and other organizations with a stake in serving all populations eligible to receive services under the Lifespan Respite Care Act;

2. Demonstrate thorough understanding of the population to be served, including knowledge of the family caregiver population for whom lifespan respite program services are to be provided, or for whom respite care workers and volunteers will be recruited and trained;

3. Demonstrate stakeholder collaboration and full implementation. Successful applications must demonstrate the broadest possible collaboration with relevant respite stakeholders from across the age and disability spectrum. Further, applicants must propose a program that immediately addresses the respite needs of all ages and special needs categories. No phase-in or preferences for age groups or disability categories are permitted.

Second, grantees will be monitored via semi-annual and annual reports as well as through ongoing communication with the AoA Program Officer to ensure the required elements outlined above are being fulfilled. Additionally, AoA facilitates regular email and telephone communications with the individual grantees and the group to share information and strategies.

Finally, AoA recognizes the critical importance of providing technical assistance to both the grantees as well as States yet to be funded under the Lifespan Respite Program. To that end, AoA has a Cooperative Agreement with the Family Caregiver Alliance in San Francisco with a

sub-contract to the ARCH National Respite Center to develop training and materials on a range of issues associated with Lifespan Respite Care Program development and implementation.