FY 2016 Appropriations
Programs and Services for Older Adults

Stop the sequestration of vital human needs programs from undermining the health and wellness of older adults.

We acknowledge that there are hard choices ahead for our nation and that an honest conversation must be had about how to sustain our most effective federal investments while preventing unsupportable spending from growing without restraint or response.

n4a believes the federal budget process should be driven by the nation’s foremost public policy goals, as well as by rational economic analysis. The budget-making process itself should be as free as possible from political gimmicks and allow for open public debate over national revenue and spending priorities.

That is why we strongly oppose the arbitrary budget caps and sequestration mechanisms called for in the 2011 Budget Control Act (BCA). Sequestration and arbitrary caps avoid making actual choices about which federal discretionary programs provide the greatest return on investment, reflect the current and future needs of our country, and leverage other dollars at the local level. The savings recouped from these cuts pales in comparison to the added costs of premature nursing home placement for seniors who find they can no longer stay in their homes and communities because of reduced funding for Older Americans Act (OAA) and other critical services and supports.

Any future deficit reduction efforts must account for the discretionary savings already achieved by the President and the 111th, 112th and 113th Congresses. More than $1.5 trillion in cuts have been made to discretionary programs in the past five years, even though these discretionary programs account for less than one-third of federal spending. As a result, non-defense discretionary (NDD) spending will fall to its lowest level on record as a percentage of Gross Domestic Product. Clearly, this is not an area of the budget requiring further cuts and it should not continue to bear the brunt of the burden of our nation’s deficit reduction. Congress should re-examine the BCA’s budget cap and sequestration provisions to find a more fair and balanced approach to deficit reduction.

Meanwhile, appropriators in Congress should prioritize funding for the most effective investments and ensure that older adults’ and family caregivers’ needs are recognized.

Restore funding to Older Americans Act and other supportive services to help older Americans remain living successfully and independently in their homes and communities.

Preserving the ability of millions of older adults to live at home and in their communities—and forgo more restrictive and expensive institutional care—requires a range of supportive services: home health care, homemaker services, transportation, respite care, home-delivered meals and more. Historically, AAAs and Title VI Native American aging programs in each local community foster the development and coordination of these critical home and community-based services (HCBS) to older adults and their caregivers. With leadership from the State Units on Aging, the AAAs work with tens of thousands of service providers and vendors nationwide to deliver these services. This collective community is known as the Aging Network, and the resulting system of supports helps people where they want to age—at home and in the community.

The Aging Network also helps individuals avoid unnecessary and more expensive institutional care and/or spending down to Medicaid, the result of which saves federal and state governments money. As the older adult population grows, it is critical that the Administration and Congress place greater emphasis on federal policies and programs that strengthen HCBS, most particularly discretionary programs like the OAA.

Unfortunately, federal funding cuts have made it increasingly difficult for the Aging Network to maintain existing services. Even before sequestration began, stagnant federal investment prevented programs...
from keeping pace with the aging population. Then the poor economy increased demand for services as families struggle to support and care for older relatives, and as more older adults struggle to make ends meet.

There is good news, however. AAAs leverage other dollars from federal investments; they pull together state, local and private funding to build comprehensive systems of HCBS in their communities. The U.S. Administration on Aging (AoA) surveys show that every $1 in federal funding for the OAA leverages nearly an additional $3 in funding.\footnote{AAAs leverage other dollars from federal investments; they pull together state, local and private funding to build comprehensive systems of HCBS in their communities.}

This return on investment is one of the ways AAAs and Title VI programs are able to do a lot with very little. They leverage community support through extensive partnerships, creating connections that strengthen local HCBS systems. This work is also an economic driver, as AAAs fund and partner with a host of private companies to deliver quality care and create jobs in their communities.

\textit{n4a} fully understands the economic realities facing governments and families. We support sound federal budget decision-making that values key domestic programs to support our growing aging population, and we believe that this investment is in the best interest of all Americans. As advocates, we take seriously the responsibility of informing Congress about the needs of older adults and caregivers.

Therefore, to support older Americans and their caregivers, \textit{n4a} endorses the following appropriation levels for fiscal year (FY) 2016.

\textbf{Older Americans Act (OAA)}

Restore the capacity of OAA programs by increasing total funding to at least FY 2010 levels. It is especially important to first restore funding to OAA programs that have had no relief from the sequester, including Title III B, Title III E, Title VI and the Ombudsman program.

The OAA is the cornerstone of the nation’s HCBS system, providing older adults with much-needed services that include home care, congregate and home-delivered meals, adult day care, case management, legal services, transportation and caregiver support. These services are in high demand in every community, but have limited federal resources.

For years, OAA funding has not kept pace with inflation or the growing population of individuals eligible for services. OAA programs and services lost more than $103 million (roughly 5.5 percent) from FY 2012 to FY 2013 (post-sequester) and then only regained half of that from FY 2013 to FY 2014, with those restorations limited to the three nutrition programs. There was no restoration in FY 2015, as all OAA programs were level funded.

\textit{n4a} strongly supports the President’s recommendation of a $38 million increase for III B Supportive Services in FY 2016, an 11 percent increase.

\textbf{Title III B Native American aging programs} are especially overdue for a funding increase. OAA provides the primary authority for funding services to elders in Indian country. Older American Indians are the most economically disadvantaged elders in the nation. Current Title VI funding levels are woefully inadequate to meet the needs of Indian elders, and there has long been a lack of proper investment in these programs,
which further exacerbates their challenges. It would take a significant funding increase to fully address the large gaps in service capacity for these programs and start to remedy the many challenges faced by this population—but as the President’s budget illustrates, it does not require much additional funding to begin this process.

n4a urges the adoption of the Administration’s request of a total boost of $3.67 million for Title VI Parts A and C, an 11.2 percent and 12.7 percent increase, respectively.

The National Family Caregiver Support Program (NFCSPP) was added to the OAA as Title III E in 2000 and funds programs offered at the community level through the Aging Network and its partners. The programs assist family members caring for older loved ones who are ill or who have disabilities. The NFCSPP offers a range of supports to family caregivers, including information about services; assistance in gaining access to services; counseling, support groups, and caregiver training; respite care; and supplemental services as funding allows. These services are in high demand in every community, but have limited federal resources.

A modest increase of $5 million (3.4 percent) for the National Family Caregiver Support Program, as proposed by the President, would not restore III E to its FY 2010 level, but would begin the restoration process and should be adopted at a minimum.

The State Long-Term Care Ombudsman Program (Title VII) advocates for residents of long-term care facilities in order to resolve quality of life and care problems, including abuse, neglect and exploitation. Ombudsman representatives protect residents’ rights and improve the long-term supports and services system by giving voice to the problems of residents of nursing homes, assisted living, and board and care facilities. The network has 8,712 volunteers and 1,180 paid staff certified to resolve complaints. Many local ombudsman programs (working under the state-level Ombudsman) reside at the AAA or otherwise coordinate with the AAA. The demand for ombudsman services is growing, but funding for the program hasn’t grown in years.

Please restore the Ombudsman funding to at least $21.8 million (FY 2010 level) to ensure these critical and largely volunteer-led efforts to protect residents’ rights can continue.

Other Priorities
n4a also believes the following appropriation actions for FY 2016 are critical to building and maintaining a comprehensive HCBS system that can meet the needs of the growing older adult population.

> n4a appreciates the President’s request of $20 million in discretionary funding for Aging and Disability Resource Center (ADRC) work, but absent that funding in the interim, we continue to work

with Congress to restore the $10 million in annual mandatory funding that expired in fall 2014. At a minimum, n4a supports a funding level of $16 million of appropriated and mandatory funding, directed to the Administration for Community Living (ACL) for these “no wrong door” networks of access to long-term services and supports information and assistance.

> The Elder Justice Act (EJA) of 2010 would implement a comprehensive national strategy to address elder abuse, neglect and exploitation and is authorized at $777 million. If adequately funded, EJA would enhance training, recruitment and staffing in long-term care facilities and enhance state adult protective service systems, long-term care ombudsman programs and law enforcement practices. n4a supports the President’s request for $25 million in EJA funding (focusing on Adult Protective Services) in FY 2016.

> n4a requests that Congress increase funding for the State Health Insurance Assistance Programs (SHIPs) in FY 2016 to meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at the community level. Now administered by ACL, the SHIP program received $52.1 million in FY 2015. Two-thirds of local SHIPs are operated through AAAs. SHIP programs, which rely heavily on trained volunteers, play a critical role in ensuring that older adults and people with disabilities make informed decisions about their Medicare coverage—including selecting among supplemental Medigap plans, Medicare Advantage (MA) plans and Part D prescription drug plans—and navigate the shifting landscape of Medicare choices (e.g., managed care demonstrations). With 10,000 boomers becoming eligible for Medicare every day, Congress needs to increase SHIP funding to reflect this increasing volume and complexity.

> Appropriators should direct, through report language, the Federal Transit Administration to allocate at least $1 million of its technical assistance funding to serve the unique needs of older adults and achieve the mission promoted by the National Center on Senior Transportation (NCST) to support communities in their efforts to expand senior mobility options. (For more on the NCST, see page 12.)

> n4a supports the Administration’s FY 2016 proposal to allocate funding from the Prevention and Public Health Fund (PPHF) to ACL for the Chronic Disease Self-Management Program, and we encourage Congress to provide at least $8 million. Additionally, we support the allocation of at least $5 million to ACL for falls prevention activities through the PPHF. (See also page 6.)