



Message to NYS Congressional Delegation

The New York State Association of Area Agencies on Aging joins our national partner, the National Association of Area Agencies on Aging (n4a), in supporting the following priorities for older adults.

There are 629 Area Agencies on Aging (AAAs) in the nation, 59 are located in New York State. AAAs design, fund, and coordinate programs that enhance the community support system designed to maintain older adults in their homes, postponing the need for more medically intensive and costly health care services. The Older Americans Act (OAA) federal funding represents a third of overall funding for AAAs in New York State, a critical piece of the service delivery system.

Priorities - FY 2014 Budget

1. **Sequestration.** Stop the sequestration of vital human needs programs from undermining the health and wellness of older adults. New York: sequester reduced OAA funding to AAAs by \$2.2 million.
2. **Older Americans Act (OAA).** Preserve funding for OAA and other supportive services to help older Americans remain living successfully and independently in their homes and communities.
 - o Sustain the capacity of OAA programs by increasing total funding by at least 5.26% above FY 2012 levels. This hold harmless number will allow AAAs to keep pace with projected population growth and price increases in FY 2014.
 - o Give special attention to three OAA programs: Title III B Supportive Services, Title VI Grants for Native Americans and Title III E National Family Caregiver Support Program.
3. **State Health Insurance Assistance Program (SHIPs).** Support the Administration for Community Living's (ACL) proposal to transfer the SHIP program from the Centers for Medicare and Medicaid Services (CMS) to the ACL budget. Request Congress to provide at least \$52 million in discretionary funding.
4. **Elder Justice Act (EJA) of 2010.** If adequately funded, EJA would provide a national strategy to address elder abuse, neglect, and exploitation. Support first-time funding of at least \$21.5 million.
5. **Partnership for Sustainable Communities.** Congress should provide \$100 million through the U.S. Department of Housing and Urban Development.
6. **National Center on Senior Transportation.** Appropriators should direct the Federal Transit Administration to allocate at least \$1 million of its technical assistance funding for the Center.
7. **Chronic Disease Self-Management Program.** Support the Administration's FY 2013 proposal to allocate \$10 million of the Prevention and Public Health Fund (PPHF) to the Administration on Aging (AoA). Also, encourage Congress to fund AoA falls prevention activities through the PPHF.



Advocacy. Action. Answers on Aging.

FY 2014 Labor-HHS-Education Appropriations

As of April 12, 2013 (Dollars in thousands)

Notes: Increases over last year are noted in **BOLD**. Decreases are noted in *italics*. Funding from mandatory sources in **blue**. *FY 2013 column does not reflect 0.2% rescission or sequester and so is not final.

Older Americans Act and Other Key Aging Programs	FY 2010 Final Enacted	FY 2011 Final Enacted April 2011	FY 2012 Final Enacted Dec. 2012	FY 2013 President's Budget Request Feb. 2012	FY 2013 Final* Omnibus/CR March 2013 (*Not incl. Sequester or rescission)	FY 2014 President's Budget Request 4.10.13
Title III						
B: Supportive Services & Centers	368,348	367,611	366,916	366,916	366,916	366,916
C1: Congregate Meals	440,783	439,901	439,070	439,070	439,070	439,070
C2: Home-Delivered Meals	217,676	217,241	216,830	216,830	216,830	216,830
Nutrition Services Incentive Program	161,015	160,693	160,389	160,389	160,389	160,389
D: Preventive Health	21,026	20,984	20,944	20,944	20,944	20,944
E: Family Caregivers Support	154,220	153,912	153,621	153,621	153,621	153,621
Title IV Innov/Research/Trng	19,023	13,049	0	0	0	0
Title V SCSEP (DOL)	825,425	449,100	448,251	448,251	448,251	380,000
Title VI						
A: Grants to Indians	27,708	27,653	27,601	27,601	27,601	27,601
C: Native Amer. Caregivers	6,389	6,376	6,364	6,364	6,364	6,364
Title II						
Aging Network Support Activities (incl Eldercare Loc.)	44,283	33,283	7,873	7,873	7,873	7,873
Aging & Disability Resource Centers	10,000 (mandatory from ACA)	10,000 (ACA)	16,457 (incl. 10,000 ACA)	10,000 (ACA)	16,457 (incl. 10,000 ACA)	10,000 (ACA)
Title VII	21,883	21,839	21,797	21,797	21,797	21,797
Ombudsman/Elder Abuse						
Elder Rights Support Activities		4,096	4,088	4,088	4,088	4,088
Other ACL Programs						
Program Administration	19,979 (AoA only)	19,939 (AoA only)	23,063 (AoA only)	23,259 (AoA only)	29,558 (ACL)	30,035 (ACL)
Chronic Disease Self-Management Program			10,000 (PPHF)	10,000 (PPHF)		10,000 (PPHF)
Alzheimer's Supportive Services Program	11,464	11,441	4,010	9,537	4,010	9,537
Alzheimer's Disease Initiative: Caregiver Srvcs						10,500 (PPHF)
Lifespan Respite Care	2,500	2,495	2,490	2,490	2,490	2,490
Senior Medicare Patrol		9,420	9,402	9,402	9,402	9,402 (plus \$10,710 from HCFAC)
Adult Protective Services			6,000 (PPHF)	8,000	(tbd from PPHF)	8,000
Other HHS Programs						
State Health Insurance Prgm	46,960	52,000	51,902	51,902	52,115	52,115
Social Services Block Grant	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000	1,700,000
Comm. Services Block Grant	700,000	678,640	677,358	350,000	677,358	350,000
LIHEAP: Low-Inc Home Energy	5,100,000	4,710,000	3,478,246	3,020,000	3,472,000	3,020,000
CNCS: Senior Corps	n/a	207,883	207,491	207,491	207,491	207,491

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FY 2014 Appropriations

Programs and Services for Older Adults

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

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 across-the-board sequestration called for in the 2011 Budget Control Act for FY 2013 and beyond. 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. Any "savings" recouped from the sequester will pale in comparison to the added costs that would result in premature nursing home placement for seniors who find they can no longer stay in their homes and communities because of reduced Older Americans Act (OAA) and other federal funding of critical services and supports.

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

IN ORDER FOR MILLIONS of older adults to live at home and in their community—and thus forgo more restrictive and expensive institutional care—they require a range of supportive services, such as home health care, homemaker services, transportation, respite care, home-delivered meals and more. Historically, AAAs and Title VI Native American aging programs foster the development and coordination of these critical home and community-based services (HCBS) to older adults and their caregivers in each local community. With leadership from the State Units on Aging, the AAAs then work with tens of thousands of service providers and vendors nationwide to deliver these services. That collective community is known as the Aging Network and the resulting system reflects how people want to age—at home and in the community.

Furthermore, n4a believes it is unnecessary and unfair to isolate vital entitlement support and critical discretionary programs for the purpose of deficit reduction, while not looking for savings from the revenue part of the equation. To date, the balance of deficit reduction has come from programs—and almost solely from discretionary programs. This is not balanced or rational budgeting. Any future deficit reduction deal must account for the discretionary savings already achieved by the President and the 112th Congress. More than \$1.5 trillion in cuts have been made to discretionary programs in the past several 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. Therefore, n4a strongly opposes any additional reduction of funding for NDD for any purposes.

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

Unfortunately, **the current economic and budget crises have made it increasingly difficult for the Aging Network even to maintain existing services.** Even before the sequester, stagnant federal investment prevented programs from growing along with the aging population. Now the poor economy has created increased demand for services as families

struggle to support and care for older relatives, and as more older adults struggle to make ends meet. Meanwhile, state-funded programs for older adults and caregivers—created to supplement or fill gaps in federal funds—are facing drastic reductions or even elimination. Waiting lists are long and growing. This dire situation only intensifies the need for federal investment, both in the short and long term.

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.¹⁴

This return on investment is one of the ways that AAAs are able to do a lot with very little. They also 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.

n4a fully understands the economic realities facing governments and families. We support sound federal budget decisionmaking 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 local needs of older adults and caregivers. Therefore, to support older Americans and their caregivers, n4a endorses the following appropriation levels for fiscal year (FY) 2014.

Older Americans Act (OAA)

Sustain the capacity of OAA programs by increasing total funding by at least 5.26 percent above FY 2012 levels.¹⁵ This hold harmless number will allow them to keep pace with projected population growth and price increases in FY 2014.

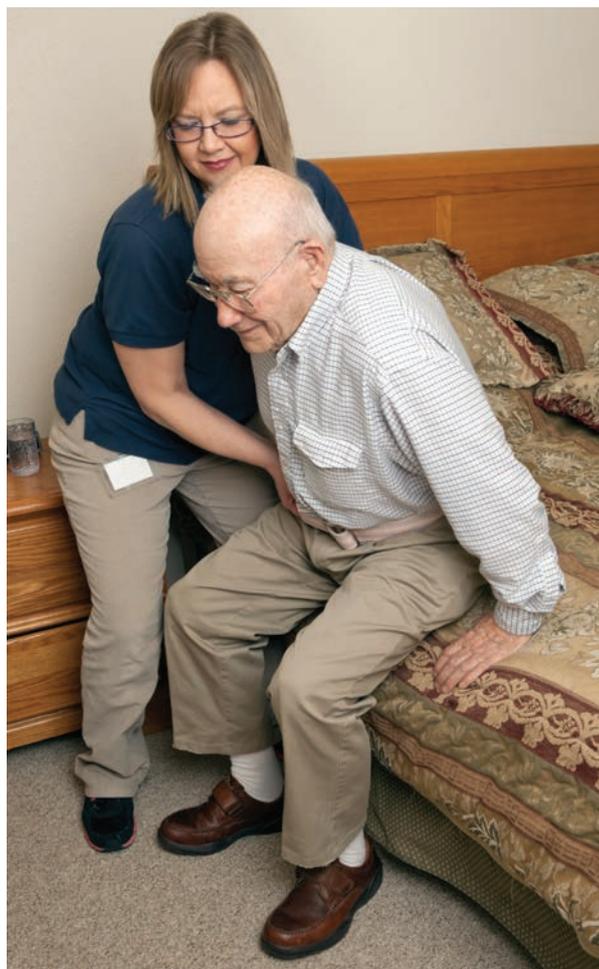
In 2012, the nation's population aged 60 and older grew by 4.13 percent. Meanwhile, the cost of providing these critical supportive services increased by 1.09 percent, based on the 2012 Consumer Price Index. We expect at least these levels of population and price growth for FY 2014, hence the 5.26 percent as a hold-harmless minimum.

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.

OAA funding has not kept pace with inflation or the growing population of individuals eligible for services for years, yet demand by at-risk older adults in need of supportive services has risen and will continue to rise with the growth of the aging population. The need for an increase to support those critical services is magnified by the fact that aging programs have had to absorb increases in operating costs, such as rising food and gas prices, and been entrusted with new responsibilities without new resources.

n4a supports at least a 5.26 percent across-the-board increase in OAA funding to hold these vital programs harmless, and encourages appropriators to give special attention to three OAA programs: Title III B Supportive Services, Title VI Grants for Native Americans and Title III E National Family Caregiver Support Program.

Title III B provides flexible funding to states and local agencies to provide a wide range of needed supportive services to older Americans. Title III B dollars, for example, support senior transportation programs, information and referral/assistance services, case management services, home modification and other housing help, chore services, in-home services for frail elderly, and emergency/disaster response



efforts targeted to older adults. The flexibility of this funding stream gives agencies greater means to meet the needs of older adults, as identified at the community level, and often is vital to keeping near-low-income seniors from impoverishment and subsequent Medicaid eligibility.

Title VI 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; there has long been a lack of proper investment in these programs, which further exacerbates the challenges Indian elders face. It would take a significant funding increase to address the large gaps in service capacity for these programs and start to remedy the many challenges faced by this population—at the very least, we must hold these small programs harmless and prevent erosion.

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



Other Priorities

n4a also believes the following appropriation actions for FY 2014 are critical to building and maintaining a comprehensive home and community-based services system that can meet the needs of the growing older adult population.

- n4a requests that Congress provide at least \$52 million in discretionary funding under the U.S. Administration for Community Living (ACL) for the **State Health Insurance Assistance Programs (SHIPs)** in FY 2014. n4a strongly supports ACL's proposal to transfer the SHIP program from the Centers for Medicare and Medicaid Services (CMS) to the ACL budget and believe it will enhance the program's ability to meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at the community level. With two-thirds of local SHIP programs operated through AAAs, this move makes good policy sense.
- 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 the training, recruitment and staffing in long-term care and enhance state adult protective service systems, long-term care ombudsman programs and law enforcement practices. Without appropriated funding, however, this response cannot yet begin to make a difference in older adults' lives. n4a supports first-time funding of at least \$21.5 million for EJA.
- Congress should provide \$100 million through the U.S. Department of Housing and Urban Development for the inter-agency **Partnership for Sustainable Communities** to create incentives for more communities to develop comprehensive housing and transportation plans that result in sustainable development, reduced greenhouse gas emissions and more transit-accessible housing. (For more on this issue, see page 14.)
- Appropriators should direct, through report language, the Federal Transit Administration to allocate at least \$1 million of its technical assistance funding for the **National Center on Senior Transportation** (For more on NCST, see page 14.)
- n4a supports the Administration's FY 2013 proposal to allocate \$10 million of the Prevention and Public Health Fund (PPHF) to AoA for the **Chronic Disease Self-Management Program**, and we encourage Congress to additionally fund AoA **falls prevention activities** through the PPHF. (See also page 7.)