



Debra B. Whitman, Chair

April 9, 2015

United States House of Representatives
Committee on Appropriations
Room H-305, The Capitol
Washington, DC 20515

Subject: **LCAO FY 2016 Appropriations Letter**

Dear Representative:

The Leadership Council of Aging Organizations (LCAO) is a coalition of 72 national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena.

As your Subcommittees develop fiscal year (FY) 2016 spending bills, LCAO urges you to prioritize investments in discretionary programs that enhance the dignity, health and independence of older adults, and support their caregivers. To this end, we've provided a list of vital programs and recommended funding levels for your consideration.

Our top appropriations priority remains, as it has for years, the **Older Americans Act (OAA)**. The OAA is the backbone of the nation's long-term services and supports system, providing older adults with much-needed services that include home care, congregate and home-delivered meals, case management, caregiver support, transportation, health promotion and disease prevention, legal services, elder abuse prevention, and community service employment opportunities for low-income older adults. It also funds the long-term care ombudsman program, which helps resolve complaints in nursing homes and assisted living facilities, and protects the rights of those vulnerable residents.

For over forty years, OAA programs have demonstrated a unique ability to provide these quality services while enhancing and protecting federal resources. OAA programs represent less than 0.2% of federal discretionary spending, but offer an incredible return on investment by leveraging state, local and private dollars, as well as volunteerism, to help seniors age in place. Together, these services save taxpayer dollars by enabling seniors to remain independent and healthy in their own homes, where they prefer to be, and where they are less likely to need more costly hospital and institutional care paid for through Medicare and Medicaid.

Despite these successes and efficiencies, funding for the OAA has not kept pace with inflation or population growth for years, and current levels are insufficient to meet burgeoning needs. In

2009, LCAO determined that in order for OAA funding to simply catch up with the growth in the senior population and costs of services over the past decade, it would have to be increased by at least 12% a year for several years.

Since then, OAA appropriations have continued to lag behind the costs of fuel, commodities, and wages, while the senior population has continued to grow. Additionally, cuts to discretionary programs enacted in recent years have further threatened the sustainability of these critical programs. Due to the budget cap and sequestration mechanisms created by the Budget Control Act of 2011 (BCA), spending on non-defense discretionary (NDD) programs—which includes the OAA—is set to fall to its lowest level on record as a share of the economy in 2017. Without changes to BCA, the OAA will continue to be subject to sequestration, resulting in unnecessary and harmful cuts each year through 2021.

LCAO, our members, and the millions of older adults we collectively represent, are deeply concerned about eroding federal funding for OAA programs, at a time when need and demand are increasing at unprecedented levels. Currently, 41 million Americans are over the age of 65. With 10,000 Baby Boomers turning 65 each day, an estimated 80 million Americans will be 65 or older by 2040. Some populations specifically served by the Act's provisions are expanding at an even more rapid pace, such as Native American Indians/Native Alaskans, whose 65+ population is expected to grow by 115% by 2030.

Many of these older adults face economic security and health challenges, making them more likely to need long-term services and supports. Nearly 90% of seniors have at least one chronic condition, 4.2 million adults over the age of 65 live in poverty, the unemployment rate of low-income older workers is nearly three times higher than the overall jobless rate, and one in seven seniors struggles with hunger. Extending or cutting already insufficient funding for programs that address these complex needs fails to recognize our nation's changing demographics, or the needs of seniors and their families.

To begin to address these systemic inadequacies, we respectfully ask that, at a minimum, you restore all Older Americans Act programs' funding to at least pre-sequester, FY 2010 levels for FY 2016.

In addition, we strongly support the President's recommended funding levels for OAA III B Supportive Services, III C-1 Congregate Meals and III C-2 Home-Delivered Meals, and the Title VI Native American grants (Parts A and C), which provide much-needed restoration and investment in these core OAA programs that directly support older adults to remain healthy and independent in their homes and communities.

Dozens of other vital discretionary programs beyond the OAA support seniors and caregivers. Our recommendations follow, as organized by Subcommittee.

Department of Health and Human Services

Elder Justice: We support the budget's \$25 million funding request for elder justice and Adult

Protective Services (APS) programs. This proposed funding would be only the second direct appropriation for the bipartisan Elder Justice Act, which was signed into law in 2010 and authorized at slightly less than \$200 million per year. The Act received only \$4 million in funding in FY 2015, the first time it received direct appropriations. This funding would have a direct and immediate impact by providing urgently needed support for state and local governments for APS programs, the front line of fighting elder abuse. Given the growing problems of elder abuse, neglect and exploitation, including billions of dollars taken from seniors each year, this is a modest amount for the federal government to address this national tragedy. We also support the additional \$5 million for the Long-Term Care Ombudsman program under the Elder Justice Act previously requested by the President. [Administration for Community Living]

Aging and Disability Resource Centers: We support the President's request of \$20 million in discretionary funding for the further development of Aging and Disability Resource Center (ADRC) networks, especially in light of the gap in mandatory funding caused by the expiration of the ACA-provided annual \$10 million for ADRCs. The Aging and Disability Resource Center "No Wrong Door" model has proven to be a valuable tool for consumers of all ages and disabilities, serving as a streamlined point of entry for information and referral assistance about public and private options for long-term services and supports. [Administration for Community Living]

Innovation in OAA Senior Nutrition Programs: We support the Administration's request for \$20 million to enhance and modernize its key OAA senior nutrition programs. Funds would support competitive grants to translate research into evidence-based models for delivering services at the community level. Given the critical nature of nutrition to keeping older Americans healthy, efforts to increase the knowledge base of nutrition providers, drive improved health outcomes for seniors, develop further sustainable outside funding and increase innovative service delivery are a wise investment. [Administration on Aging, Administration for Community Living]

Prevention and Public Health Fund Programs: Further, we request that the allocation from the Prevention and Public Health Fund (PPH Fund) for **Chronic Disease Self-Management Education** be increased to \$16 million. We also request an increased allocation from the PPH Fund of \$10 million for **Elder Falls Prevention**, as proposed in recent Senate bills, to fund activities at both the Administration for Community Living and the Centers for Disease Control. Along with the allocation for Alzheimer's, these are the only PPH Fund resources which primarily benefit seniors, and there is strong evidence that these prevention investments improve health outcomes and reduce medical costs and Medicare spending. [Administration for Community Living; Centers for Disease Control and Prevention]

State Health Insurance Assistance Programs: At a minimum, Congress should provide \$52.1 million in discretionary funding for the State Health Insurance Assistance Programs (SHIPs) in FY 2016. SHIPs, which rely heavily on trained volunteers, meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at the community level. In particular, SHIPs 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. Not only that, SHIPs are essential to helping beneficiaries navigate an evolving Medicare benefit that includes innovative programs, such as Accountable Care Organizations (ACOs) and managed care demonstrations designed for beneficiaries dually eligible for Medicare and Medicaid. Each day, 10,000 baby boomers become Medicare eligible. We encourage Congress to consider increased funding for the SHIPs to account both for the increasing volume of Medicare beneficiaries and the shifting landscape of Medicare choices. [Administration for Community Living]

Holocaust Survivor Assistance: We request an increase to the proposed \$2.5 million in FY 2016 for the Holocaust Survivor Assistance Fund. We request this program be funded at \$5 million, which was the proposed amount in the FY 2015 budget. The full funding is needed to support mental health services for this vulnerable population that is experiencing added distress caused by the rise in global anti-Semitism. This funding would leverage public-private partnership opportunities with nonprofits, foundations, and the private sector to address the unique needs of the survivor population. The fund would be administered through the Aging Network Support Activities in the Older Americans Act, in accordance with input from the Special Envoy for U.S. Holocaust Survivor Services, to provide supportive services necessary to age in place. [Administration on Aging, Administration for Community Living]

Alzheimer's Disease Supportive Services Program: We support funding of at least \$6.3 million, or \$2.5 million more than the Administration, for this program to provide competitive grants to states to expand dementia-capable home and community-based long-term services and supports. [Administration on Aging, Administration for Community Living]

Lifespan Respite Care Program: We support at least \$5 million for this program that awards matching grants to eligible state agencies to (1) develop or enhance lifespan respite care activities at the state and local levels; (2) improve the statewide dissemination and coordination of respite care; and (3) provide, supplement, or improve access and quality of respite care services to family caregivers who are caring for children and adults. [Administration for Community Living]

Low-Income Home Energy Assistance Program (LIHEAP): We appreciate that the Administration reverses past proposals to reduce investment in LIHEAP. However, level funding is only sufficient to serve 20 percent of the eligible population at a time when the average cost of home heating is expected to remain unaffordable for millions of households nationwide. Those who do receive LIHEAP assistance have seen their average grant reduced by nearly \$100 since 2010, which means that the average LIHEAP grant now covers just a fraction of average home energy costs. Approximately 30% of households receiving LIHEAP benefits include an older adult for whom this assistance means avoiding difficult choices between paying for utilities, food, or medicine. [Administration for Children and Families]

Social Services Block Grant: We strongly support at a minimum the President's budget request of \$1.7 billion for the Social Services Block Grant (SSBG) FY 2016. SSBG is a major funder of

state and local services for older adults including adult protective services, in-home supportive services, congregate and home-delivered meals, as well as case management. The strength in the program lies in its flexibility to allow state and local governments to determine how to best use funds to meet local needs. Adult Protective Services (APS) is often dependent on SSBG funding and its workers frequently serve as first responders in cases of abuse, neglect or exploitation, working closely with a wide variety of allied professionals such as physicians, nurses, paramedics, firefighters and law enforcement officers. The funded services are designed to enable an elderly individual or other vulnerable adult to continue living independently at home and to protect her or him from further abuse. APS conducts investigations, evaluates client risk, develops and implements case plans, provides counseling, and arranges for a large variety of services that are also supported by SSBG. In past Congresses, SSBG has had bipartisan support on both the House Ways and Means Committee and the Senate Finance Committee. [Administration for Children and Families]

Community Services Block Grant: We are pleased that the Administration has discontinued its recent calls for cutting the Community Services Block Grant (CSBG), but as with other programs serving vulnerable Americans, CSBG funding needs to be restored to the pre-sequester FY10 levels. Since 1981, states have utilized these CSBG flexible funds to improve community health and living conditions for low-income families and seniors. For those age 55 and older, these services include home-based household and personal care activities, congregate meals and recreational activities, nutritional home-delivered meals, and transportation to and from medical appointments or adult day health centers, making this program a pre-Medicare/Medicaid partner in the long-term care continuum. We urge Congress to, at a minimum, restore CSBG funding and reject the Administration's proposed reduction of \$36 million from other community service programs. [Administration for Children and Families]

Geriatric Health Care Provider Training and Education: The Geriatrics Workforce Enhancement Program (GWEP) is now the only federal program working to increase the number of faculty with geriatrics expertise in a variety of disciplines who provide training in clinical geriatrics. These programs improve care quality and safety and reduce the cost of care by providing appropriate training for health care professionals, caregivers, and direct service workers who serve older adults, and by coordinating care provided by interprofessional geriatric care teams. The Health Resources and Services Administration (HRSA) combined the Title VII and Title VIII geriatric education programs—Geriatric Education Centers (GECs), Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals (GTPD), Geriatric Academic Career Awards (GACAs), and Comprehensive Geriatric Education Program (CGEP)—along with the Alzheimer's Disease Prevention, Education, and Outreach Program. We request a total of \$44.7 million for these programs, which are critical to caring for the older adult population. [Health Resources and Services Administration]

Corporation for National and Community Service

Senior Corps: Senior Corps currently supports three volunteer programs for older Americans: the Senior Companion Program, the Foster Grandparents Program, and the Retired Senior Volunteer Program (RSVP). Unfortunately, the President's FY 2016 budget proposal does not

restore cuts the Senior Corps programs absorbed as a result of the sequester, and leaves intact the 20 percent funding cut applied to RSVP in FY 2011. With 10,000 baby boomers retiring every day for the next 20 years, we need to engage more, not fewer, older adult volunteers. We urge you to restore Senior Corps funding to the levels that were in place in prior to sequester cuts and the 20 percent cut to RSVP. This recommendation will set total Senior Corps spending for FY 2016 at \$221.2 million: \$111.2 million for Foster Grandparents, \$47 million for Senior Companions and \$63 million for RSVP.

Social Security Administration

Administrative Expenses: We support the Administration's FY 2016 budget request for SSA's administrative expenses of \$12.51 billion. This level of funding is \$707 million over last year's enacted funding level and would cover the \$355 million increase in SSA's fixed costs, as well as provide much-needed investments in the agency's information technology and continue the effort to replace some of the 11,000 employees lost since FY 2010. It will allow SSA to improve and modernize customer service, enhance program integrity efforts, deter and detect fraud and errors, and continue to address high volumes of work.

Department of Agriculture

SNAP: We support the Administration's request for \$9 million to create a new state option to improve SNAP access for seniors. Based on successful state demonstrations in increasing senior participation in SNAP, this would allow states to adopt a set of policies to streamline and simplify the SNAP application, reporting requirements, and re-certifications for seniors. Currently, three out of five seniors who qualify for SNAP do not apply. This means that 5.2 million food-insecure seniors miss out on benefits. [Food and Nutrition Service]

Commodity Supplemental Food Program (CSFP): We support the \$10 million increase proposed by the Administration for CSFP, to address current demand and fund new caseloads in the seven states added to the program. CSFP provides a nutritious monthly food package to low-income individuals in 46 states and the District of Columbia, of which more than 90% are seniors. With one out of seven older Americans struggling with hunger, this is another crucial service that provides the nutrition needed to combat the poor health conditions often found in food insecure seniors. [Food and Nutrition Service]

Department of Justice

Missing Alzheimer's Disease Patient Alert Program: We support an allocation of \$2 million, a \$1.25 million increase over the Administration's request for this small, but cost-effective, program. The Missing Alzheimer's Disease Patient Alert Program provides grants to nonprofit organizations to enable them to establish and operate initiatives to identify, locate and protect individuals with Alzheimer's who wander away from home. This program has funded a variety of innovative projects, including a national registry of individuals with Alzheimer's who are at risk of wandering and tracking systems for local law enforcement. It also saves time and

resources for law enforcement and allows them to focus on other security concerns. [Department of Justice]

Department of Transportation

Senior Transportation: We appreciate the President's proposal to fund the Federal Transit Administration (FTA) Technical Assistance program at the fully-authorized amount of \$7 million, a \$4 million increase over current levels. This funding will allow the FTA to partner with national non-profits and other organizations to provide technical assistance, training and support for demonstration projects to communities that will help increase mobility for older adults. LCAO also supports the proposal to fund the program out of the Highway Trust Fund for more stability. [Federal Transit Administration, Department of Transportation]

Department of Housing & Urban Development

Housing Counseling: We support the President's proposed \$13 million increase in FY 2016 funding for HUD's Housing Counseling Assistance Program. In addition to supporting homeownership counseling, the program also invests in Home Equity Conversion Mortgage counseling that is mandatory prior to application for a reverse mortgage. The need for increased funding is especially acute for the training, testing, and other implementation issues related to the new HUD counselor certification. [Federal Housing Administration, Department of Housing and Urban Development]

Senior Housing: We support the Administration's request of \$455 million for the HUD Section 202 Supportive Housing for the Elderly Program, a boost of \$35 million. The Supportive Housing for the Elderly Program helps expand the supply of affordable housing with supportive services for low-income older adults, allowing them to live independently but in an environment that provides support activities such as cleaning, cooking, and transportation. [Federal Housing Administration, Department of Housing and Urban Development]

While we recognize the difficult fiscal constraints under which you are operating, we respectfully ask you to recognize the importance of programs that improve the health and well-being of seniors and their families. Without your investment in these initiatives, the valuable services that shelter older Americans against hunger, isolation, poor health, neglect, abuse, unemployment and other challenges will fail to reach the aging population.

Under your leadership, LCAO hopes that in FY 2016 all of these programs will be funded at a level that protects and strengthens them, so they may meet an ever-growing demand for services.

Thank you for your consideration, and we look forward to working with you to ensure a restored and enhanced investment in the OAA and other key aging programs.

Sincerely,

Alliance for Aging Research [see next page]

Alliance for Retired Americans
Altarum Institute – Center for Elder Care and Advanced Illness
Alzheimer’s Foundation of America (AFA)
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Geriatrics Society (AGS)
American Federation of Teachers (AFT) Retirees
American Federation of Government Employees (AFGE)
American Postal Workers Union (APWU) Retirees
American Society on Aging (ASA)
Asociacion Nacional Pro Personas Mayors (ANPPM)
Association for Gerontology and Human Development in Historically Black Colleges and Universities (AGHDHBCU)
Center for Medicare Advocacy, Inc.
Easter Seals
The Gerontological Society of America
The Jewish Federations of North America
Justice in Aging
LeadingAge
Lutheran Services in America (LSA)
Meals on Wheels America
Medicare Rights Center
National Academy of Elder Law Attorneys (NAELA)
National Adult Day Services Association(NADSA)
National Adult Protective Services Association
National Alliance for Caregiving
National Association of Area Agencies on Aging (n4a)
National Association of Professional Geriatric Care Managers (NAPGCM)
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of Social Workers (NASW)
National Association of State Long-Term Care Ombudsman Programs (NASOP)
National Association of States United for Aging and Disabilities (NASUAD)
National Association of Retired and Senior Volunteer Program Directors
National Committee to Preserve Social Security and Medicare (NCPSSM)
The National Consumer Voice for Quality Long-Term Care
National Council on Aging (NCOA)
National Hispanic Council on Aging (NHCOA)
National Indian Council on Aging, Inc. (NICOA)
OWL-The Voice of Women 40+
Pension Rights Center
PHI - Quality Care through Quality Jobs
Senior Service America Inc.
Services and Advocacy for GLBT Elders (SAGE)
Wider Opportunities for Women (WOW)
Women’s Institute for a Secure Retirement (WISER)