



Leadership Council  
of Aging Organizations

***Max Richtman, Chair***

December 9, 2020

The Honorable Richard Shelby, Chairman  
The Honorable Patrick Leahy, Ranking Member  
Senate Appropriations Committee  
Washington, DC 20510

The Honorable Nita Lowey, Chairman  
The Honorable Kay Granger, Ranking Member  
House Appropriations Committee  
Washington, DC 20515

Dear Chairman Shelby, Ranking Member Leahy, Chairwoman Lowey and Ranking Member Granger:

The Leadership Council of Aging Organizations (LCAO) is a coalition of national nonprofit organizations concerned with the well-being of America's older population and committed to representing their interests in the policy-making arena. Many of the federal programs under the jurisdiction of your Appropriations Subcommittees are critical to helping millions of older adults and family caregivers age with dignity, health, and independence in their homes and communities. This is especially important at a time when aging at home is the safest option for older adults, who are at greatest risk for negative health outcomes associated with COVID-19.

As Congress continues work on FY 2021 appropriations policies during this unprecedented COVID-19 pandemic, federal leaders should not be unnecessarily restricted by budget caps enacted nearly a decade ago and must be able to make necessary investments to protect the safety and health of older Americans and family caregivers. To respond sufficiently to this unforeseen global economic and health emergency, Congress must ensure that existing and short-sighted budget caps do not inhibit overall federal investments in vital aging and health care services.

We urge you to continue to reject two harmful proposals reflected in President Trump's FY 2021 budget request. First, we oppose the Administration's funding approach to continue to erode funding for domestic programs and to undermine our country's long-standing priorities to support U.S. residents--including millions of older Americans and their caregivers. Second, we urge you to reject the Administration's proposal to allow states to override the appropriations decisions reached by Congress by transferring up to 100 percent of funding for Older Americans Act (OAA) programs and services between programs in Title III and between programs in Title VI, respectively (see the [Detailed Budget Estimates for Department of Health and Human Services](#)). Long-standing transfer authority already exists in several subtitles of the Act, enabling state and local flexibility. Maintaining consistent availability of the core OAA programs and services across the country is vital to the health and well-being of the millions of older adults the Act serves. Moreover, both the emergency authority in the OAA and the emergency funding provided by Congress to address increased needs resulting from COVID-19 have provided states sufficient flexibility to respond to the pandemic related needs of older adults.

Overall, we encourage you to work toward the passage of final FY 2021 appropriations bills that include adequate funding levels for the OAA and other key programs within the Departments of Health and Human Services (HHS), Labor (DOL), Housing (HUD), Transportation (DOT), Agriculture (USDA), and Justice (DOJ) that prioritize and promote the goal to enhance the dignity, health, and independence of older adults. We ask you to consider LCAO’s funding requests, as outlined in the following chart and subsequent justifications.

<b>Subcommittee on Labor, Health and Human Services, Education, and Related Agencies</b>		
<b>Administration for Community Living</b>		
Older Americans Act	Title III B Supportive Services	\$436,750,931
	Title III C-1 and C-2 Nutrition Services	\$1.028 billion
	Title III D Preventive Health Services	\$28,182,601
	Title III E National Family Caregiver Support Program	\$205,501,161
	Title IV Chronic Disease Self-Management Education	\$16 million
	Title IV Fall Prevention	\$10 million
	Title II Research and Demonstration	\$25 million
	Title VI Parts A/B Nutrition Services	\$39,298,714
	Title VI Part C Caregiver Supports	\$11,405,515
	Title VII Long-Term Care Ombudsman Programs	\$19,150,967

	Title VII LTCOP support for assisted living residents	\$20 million
	Community Care Corps Grants	\$5 million
	Aging and Disability Resource Centers	\$9,208,570
Medicare State Health Insurance Assistance Programs (SHIPS)		\$74 million
Elder Justice Initiative		\$25 million
Lifespan Respite Care Program		\$10 million
Alzheimer's Disease Program		\$8.5 million
<b>Department of Labor</b>		
Older Americans Act	Title V/ Senior Community Service Employment Program (SCSEP)	\$453.68 million
<b>Administration for Children and Families</b>		
Social Services Block Grant		\$1.7 billion
Community Services Block Grant		\$740 million
Low-Income Home Energy Assistance Program (LIHEAP)		\$4.7 billion
<b>Centers for Disease Control and Prevention</b>		
Safety of Seniors Act Falls Prevention		\$4.1 million

BOLD Act Initiatives	\$20 million
<b>Health Resources &amp; Services Administration: GWEP and GACA</b>	\$51 million
<b>Corporation for National and Community Service: Senior Corps</b>	\$242.7 million
<b>Social Security Administration: Limitation on Administrative Expenses</b>	\$14 billion
<b>Subcommittee on Transportation, Housing and Urban Development</b>	
<b>Department of Housing and Urban Development</b>	
Community Development Block Grant	\$3.8 billion
Section 202 Housing for Older Adults--new housing	\$600 million
Section 202 Service Coordinator Grant Program	\$175 million
Section 202 Emergency Capital Repair Grant Program	\$5 million
Public Housing Resident Opportunity for Self Sufficiency Service Coordinator Program	\$45 million
<b>Department of Transportation</b>	
FTA Technical Assistance and Workforce Development Program	\$9 million
FTA Technical Assistance and Training	\$5 million

<b>Subcommittee on Commerce, Justice, and Science</b>	
<b>Department of Justice</b>	
Missing Americans Alert Program	\$2 million
Elder Justice Prosecutions	\$5.78 million
Elder Justice Initiative	\$4.24 million
<b>Subcommittee on Agriculture, Rural Development, and Food and Drug Administration</b>	
<b>Department of Agriculture:</b> Commodity Supplemental Food Program	\$290 million

### **Subcommittee on Labor, Health and Human Services, Education, and Related Agencies**

#### **Older Americans Act (Department of Health and Human Services/Administration for Community Living–Administration on Aging)**

##### ***The Value of the Older Americans Act***

The OAA is the backbone of our nation’s home and community supports system. It provides 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, community service employment opportunities for older adults with low incomes, and ombudsman programs for residents of long term care facilities.

For 55 years, OAA programs have demonstrated a unique ability to provide these quality services while enhancing and protecting federal resources. On average, funding for OAA programs represents less than one-third of one percent (0.0031) of federal discretionary spending but offer an incredible return on investment by leveraging state, local, and private dollars, as well as volunteerism, to help more than 11 million older adults and family caregivers age in place every year. Together, these services save taxpayer

dollars by enabling older people 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.

### ***Growing Population and Need, Yet Limited Resources***

America's older adult population continues to grow at an unprecedented rate—a trend driven primarily by the aging Baby Boomer generation—and is rapidly changing the demographic composition and health needs of the country. In the past decade alone, the population of older adults age 65 and older increased by 35 percent, and average life expectancy continued to climb. Older people accounted for about 16 percent of the population in 2018, and with each passing day, an additional 10,000 Boomers turn 65. As a result, a projected 81 million—or more than one in five—people in America will be 65 or older by 2040. Among this growing population of older adults, about 80 percent have at least one chronic condition; 4.8 million live in poverty; the unemployment rate of older workers with low incomes is nearly three times higher than the overall jobless rate; and 9.5 million older adults age 60 or older face the threat of hunger (that is, are marginally food insecure).

Yet, for years, OAA funding has not kept pace with inflation or the growing population eligible for services. This financial reality has made it increasingly difficult for the Aging Network to maintain existing services, let alone to meet escalating needs and keep pace with a growing population. ***We encourage lawmakers to reinvest in vital home and community-based services for older Americans and family caregivers in FY 2021. Unless otherwise stated, we urge Congress to fund OAA programs, at a minimum, levels that reflect the authorization levels passed in the recent OAA reauthorization legislation (P.L. 116-131). Such funding levels are an important step toward restoring the service capacity of the Aging Network.***

### ***OAA Title III B Supportive Services***

Title III B provides flexible local funding to deliver a range of supportive services to older adults. For example, III B funds in-home services, transportation programs, information and referral/assistance services, and case management services, home modification and other housing help, chore services, and disaster response efforts targeted to older adults. These supportive services are vital to keeping older people with marginally low incomes from impoverishment and subsequent Medicaid eligibility. The flexibility of Title III B expands the capacity of local Area Agencies on Aging (AAAs) and community-based service providers to meet the individual needs of older adults as identified at the community level. Local agencies continue to struggle to keep III B services, and the older adults they help, afloat. This type of imbalance between programs can erode the strength, efficiency, and effectiveness of the OAA service delivery network, compromising the seamless, person-centered approach and putting older people at risk.

### ***OAA Title III C Nutrition Programs***

OAA Title III C nutrition programs serve every state and Congressional district in the United States. More than two million older adults receive nutritious meals every year, each meal representing half or more of their total daily food intake. Furthermore, the companionship provided through these nutrition programs is critical to reducing loneliness and social isolation. By delivering nutritious meals, opportunities for socialization, and safety and wellness checks each day, Title III C programs produce concrete results: They improve the health and quality of life of our nation's older adults and enable them to live independently in their homes and communities. At the same time, these programs save significant taxpayer dollars by reducing health care expenditures, such as by preventing unnecessary trips to the emergency department and admissions and readmissions to hospitals and nursing homes. Older people across the country have been placed on waiting lists because nutrition programs are unable to meet the growing demand, and the need for services will only continue to increase.

### ***OAA Title III D Preventive Health Services***

Title III D provides formula grants to states, the District of Columbia, and territories to support the Aging Network's delivery of evidence-based programs that empower older adults to sustain or improve their health, prevent or ameliorate chronic conditions, conduct advance care planning, reduce health care costs, and live independently. At least two-thirds of people receiving OAA services report taking at least three prescription medications daily, and at least one-fifth had a hospital stay in the past year. Demand for tools for health promotion and disease prevention is evidenced by the fact that more than 65 percent of people served by OAA in 2015 reported that they learned how to effectively manage a chronic illness or medical condition. Similar to other OAA programs, however, Preventive Health Services funding over the past decade has not kept pace with the increased numbers and demand.

### ***OAA Title III E National Family Caregiver Support Program***

Forty-three million family caregivers—who may include legally recognized family members and family of choice, such as friends and neighbors—provide the vast majority of our nation's long-term services and supports (LTSS). The annual economic value of unpaid caregiving for older adults is estimated at \$470 billion, which rivals the Medicaid budget. Enhanced support for family caregivers is critical for two reasons. Family caregiving enables older adults and individuals of all ages with disabilities to live in their homes and communities, thereby preventing or delaying more costly nursing home care. Moreover, family caregivers often experience significant risks to their own health and well-being as a result of financial constraints, work and family demands, and the challenges of providing care.

Title III E of the OAA provides funding to state and local programs to assist family caregivers of older Americans., enabling many to continue to employment while providing critically needed care. The National Family Caregiver Support Program (NFCSP) was the first federal program to recognize the needs of the nation's family caregivers. Supportive services help family members who provide in-home care to older adults; state and local agencies provide family caregivers with information and assistance

about available services for older people; individual counseling and training assists family caregivers in decision making; respite care provides temporary relief from caregiving responsibilities; and supplemental services complement family caregiver's activities.

#### ***OAA Title IV Chronic Disease Self-Management Education***

Chronic diseases account for more than 70 percent of deaths and nearly 90 percent of all health expenditures in the United States. These conditions disproportionately affect older people; 80 percent of older adults have at least one chronic disease, and two-thirds have two or more. Data show that as an individual's number of chronic conditions increases, so, too, do unfavorable outcomes such as poor functional status, unnecessary hospitalizations, and adverse medication events, --all of which lead to higher health care costs and ultimately increased Medicare and Medicaid spending.

Chronic Disease Self-Management Education (CDSME) is a low-cost, evidence-based disease management intervention that utilizes state-of-the-art techniques to help people with chronic diseases manage their conditions, thereby improving health status and reducing their need for more costly medical care. In repeated studies, CDSME has shown to be effective in helping people with all types of chronic conditions adopt healthy behaviors, improve health status, and reduce use of hospital stays and emergency department visits. Expanding the reach of evidence-based CDSME programs by 10 percent could save more than \$6.6 billion annually.

The Administration has proposed eliminating dedicated funding for the program in FY 2021. ***Given that CDSME has lacked new investments for several years, LCAO encourages appropriators to restore CDSME funding to \$16 million, which would expand access to evidence-based, cost-effective chronic disease management programs to more older adults across the country.***

#### ***OAA Title IV Falls Prevention***

Each year, 25 percent of Americans 65 and over experiences a fall. Falls are the leading cause of both fatal and nonfatal injuries. More than 31,000 adults age 65 and older died as the result of a fall in 2017; by 2030, it is projected that falls will result in nearly 7 deaths per hour, or 59,000 deaths annually. More than 3 million nonfatal fall injuries were treated in emergency departments, resulting in nearly 870,000 hospitalizations. One out of every five falls results in serious injuries such as broken bones and traumatic brain injuries. In treating those injuries, the nation is spending \$50 billion on fall injuries annually, 75 percent of which is paid for by Medicare and Medicaid. These costs are expected to exceed \$101 billion by 2030.

Evidence-based fall prevention programs offer cost-effective interventions by reducing or eliminating risk factors, promoting behavior change, and leveraging community networks to link clinical treatment and community services. These programs have been shown to reduce the incidence of falls by as much as 55 percent and produce a return on investment of as much as 509 percent. In fact, in an October 2019 report on falls prevention, the Senate Special Committee on Aging recommended "continued



investment in the development of and expanded access to evidence-based falls-prevention programs to ensure greater awareness of the risk of falls among older adults and promote preventive steps that can be taken to avoid a fall.”

The Administration has proposed eliminating dedicated funding for falls prevention for FY 2021. Funding currently supports grants in 29 states. ***Given that falls prevention has been flat funded, we request that appropriators increase the investment in these cost-effective programs to \$10 million, thereby enabling 39 states to embed falls prevention programs within community organizations and health systems.***

#### ***OAA Title II Research, Demonstration, and Evaluation Center for the Aging Network***

Resources for the new Center, which was authorized in the recently passed OAA reauthorization (P.L. 116-131), need to be a priority now given the COVID-19 pandemic and the need to evaluate programs serving older adults, discover innovations, and support related research. The purposes of the Center include coordinating this important work, supporting the dissemination of best practices and interventions, and better understanding how social determinants of health can improve outcomes. Investments in the Center will also increase the repository of information on aging programs and their returns on investment by demonstrating their ability to improve quality of life and independence, and their potential for generating Medicare and/or Medicaid savings by reducing hospital admissions and readmissions, avoiding or delaying nursing home admissions, and reducing emergency room visits.

***During this important opportunity to capture vital information and disseminate Aging Network best practices, we urge Congress to allocate \$25 million to this work in FY 2021.***

#### ***OAA Title VI Native American and Native Alaskan/Hawaiian Aging Programs***

OAA Title VI Native American aging programs fund nutrition and family caregiver support services to Native American (Indian, Alaskan and Hawaiian) elders. This population is among the most economically disadvantaged in the country and the population of Native American elders 65+ is expected to grow by 115 percent by 2030. Additionally, applications from federally recognized and eligible tribes are increasing. Current funding is inadequate to address the need. ***We appreciate and support the funding increases for Title VI programs provided in the recent funding bills, and we call on Congress to continue to build on these funding increases and fully support elders in FY 2021.***

#### ***OAA Title VII Long-Term Care Ombudsman and Prevention of Elder Abuse***

OAA Title VII funds ombudsmen and their trained volunteers who advocate for residents of long-term care facilities to resolve quality-of-life concerns and care problems, protect residents’ rights, and improve the long-term supports and services system. Elder abuse, neglect, and exploitation prevention programs are also supported under this title and include prevention, detection, assessment, treatment and intervention activities. These programs serve some of the older Americans at greatest risk, and until FY 2018 funding for OAA Title VII programs had received no restoration from FY 2013 sequestration cuts.

***We also request \$20 million in FY 2021 to support State Long-Term Care Ombudsman Program (SLTCOP) work with residents of assisted living, board and care, and similar community-based long-term care settings.*** The quality of care for these residents is a serious problem identified in a [February 2018 GAO report](#) as a growing concern. While the mandate to serve residents in assisted living was added to the law and assisted living and similar businesses have boomed, SLTCOP funding has not increased to meet the demand. Without regular visits to these buildings, residents are at risk of abuse, neglect, and exploitation, and other rights violations.

Additionally, Title VII authorizes funding to protect Native elder rights and prevent elder abuse. The concerns of tribal elders and the systems serving them are uniquely complex. However, this section of Title VII has never been funded, putting tribal elders at increased risk of abuse, neglect and exploitation. ***LCAO urges Congress to provide funding to tribal programs for these activities.***

#### ***Community Care Corps Grants***

***We also urge you to include in any fiscal year 2021 funding bill support for Community Care Corps grants as included in the Senate bill (\$5 million) to continue the grants first funded in fiscal year 2019 to support innovative local models in which volunteers assist family caregivers or directly assist older adults or adults with disabilities in maintaining their independence.*** These activities help meet the growing demand for services from a large and growing aging and disability population and the desire of individuals to live independently. In the midst of the coronavirus pandemic, Care Corps grantees have fashioned creative ways to serve in the face of unanticipated challenges.

#### ***Aging & Disability Resource Centers (ADRCs)***

Aging and Disability Resource Centers, funded through the Older Americans Act, are a bipartisan endeavor to facilitate and streamline access to the most appropriate and cost-effective public and private LTSS options for older adults, people with disabilities and caregivers across the country. This ambitious goal to build an integrated, robust network of information, referral and enrollment assistance in every state remains critically important. ***In FY 2018, appropriators took an important step to increase funding to sustain this important endeavor. In FY 2021, we hope to continue working with lawmakers to find policy and funding solutions to augment federal investments in the effort to continue building ADRCs' "no wrong door" networks of access to LTSS information and assistance.***

#### ***Direct Care Workforce: Recruitment, Retention, and Advancement***

Direct care workers are the paid frontline of support for millions of older adults and people with disabilities. Throughout the national Aging Network, in every state and locality, many older people rely on home care workers to support them through a range of daily tasks—and their family members look to these workers for respite and support. Unfortunately, direct care workers are not adequately compensated or valued. There are insufficient career advancement opportunities and training programs for these workers and a growing recruitment and retention crisis threatens both this sector and the livelihood of older adults. Growing demand and high turnover have created 8.2 million job openings in direct care between 2018 and 2028.

Title I of the Supporting Older Americans Act of 2020 includes a new section (119) that would support demonstration projects for the "recruitment, retention, or advancement of direct care workers, and the soliciting, development, and implementation of strategies." As demand for these workers has intensified due to the COVID-19 pandemic, our sector will need to design, implement, and evaluate a range of workforce interventions and innovations that help employers recruit and retain more workers—and that support workers to advance in their careers. ACL should be provided with funding that would allow the agency to implement a few demonstrations that will help prove the concept of what issues and approaches are most effective. Then they could build the knowledge and basis for awarding grants to all states throughout the nation to implement the best and most effective practices. ***We urge Congress to allocate \$3 million in FY 2021 that would allow ACL to invest in demonstration strategies that support recruitment, retention, and advancement among direct care workers—strengthening both the quality of direct care jobs and the quality of care for older adults and people with disabilities.***

### **Other Important Aging Programs (Department of Health and Human Services/Administration for Community Living—Administration on Aging)**

#### ***Medicare State Health Insurance Assistance Program (SHIPs)***

A total of 54 SHIP grantees oversee a network of more than 2,000 local sites and nearly 16,000 SHIP staff and volunteer counselors to provide one-on-one assistance and counseling to Medicare beneficiaries and their families. 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.

The Administration has proposed cutting \$13 million in FY 2021 for Medicare SHIPs across the country. This proposal fails to recognize that SHIPs offer increasingly critical services that cannot be supplied by 1-800-MEDICARE, online or written materials, or other outreach activities. In fact, approximately one-third of all partner referrals to SHIP originate from Medicare Advantage and Part D prescription drug plans, local and state agencies, the Centers for Medicare and Medicaid Services, the Social Security Administration, and members of Congress and their staff. SHIPs were also crucial in helping beneficiaries learn to navigate the new Medicare plan finder tool, explaining the new Medicare supplemental benefits and changes in consumer protections such as special enrollment periods.

Last year, more than 6.3 million individuals received Medicare assistance and or education from SHIPs across the country; over the past decade, individualized assistance provided by SHIPs has tripled. ***LCAO urges Congress to increase funding for the Medicare State Health Insurance Assistance Program to at least \$74 million, the level at which the program would have reached if it had kept pace with inflation and the growing number of Medicare beneficiaries.***

#### ***Elder Justice Initiative***

The Elder Justice Initiative, administered through the Administration for Community Living's Elder Justice and Adult Protective Services office, funds continued work on the national Adult Protective Services (APS) data system, other APS support programs, programs to stop abuse in guardianship, elder abuse prevention programs in Indian Country, expansion of forensic centers to assist in crime identification and prosecution, and self-neglect prevention programs. This work is critical given the scope of the crisis of elder abuse and the work that must be done to develop effective, evidence-based prevention, intervention, and prosecution practices. ***We appreciate the FY 2020 funding of \$12 million for these activities, and again this year request a total of \$25 million and urge Congress to continue increasing these much-needed and long-overdue investments in elder justice activities. We support funding directly to Adult Protective Services (authorized under the Elder Justice Act). This critical support has never been funded.***

### ***Lifespan Respite Care Program***

Millions of American families are faced with unexpected illness, disease, or disability every year, and these events can forever change an individual's and family's trajectory. While each situation is unique, the one thing that they often have in common is the incredible value of family caregivers. National, state and local surveys have shown respite to be among the most frequently requested services by family caregivers. Yet, 85 percent of the nation's family caregivers of adults do not receive respite.

Respite—short-term care that offers individuals or family members temporary relief from the daily routine and stress of providing care—bolsters family stability and maintains family caregiver health and well-being. While the benefits of family caregiving are plentiful, caregiving can take its toll—older spousal family caregivers experience higher mortality rates, rates of acute and chronic conditions, and depression than non-caregivers. Respite can save dollars by helping to avoid or delay out-of-home placements or hospitalizations. ***The program remains underfunded, and we request that Congress work toward funding the Lifespan Respite Care Program at \$10.0 million in FY 2021.***

### ***The Alzheimer's Disease Programs***

The most common type of dementia, Alzheimer's disease, afflicts one out of every 10 people 65 and over—or over five million older Americans. It is the most expensive disease in America, costing Medicare and Medicaid \$186 billion. The Alzheimer's Disease Program allows states, communities, nonprofits, and Indian tribes greater access to funding opportunities under the OAA.

Research shows that education, counseling and other support for family caregivers provided under ACL's Alzheimer's Disease Programs can delay institutionalization of loved ones and improve a caregiver's own physical and mental well-being—thus reducing costs to families and government. ***To keep pace with the increasing numbers of individuals and families impacted by dementia, we are asking for a \$8.5 million increase to the Alzheimer's Disease Program for a total funding level of \$35 million in FY 2021.***

### ***Older Americans Act (Department of Labor) Senior Community Service Employment Program (SCSEP)***

The Senior Community Service Employment Program is the only federal job training program focused exclusively on helping older Americans return to the workforce. Each year, nearly 60,000 older workers from every state and nearly all U.S. counties develop new skills and add relevant work experiences through SCSEP community training assignments at aging and other local programs. SCSEP prioritizes employment service to veterans, individuals with disabilities, and other most-in-need older adults who have low job prospects and significant barriers to employment, such as homelessness.

Through your leadership, Congress has rejected the Administration's proposal to end this specialized and much-needed work-based training for older adults who struggle to find jobs. Unfortunately, the Administration has once again proposed to end this valuable training, even though SCSEP meets its congressionally mandated dual purpose of fostering economic self-sufficiency through paid training and promoting employment by placing about one in every two participants into unsubsidized jobs. The program also represents a strong return on investment as SCSEP participants who exit for employment earn more in their first year than the annual SCSEP training costs and 7 in 10 remain on the job more than one year after leaving the program. In addition, SCSEP helps to address long-term joblessness of older adults, who often struggle for nearly a year to find jobs after becoming unemployed. ***We urge Congress to continue its strong support for the Senior Community Service Employment Program by funding the program at the authorized level in the bipartisan OAA reauthorization of \$453.68 million for FY 2021.*** Additional resources may also be necessary to transition from any pandemic relief investments made in the program.

## **Administration for Children and Families (Department of Health and Human Services)**

### ***Social Services Block Grant (SSBG)***

We strongly oppose the President's budget request eliminating the Social Services Block Grant (SSBG). SSBG is a major funder of state and local services such as adult protective services, adult day services, in-home supportive services, congregate and home-delivered meals, case management and other programs dependent on the grant. An elimination of SSBG would be devastating in aging programs such as adult protective services (APS). SSBG is the only federal funding source for direct APS services, whose workers are often the first responders in cases of abuse, neglect, and exploitation. APS conducts investigations, evaluates client risk, develops and implements case plans, provides counseling, and arranges for a variety of services that also depend on SSBG. The strength in the program lies in its flexibility to allow state and local governments to determine how to use funds to best meet their community needs. In FY 2017, 24.3 million individuals across the lifespan and their families benefited from SSBG. Static funding for SSBG fails to keep up with demand and rising costs, and from FY 2015 to FY 2017, the number of at-risk and older adults served decreased by 1.6 million, or 63 percent, despite known need.

In the past SSBG has had bipartisan support on both the House Ways and Means Committee and the Senate Finance Committee. ***We urge Congress to continue funding SSBG at a minimum of \$1.7 billion for FY 2021.***

### ***Community Services Block Grant (CSBG)***

Since 1981, states have utilized these CSBG flexible funds to improve community health and living conditions for older people and families with low incomes. For those aged 55 and older, these services include home-based household and personal care services, nutrition and wellness programs, Adult Protective Services, 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. In FY 2017, Over 22 percent of those served by CSBG, or nearly 2.4 million, were adults age 55 and older, and more than 8.5 percent of those served were 70 years or older. Overall, over 1.7 million older adults were helped to live independently in their own homes and remain engaged in their communities. ***LCAO urges continued bipartisan support for CSBG at its current \$740 million level and rejection of any proposed cuts for FY 2021.***

### ***Low-Income Home Energy Assistance Program (LIHEAP)***

About a third of the nearly seven million households receiving LIHEAP benefits include an older adult age 60+ for whom this assistance means avoiding difficult choices between paying for utilities, food, or medicine. The level funding provided in recent years is only sufficient to serve 20 percent of the eligible population. Those who do receive LIHEAP assistance have seen their average grant reduced by nearly \$100 since 2010. ***LCAO joins bipartisan groups of national and local policymakers in continuing to call for rejecting any cuts to the program and restoring it to the \$4.7 billion level.***

### **Centers for Disease Control and Prevention (Department of Health and Human Services)**

#### ***Safety of Seniors Act Falls Prevention***

The CDC National Center for Injury Prevention and Control (NCIPC) efforts on behalf of falls prevention are focused on evaluating and promoting evidence-based clinical approaches. It has been shown that clinical fall prevention increases the likelihood that older adults engage in fall prevention programs in community settings such as those supported by ACL grants. Recently, CDC has sought to improve patient care by expanding efforts to educate all members of the health care team, including pharmacists, and evaluate the impact of clinical tools and interventions on the medical cost burden of falls.

As the incidence and cost of falls continues to rise exponentially, the federal government should be making additional investments to expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to evidence-based falls prevention. An increase in the Elderly Falls program at CDC (STEADI) would expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to clinical and community programs and strategies. A recent study found that clinically identifying and managing fall risk factors could prevent as many as 45,164 medically treated falls and avert up to \$442 million in

direct medical costs annually. Additionally, the Senate Special Committee on Aging October 2019 report on falls prevention recommended strengthening screening and referral pathways and taking steps to ensure greater utilization of CDC's STEADI resources.

The Administration has proposed eliminating all funding for CDC falls prevention. ***Given the lack of new investments for several years, LCAO urges that funding be increased to \$4.1 million for FY 2021.***

### ***BOLD Act Initiatives***

In 2018, Congress passed, and the President signed, the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act (P.L. 115-406) that calls on the Centers for Disease Control and Prevention (CDC) to establish Centers of Excellence in Public Health Practice dedicated to promoting Alzheimer's disease management and caregiving interventions, as well as educating the public on Alzheimer's disease and brain health, which will establish Alzheimer's disease as a public health issue, increasing American awareness and care training around the disease. To fund BOLD Act initiatives at CDC, **LCAO is requesting \$20 million in appropriations as called for in the statute.**

### **Health Resources & Services Administration (Department of Health and Human Services)**

#### ***The Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA)***

As the only federal program specifically designed to enhance the skills and training of health care teams serving older adults to improve care quality, safety, and reduce the cost of care, GWEP provides appropriate training for the entire care team. GWEP targets training to family caregivers, direct care workers, and health care professionals such as physicians, nurses, social workers, pharmacists, and psychologists. With our nation's burgeoning population of older adults, we need a stronger and sustained federal commitment to our eldercare workforce. In addition, the Geriatrics Academic Careers Awards (GACA) program supports the career development of individual junior faculty by providing clinical training in geriatrics. These programs were recently reauthorized in the CARES Act (P.L. 116-136). ***In FY 2021, we request at least \$51 million to support the GWEP and GACA program.***

### **National Institutes of Health and National Institute on Aging (Department of Health and Human Services)**

LCAO supports increased investment at the National Institutes of Health and the National Institute on Aging to better prevent, treat, and cure chronic diseases of aging. Aging itself remains the most important risk factor for many devastating diseases and conditions, including Alzheimer's disease and related forms of dementia (AD/ADRD); most types of cancer; many types of heart disease; osteoporosis and hip fracture; kidney failure; and diabetes. This is one of the most cost-effective ways to reduce health care spending. It is estimated that Medicare and Medicaid alone will spend more than \$186 billion this year on treating Alzheimer's disease (AD) and other dementias. As many as five million

Americans age 65 years and older may have AD with a predicted increase to at least 14 million by 2050. ***LCAO has been pleased with the strong bipartisan/bicameral support for NIH and NIA and we ask that Congress continue to provide increased investments in these research programs that help our nation improve the quality of life for older adults and future generations while saving hundreds of billions in health care costs.***

## **Corporation for National and Community Service (CNCS)**

### ***Senior Corps***

The three federal initiatives that comprise the national Senior Corps—Retired Senior Volunteer Program (RSVP), Foster Grandparents, and Senior Companions—cost-effectively address many unmet needs in our communities. Together, they enable more than 220,000 Senior Corps volunteers to provide essential services to their neighbors that local, county, and state governments cannot afford to replace. All Senior Corps volunteers reap the mental and physical benefits that come from remaining active and helping their neighbors.

Senior Corps volunteers provide unique and special services to their communities. It takes incredible dedication and compassion to help older adults with their daily activities, children with disabilities to find success in the classroom, or to provide food, comfort, and companionship to older people living alone in rural areas. These programs and their volunteers provide much-needed services at an extremely low cost. All Senior Corps programs have a required non-federal funding match, which is often met by local and state governments, nonprofits, and the private sector. CNCS estimates that in 2017 states and local communities will contribute an estimated \$91 million, in cash and in-kind. In FY 2020, Congress approved an increase in the stipend for the means-tested programs of the Senior Corps (SCP and FGP) and a modest increase for RSVP. ***We encourage Congress to build on that progress and to fund Senior Corps at a total of \$242.7 million in FY 2021, including \$60.9 million for the Senior Companion program, \$63 million for RSVP and \$118.8 million for the Foster Grandparent program, to meet the growing demand for services and expand the capacity of these critical programs.***

## **Social Security Administration (SSA)**

### **Social Security Limitation on Administrative Expenses (LAE)**

LCAO is thankful for the \$480 million increase in the Social Security Administration's (SSA) Limitation on Administrative Expenses in President Trump's FY 2021 budget. The \$13.351 billion appropriation for SSA's administrative funding is very helpful for the agency, which provides important services to Americans workers and their families but does not make up for years of funding cuts.

With 10,000 Americans turning 65 every day, funding at this level is inadequate and will not meet the rising needs of the agency. SSA has over \$400 million in additional expenses in FY 2021 that are outside



of SSA's control. These are costs that are earmarked for salaries, benefits, rent and guard costs, which cannot be shifted to meet other needs.

The Social Security Administration manages one of our largest government resources, paying out over \$1 trillion in benefits annually. The agency boasts a 99 percent accuracy rate with about only one penny of every dollar invested in the trust funds going toward administrative costs. Since 2010, SSA's operating budget fell 12 percent in inflation-adjusted terms resulting in field office closings, a significant reduction in staffing (13 percent since 2010) and workload backlogs. At the same time, the number of Social Security beneficiaries grew 21 percent. The Social Security Administration should have a Limitation on Administrative Expenses (LAE) of at least \$14.004 billion for FY 2021 to enable it to begin to operate fully again. This funding level reflects the amount requested by the SSA Commissioner. The increase would help ensure that the public can be served adequately by SSA staff in person and on the phone and address the backlog of disability insurance appeals at SSA Payment Centers.

## **Subcommittee on Transportation, Housing and Urban Development**

### **Department of Housing and Urban Development**

#### ***Community Development Block Grant (CDBG)***

Since 1974, states have used CDBG funding for a variety of community development and anti-poverty programs, including programs for older adults and the facilities that serve them. These programs include constructing senior centers, providing home-delivered meals, completing home repairs, and modifying homes for accessibility. Further, according to the U.S. Conference of Mayors, every dollar of CDBG grant money leverages an additional \$3.65 in non-CDBG funding, making it an effective public-private partnership. ***LCAO urges continued bipartisan support for CDBG at its current level of \$3.8 billion and rejection of any proposed cuts for FY 2021.***

#### ***Section 202 and Other Key Housing Programs for Older Adults***

The need for affordable housing among older adults is significant. Only one of every three older adults eligible for rental assistance receives it because the programs are too small to meet the need. HUD documented that older adult households comprise 66 percent of the latest increase of 582,000 households categorized as worst-case housing needs. Further, the share of older adults experiencing homelessness nearly doubled from 4.1 percent in 2007 to 8 percent in 2017, a sharper rise than the share of all U.S. individuals 62 or older. The U.S. Department of Housing and Urban Development (HUD) has excellent programs to respond to the need for affordable older adult housing. Nearly two million low-income households with older adults rely on HUD's Section 202 Housing for the Elderly. LCAO supports greater collaboration between HUD, HHS, and other federal agencies to increase successful program linkages for older people to help them successfully age in place.

LCAO applauds the Administration's FY 2021 budget request to increase HUD Section 202 Housing for the Elderly program and additional funding requests to continue the IWISH Demonstration program. **We urge Congress to fund \$600 million for new Section 202 housing in FY 2021 to bring the program on par with its funding in the mid-2000s and build more than 4,300 new homes for older adults with low incomes.** We are grateful that Congress has revived new construction funding for HUD's Section 202 Housing for the Elderly program in recent fiscal years. **In FY 2021, we request full, 12-month funding for all Section 202/PRAC contracts and \$175 million total for the Section 202 Service Coordinator Grant Program, which includes renewals and an investment to expand Section 202 Service Coordinator grants to serve an additional 300 affordable housing communities; and \$5 million for the Emergency Capital Repair Grant program which provides one-time assistance to communities for issues that present an immediate threat to the health, safety, and quality of life of tenants. We also request support for the HUD-administered home modification program and full funding for the renewal of PBRA contracts for a full 12 months.**

#### ***Service Coordinators in Public Housing***

Service coordinators are a valuable resource and essential part of the management team in affordable housing communities, particularly those serving older people with low incomes. These professional staff save taxpayer dollars by providing access to community-based supports and services that enable residents to age safely in their own homes instead of having to move to more costly settings, such as a nursing home. Service coordinators assist older residents and/or residents with disabilities by identifying, locating, and acquiring the services necessary for them to live independently. **LCAO urges Congress to provide \$45 million for the Public Housing Resident Opportunity for Self Sufficiency (ROSS) Service Coordinator Program in FY 2021.**

#### ***Housing Choice Vouchers and Homelessness***

LCAO urges Congress to support preservation of housing provided by the Housing Choice Voucher and Public Housing programs, which together assist almost 800,000 older adult households. Additionally, we urge lawmakers to appropriate adequate funding for Homeless Assistance Grants to help prevent and end homelessness among older adults.

## **Department of Transportation**

### ***Federal Transit Administration—Technical Assistance to Improve Senior Transportation Options***

Recognizing the growing mobility challenges facing our country's aging population, Congress authorized \$14 million in the Fixing America's Surface Transportation Act for Federal Transit Administration (FTA) technical assistance, education and outreach to "meet the transportation needs of elderly individuals" and to "assist with compliance with the Americans with Disabilities Act." Through these funds, transit operators, community leaders, and aging community advocates and providers learn about best practices

and receive direct technical assistance to help improve the availability and accessibility of transportation options for older adults and people with disabilities. In addition, FTA used these funds to award grants to communities to help develop and implement innovative programs aimed at addressing unmet transportation needs of older adults and people with disabilities. ***We urge Congress to fully fund technical assistance for accessible transportation by including \$9 million for FTA's Technical Assistance and Workforce Development Program and \$5 million for Technical Assistance and Training in your FY 2021 bill.***

## Subcommittee on Commerce, Justice, and Science

### Department of Justice

#### Missing Americans Alert Program

This recently enacted initiative which expands, broadens and renames the Missing Alzheimer's Disease Patient Program, provides DoJ grants for training and technologies that will help first responders locate persons with Alzheimer's disease or autism who wander and go missing. Such a program saves time and resources for law enforcement, allowing them to focus on other security concerns. ***We urge, at a minimum, \$2 million in funding – the level authorized for FY 2019.***

#### ***Elder Justice Prosecutions***

It is estimated that one in 10 older adults will experience elder abuse, neglect, and/or exploitation. This request would provide first-time funding for locally-based elder justice coordinators in U.S. Attorney district offices, a program created through the Elder Abuse Prevention and Prosecution Act of 2017 (P.L. 115-70). These coordinators would combat elder abuse and fraud in the federal districts represented.

***LCAO urges Congress to fund this program at the President's proposed level of \$5.78 million.***

#### ***Elder Justice Initiative***

This request would support the Department's Civil Division efforts to address elder abuse, neglect, and financial exploitation. The Civil Division is leading the Department's efforts in this area and have already successfully performed a number of elder fraud "sweeps," charging dozens of defendants who have defrauded older adults of millions of dollars collectively. This funding is also needed to provide training and resources to partners in the federal, state, and local government. ***LCAO urges Congress to increase funding for this program to \$4.24 million, equal to the President's proposed budget level.***

## Subcommittee on Agriculture, Rural Development, and Food and Drug Administration

### Department of Agriculture

It is critical that proven and effective federal nutrition programs serving our older adults at greatest risk for food insecurity are protected and further strengthened; particularly now as both the need and

demand for nutritious meals are already substantial and will only continue to climb exponentially due to a rapidly aging population. In addition to increasing funding for the nutrition programs authorized under the OAA, we urge Congress to fully fund and safeguard from cuts the Supplemental Nutrition Assistance Program (SNAP), the Commodity Supplemental Food Program (CSFP) and the Senior Farmers Market Nutrition Program (SFMNP).

***Supplemental Nutrition Assistance Program (SNAP)***

An estimated 4.9 million people age 60 years and older are food insecure, and millions more face the threat of hunger. SNAP is the largest federal nutrition program, providing food assistance to over four million older adults alone, and is a critical component of our nation's response to the growing issue of hunger. For older adults, utilization of SNAP supports health and independence, and helps alleviate the burden of choosing whether to forgo food so that they can pay for rent, medicine, or other expenses. ***LCAO applauds the protection of SNAP in the bipartisan Agricultural Improvement Act of 2018 and urges Congress to defend SNAP from regulations that reduce benefits or restrict eligibility and access.***

***Commodity Supplemental Food Program (CSFP)***

CSFP, sometimes known as the Senior Food Box Program, provides nutritious non-perishable food to low-income older adults once a month. This program helps older adults with limited financial resources and often restricted mobility receive the nutrition necessary to maintain and improve health and well-being. Food provided through CSFP is designed to address the nutritional needs of older people, helping mitigate the impacts of hunger and malnutrition on health. The Administration has proposed eliminating CSFP funding for FY 2021. ***We urge Congress to fund CSFP at \$290 million in FY 2021.***

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 older people and their families. Without your investment in these discretionary initiatives, the valuable services that protect older Americans against hunger, isolation, poor health, neglect, abuse, unemployment and other challenges will fail to reach the aging population in need of these services.

Under your leadership, LCAO hopes that in FY 2021, all these programs will be funded at levels that enable them to meet a rapidly growing demand for services, and that current threats to these vital programs will be rejected. Thank you for your consideration, and we look forward to working with you to ensure sustained investment in the OAA and other key aging programs.

Sincerely,

Aging Life Care Association  
Alzheimer's Foundation of America  
Alliance for Aging Research

Alliance for Retired Americans  
American Association of Service Coordinators  
American Geriatrics Society  
American Society on Aging  
American Postal Workers Union Retirees Department  
B'nai B'rith International  
Caring Across Generations  
Center for Medicare Advocacy  
Gerontological Society of America  
International Association for Indigenous Aging  
Jewish Federations of North America  
Justice in Aging  
LeadingAge  
Meals on Wheels America  
Medicare Rights Center  
National Academy of Elder Law Attorneys  
National Adult Day Services Association  
National Adult Protective Services Association  
National Alliance for Caregiving  
National Association of Area Agencies on Aging  
National Association for Home Care and Hospice  
National Association of Nutrition and Aging Services Programs  
National Association of Retired and Senior Volunteer Program Directors  
National Association of Social Workers  
National Association of State Long-Term Care Ombudsman Programs  
National Caucus and Center on Black Aging  
National Committee to Preserve Social Security and Medicare  
National Council on Aging  
National Consumer Voice for Quality Long-Term Care  
National Senior Corps Association  
Phi-Quality Care Through Quality Jobs  
Social Security Works  
Women's Institute for a Secure Retirement (WISER)

cc:

Chairman Roy Blunt and Ranking Member Patty Murray, Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
Chairwoman Rosa DeLauro and Ranking Member Tom Cole, House Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
Chairman Susan Collins and Ranking Member Jack Reed, Senate Subcommittee on Transportation, Housing and Urban Development, and Related Agencies

Chairman David Price and Ranking Member Mario Diaz-Balart, House Subcommittee on Transportation, Housing and Urban Development, and Related Agencies  
Chairman Jerry Moran and Ranking Member Jeanne Shaheen, Senate Subcommittee on Commerce, Justice, Science, and Related Agencies  
Chairman José Serrano and Ranking Member Robert Aderholt, House Subcommittee on Commerce, Justice, Science, and Related Agencies  
Chairman John Hoeven and Ranking Member Jeff Merkley, Senate Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies  
Chairman Sanford Bishop and Ranking Member Jeff Fortenberry, House Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies  
Members of the Senate and House Appropriations Committees