ACL 101: Overview of the Administration for Community Living

July, 2015

*"For too long, too many Americans have faced the impossible choice between moving to an institution or living at home without the long-term services and supports they need. The goal of the new **Administration for Community Living** will be to help people with disabilities and older Americans live productive, satisfying lives." – Former Secretary Kathleen Sebelius*

Overview

- This new HHS Operating Division brings together the Administration on Aging (AoA), the Office on Disability (OD), the Administration on Intellectual and Developmental Disabilities (AIDD), and related programs transferred from other HHS Operating Divisions and Federal Departments.

- This single agency is charged with developing policies and improving supports for older adults and people with disabilities.

Why Is This Important?

- The common interests of the aging and disability populations have been recognized at the local and state levels.

- The mechanisms for providing supports that facilitate community living have been brought together into agencies that serve both populations.

- Yet at the federal level, policy development, community outreach, and program implementation related to aging and disability across the lifespan was fragmented across HHS and the government.

Administration for Community Living (ACL)

ACL brings together the programs and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, the HHS Office on Disability, and various other programs to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

Mission

Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.
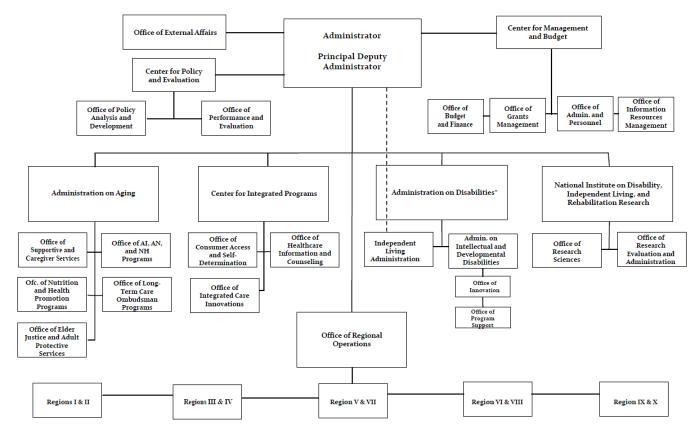
Vision

All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society.

Organization

ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART

- Office of External Affairs
- Administrator / Principal Deputy Administrator
- Center for Management and Budget
- Center for Policy and Evaluation
- Office of Policy Analysis and Development
- Office of Performance and Evaluation
- Office of Budget and Finance
- Office of Grants Management
- Office of Admin. and Personnel
- Office of Information Resources Management

Administration on Aging
- Office of Supportive and Caregiver Services
- Office of AI, AN, and NH Programs
- Ofc. of Nutrition and Health Promotion Programs
- Office of Long-Term Care Ombudsman Programs
- Office of Elder Justice and Adult Protective Services

Center for Integrated Programs
- Office of Consumer Access and Self-Determination
- Office of Healthcare Information and Counseling
- Office of Integrated Care Innovations

Administration on Disabilities*
- Independent Living Administration
- Admin. on Intellectual and Developmental Disabilities
  - Office of Innovation
  - Office of Program Support

National Institute on Disability, Independent Living, and Rehabilitation Research
- Office of Research Sciences
- Office of Research Evaluation and Administration

Office of Regional Operations
- Regions I & II
- Regions III & IV
- Region V & VII
- Region VI & VIII
- Region IX & X

*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dual role, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and reports directly to the Administrator in carrying out the functions of the Director of Independent Living consistent with Section 701A of the Rehabilitation Act.

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Administration on Disabilities (AOD)

AOD is a combination of two Administrations:

- Administration on Intellectual and Developmental Disabilities (AIDD)

- Independent Living Administration (ILA)

Administration on Intellectual and Developmental Disabilities

- Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), which authorizes:
  - State Councils on Developmental Disabilities (SCDD)
  - State Protection and Advocacy Agencies (P&As)
  - Projects of National Significance (PNS)
  - National Network of University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDDs)
- Help America Vote Act (HAVA) Disability Provisions
- Protection and Advocacy for Assistive Technology (PAAT)
- President's Committee for People with Intellectual Disabilities (PCPID)

The Developmental Disabilities Act (DD) Act

The purpose of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 is to "assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life …"

What are Developmental Disabilities

- Developmental disabilities are severe, life-long disabilities attributable to mental and/or physical impairments which manifest themselves before the age of 22 years and are likely to continue indefinitely. They result in substantial limitations in three or more of the following areas:
  - self-care
  - comprehension and language skills (receptive and expressive language)
  - learning
  - mobility
  - self-direction
  - capacity for independent living
  - economic self-sufficiency
  - ability to function independently without coordinated services (continuous need for individually planned and coordinated services)

Principles of the DD Act

- **Independence**: To have control

- **Productivity**: To work or make other contributions to a household and community

- **Integration**: Right to the same opportunities, services, community resources as all other Americans

- **Inclusion**: Acceptance and encouragement of presence and participation in social, educational, work and community environments.

The DD Act – Some Historical Milestones

- **1961:** President John F. Kennedy's Panel on Mental Retardation published "A Proposed Program for National Action to Combat Mental Retardation"

- **1963** law established University Affiliated Facilities, which later became the University Centers for Excellence in Developmental Disabilities (UCEDDs)

- **1970** law required states to establish State Planning and Advisory Councils, known today as DD Councils

- **1975** law established State Protection and Advocacy Systems (P&As)

- **1994** law added the Projects of National Significance (PNS) initiative

- **2000:** DD Act reauthorized (through 2007)

Please see http://transition.acf.hhs.gov/programs/aidd/resource/history-of-the-dd-act-1 for more information.

State Councils on Developmental Disabilities (DD Councils)

- Identify and address the most pressing needs of people with developmental disabilities in their State or Territory

- Engage in systems change and capacity building efforts that promote self-determination, integration and inclusion for people with developmental disabilities

- 56 Councils

- Members appointed by the Governor after soliciting recommendations

- Not less than 60% are: individuals with developmental disabilities; parents or guardians of children with developmental disabilities; immediate relatives or guardians of adults with developmental disabilities

Protection and Advocacy Systems (P&As)

- Provide legal-based services to individuals with developmental disabilities. Help people with developmental disabilities who:

  - Have been neglected or abused

  - Have been denied access to a service

  - Have been denied control or choice of a service to which they have a right

  - Have been denied the opportunity to participate in an activity

- Activities of the P&As include:

  - The protection and advocacy of legal and human rights

  - Information and referral

  - Investigation of complaints of violations of rights of individuals with developmental disabilities

  - Working to resolve complaints through mediation, alternative dispute resolution, and litigation

- There are 57 P&As

National Network of University Centers for Excellence in Developmental Disabilities Education, Research & Service (UCEDDs)

- Funded to carry out four core functions:
  - Interdisciplinary training
  - Community services (training, technical assistance, direct and/or model demonstration services)
  - Research
  - Dissemination

- Collaborate with persons with developmental disabilities, families, and others to conduct research and training and to achieve positive outcomes

- 67 UCEDDs

Projects of National Significance (PNS)

- Create and enhance opportunities for individuals with developmental disabilities to contribute to, and participate in, all facets of community life

- Grants and contracts are awarded to projects that focus on the most pressing issues affecting individuals with developmental disabilities and their families and promote and increase the independence, productivity, inclusion and integration in the community

Help America Vote Act (HAVA)

- Designed to establish and improve participation in the election process for individuals with the full range of disabilities.

- Signed into law on October 29, 2002.

- Currently, funding is awarded to eligible Protection and Advocacy Systems (P&As) under section 291 as well as entities providing training and technical assistance to P&As called the PAVA program.

- P&As educate individuals about voter registration and their legal rights pertaining to voting, provide voter registration opportunities, and help individuals access the polls on election day. Individuals interested in filing complaints may also be assisted and represented by the P&As.

- PAVA is a separate program from the DD Act program but resides in AIDD among the two other P&A programs (PADD and PAAT).

Protection and Advocacy for Assistive Technology (PAAT)

- The PAAT program was created in 1994 when Congress expanded the Technology-Related Assistance for Individuals with Disabilities Act (Tech Act).

- Funding is provided to the P&As to assist individuals with disabilities in the acquisition, utilization, or maintenance of assistive technology devices or assistive technology services through case management, legal representation and self advocacy training.

- PAAT is a separate program from the DD Act program but resides in AIDD among the two other P&A programs (PADD and PAVA).

President's Committee for People with Intellectual Disabilities (PCPID)

- Comprised of 13 ex officio members and 18 citizen members (capacity 21 members)

- Provides advice and assistance to the President of the United States and the Secretary of Health and Human Services, through the AIDD Commissioner, on a broad range of topics that impact the daily lives of people with intellectual disabilities and the field of Intellectual Disabilities.

- Undergirding the Committee's mission is the goal to improve the quality of life that is experienced by people with intellectual disabilities, by upholding their full citizenship rights, independence, self-determination, and life-long participation in their respective communities.

Independent Living Administration (ILA)

- In July 2014, The Workforce Innovation and Opportunity Act (WIOA, P.L. 113-128) transferred the Independent Living program (IL) from Education to ACL and established a new Independent Living Administration (ILA) within ACL.

- The IL program includes State Independent Living Services (ILS) and Centers for Independent Living (CIL), the Paralysis Resource Center (PRC), and the Limb Loss program.

- WIOA requires the ILA to:
  - Conduct onsite monitoring annually at least 15% of CILs receiving funds under Part C and;
  - Conduct annual monitoring of at least 1/3 of the Designated State Entities receiving funds under Part B.

ILA - State Independent Living Services

- The State Independent Living Services program (Part B) provides formula grants to states and territories for the purpose of funding activities including:
  - Providing IL services to individuals with significant disabilities
  - Increasing the capacity of public or nonprofit organizations
  - Conducting studies and analyses, developing model policies, and presenting approaches and strategies to federal, state and local policymakers;
  - Training service providers on the IL philosophy

ILA - Centers for Independent Living (CIL)

- CILs (Part C) provide discretionary grants to 354 community-based nonprofit agencies for the provision of IL services.

- 51% of the Board & Staff must be individuals with disabilities.

- At a minimum, centers funded by the program are required to provide the following five IL core services:

  - Information and referral;

  - IL skills training;

  - Peer counseling;

  - Individual and systems advocacy; and

  - New 5th core service under WIOA: Services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life.

ILA - Paralysis Resource Center (PRC)

- This program was funded at CDC through FY 2013 and was transferred to ACL in FY 2014.

- The Paralysis Resource Center (PRC) promotes the health and well-being of people living with paralysis and supports their families and caregivers by providing comprehensive information and referral services.

- The PRC seeks to bridge a wide information gap experienced not only by newly-paralyzed individuals, but also by those who have lived for some time with paralysis. This information promotes better health, encourages community involvement, and improves quality of life.

- The PRC provides information specialists fluent in English and Spanish to answer paralysis-related questions via a toll-free phone call or email and also operates an information clearinghouse that provides access to a variety of paralysis-related publications (publish and distributes a free Paralysis Resource Guide as well as informational videos and training materials).

- The PRC is operated via a cooperative agreement, currently with the Christopher and Dana Reeve Foundation.

ILA – Limb Loss

- This program was funded at CDC through FY 2014 and was transferred to ACL in FY 2015.

- Two million adults living in the U.S. have limb loss, and this number is expected to increase, largely due to the rise of diabetes.

- Approximately 185,000 amputations occur in the United States each year.

- The Limb Loss Program supports a national resource center and related activities that provides comprehensive information and resources to improve the health of people with limb loss (PWLL) and promote their well-being, improve quality of life, prevent disease, reduce unnecessary medical expenditures, and provide support to their families and caregivers.

Administration on Aging (AoA)

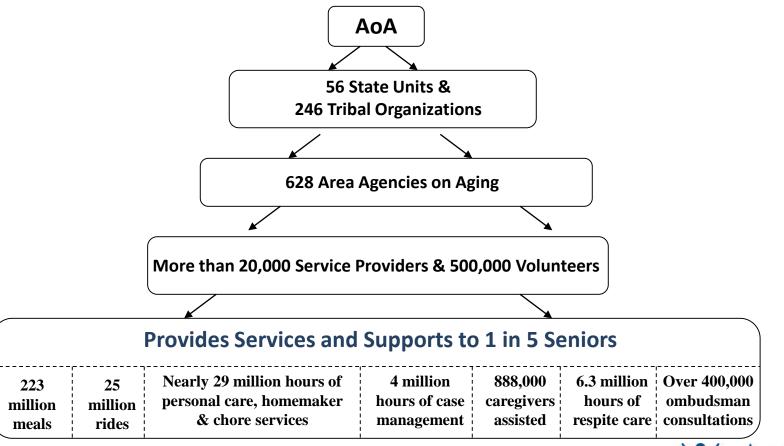1965: Three Important Programs Enacted

- Medicare

- Medicaid

- Older Americans Act (OAA)

"Every State and every community can now move toward a coordinated program of services and opportunities for our older citizens."
President Lyndon B. Johnson, July 1965

The OAA, Administered by the Administration on Aging (AoA), Helps 11 Million Seniors Remain at Home Through Low-Cost, Community-Based Services

AoA

↓

56 State Units & 246 Tribal Organizations

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628 Area Agencies on Aging

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More than 20,000 Service Providers & 500,000 Volunteers

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Provides Services and Supports to 1 in 5 Seniors

223 million meals	25 million rides	Nearly 29 million hours of personal care, homemaker & chore services	4 million hours of case management	888,000 caregivers assisted	6.3 million hours of respite care	Over 400,000 ombudsman consultations

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The Older Americans Act Reflects American Values

- Supports independence

- Helps people maintain their health and well-being so they are better able to live with dignity in their homes, which is what Americans overwhelmingly prefer

- Helps protect the most vulnerable among us

- Avoids more costly institutional care

- Long history of bi-partisan, local community & family support

Flexible Older Americans Act
Core Programs & Services

Title III-B, C, D, & E: Health and Independence

- In-home & community Services (transportation, homemaker…)
- Nutrition
- Health promotion & disease prevention
- Caregiver Support

Title VI: Programs and Services for Americans Indians, Alaska Natives, & Native Hawaiian Elders

- Services are comparable to Title III

Title VII: Protection for Vulnerable Elders

- Long-Term Care Ombudsman
- Prevention of Elder Abuse, Exploitation
- Legal Services

Who We Serve:
The Poor and Near Poor

The Aging Network Serves Nearly 1 in 5 Older Adults

	US Population	OAA Clients
60+	57.8 million	11 million[*]
Poverty	9.30%	**30%**
Near Poor[**]	15-20%	**73-85%**

* 3 million OAA clients receive intense services such as home-delivered nutrition and homemaker services.
** Near poor is defined as below 150% of poverty.
Note: $77,000 per year for private room nursing home care, $35,000 per year for assisted living (2007 dollars)

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Who We Serve:
The Frail & Vulnerable

	US Population 60+	OAA Clients (In Home Service)*
Lives Alone	27%	55% - 69%
Diabetes	22%	26% - 35%
Heart Condition	29%	43% - 53%
Minority**	20%	25%
Rural**	13%	37%

* Includes such services as homemaker, case management, and home-delivered nutrition.
** US Minority & Rural figure is for the 65+ population

Who We Serve:

- OAA Clients are at risk for ER visits & Hospitalization:
  - Over 90% of OAA Clients have Multiple Chronic Conditions
    - Compared to 73% of general older adult population (age = 65+)
  - 69% of Case Management Clients take 5 or more medications daily

- OAA Clients are at Risk for Nursing Home Admission:
  - 35% of Home-Delivered Nutrition Clients have 3+ Activities of Daily Living (ADL) Impairments
  - 69% of Home-Delivered Nutrition Clients have 3+ Instrumental Activities of Daily Living (IADL) Impairments

Older Americans Act Funds Provide an Array of Services for a Modest Federal Investment

- More than 223 million meals served to nearly 2.5 million seniors

- Nearly 25 million essential trips to doctors' offices, grocery shopping, senior centers & nutrition programs

- Nearly 29 million hours of homemaker, chore, and personal care services

- 6.3 million hours of respite care

Historically, For Every Federal Dollar Provided, Another $3 is Generated

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Health & Independence:
Home & Community-Based Supportive Services

FY 2012 Service Data:

- 8 million hours of adult day care

- Nearly 25 million transportation rides to grocery stores, pharmacies, physicians offices, meal sites, etc.

- 28 million hours of personal care assistance , homemaker, & chore service

- Nearly 4 million hours of case management

- 13 million calls answered for information about and assistance obtaining services

Targeting: Transportation Service Example

- 53% of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound.

- Nationally, about 27% of individuals 60 and older live alone, and in FY 2012, two-thirds of transportation users lived alone

- 14% of transportation riders take 10 or more daily prescriptions, increasing their safety risk of driving

- Nearly 75% of transportation clients have annual incomes at or below $20,000

Health & Independence: Nutrition Services

Congregate (Formula Grant): Meals at Group Sites, Such as Senior Centers

Home-Delivered (Formula Grant): Delivery of Meals & Related Services to Frail Seniors Who Are Homebound

Nutrition Services Incentives Program: Funds Awarded Based on # Meals Served in Previous Year

- Adequate nutrition is necessary for health, functionality and the ability to remain at home in the community.

- 63% of Home-Delivered Nutrition Clients report the meal is half or more of their food for the day.

- 59% of Congregate Nutrition Clients report the meal is half or more of their food for the day.

- OAA meals are nutritious and meet the needs of seniors with nutrition ameliorated chronic illnesses (diabetes, hypertension, congestive heart failure)
    - Provide 33% of Dietary Reference Intake
    - Adhere to the Dietary Guidelines for Americans.

- In FY 2012, Home-Delivered Nutrition Services provided 137 million meals to over 850,000 seniors.

- In FY 2012, Congregate Nutrition Services provided over 86 million meals to more than 1.6 million seniors in a variety of community settings.

- In FY 2012, nine out of ten home-delivered meal clients reported that receiving meals helped them to continue to live in their own home.

- Researchers estimate that food insecure older adults are so functionally impaired it is as if they are chronologically 14 years older; a 65 year-old food insecure individual is like a 79 year-old person chronologically.

Food Insecurity and OAA Nutrition Services

Food insecurity is increasing nationwide

- 26% increase in food insecurity was experienced by older adults.

OAA Nutrition Service programs serve older adults at risk of food insecurity and hunger.

- Despite receiving 5 meals per week, 24% of home delivered participants and 13% of congregate participants do not have enough money to buy food for the other 16 times in a week that they need to eat.

- 17% of the home delivered participants indicate that they have to choose between purchasing food and purchasing their medications.

- 15% of home delivered participants indicate that they have to choose between food, rent, and utilities.

Caregivers: National Family Caregiver Support Program

Serving 888,000 Caregivers Annually

- Respite Care Services provided caregivers with 6.3 million hours of temporary relief from their caregiving responsibilities.

- Access Assistance Services provided 1 million contacts to caregivers assisting them in locating services from a variety of private and voluntary agencies.

- 85% of caregiver clients indicate that without OAA services the care recipient would most likely be living in a nursing home or assisted living.

- 80% of all community-based long-term care is provided by family and friends.

- In 2009, at least 43.5 million adult caregivers, or approximately 19 percent of all adults, provided uncompensated care to those 50 years of age and older.

- The economic value of replacing unpaid caregiving in 2009 was estimated to be about $450 billion (cost if that care had to be replaced with paid services).

- Research indicates that caregivers suffer a mortality rate that is 63 percent higher than non-caregivers.

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Protection of Vulnerable Elders

Long-Term Care Ombudsman

- 1,000 professional ombudsman and 9,000 volunteers:
  - monitor the conditions of LTC facilities,
  - investigate complaints,
  - represent resident interests;

- Ombudsman handled 194,000 resident complaints, 73% were partially or fully resolved.

- Provided quarterly visits to 67% of nursing homes and 27% of assisted living, board and care, and other similar adult care facilities.

Prevention of Abuse, Neglect & Exploitation

- A minimum of 2.5 million elders are abused, neglected and/or exploited annually.

- Older victims of even modest forms of abuse have a dramatically higher (300%) morbidity and mortality rates.

- OAA protects the rights of vulnerable older Americans through training, education, and coordination activities for local law enforcement officials, community coalitions, and multidisciplinary teams.

- Elder Justice Coordinating Council

Legal Services

- Nearly 900,000 hours of legal assistance were provided in FY 2012.

- Top Areas of Legal Assistance:
  - Income Security
  - Health Care Financing
  - Housing
  - Consumer Protection
  - Elder Abuse

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Older Americans Act Services are Non-Duplicative

The aging network complements the work of other state and local efforts. It is statutorily charged with:

- Identifying the service needs;

- Assessing capacity of programs & detect gaps in service areas;

- Ensuring that OAA funding is not used to supplant other funds; and

- Developing capacity and fostering the development and implementation of comprehensive and coordinated systems to serve older individuals

OAA Nutrition Services are the only federal programs that provide meals rather than groceries or the funds to buy groceries.

- Many older adults have functional impairments that make them unable to prepare meals

- 76% of Home-Delivered Nutrition clients need the help of another person to prepare a meal

Consumer Input on Reauthorization

Most open process in ACL/AoA's history
- More than 60 listening sessions; online input

- Represented interests of thousands of consumers of OAA services

Consistently heard:
- OAA "not broken" – works well

- Helpful, flexible, and responsive to individual/community needs – whether person lives in a very rural/frontier area or an urban center

- National aging services network structure "glue" that holds everything together

- Meeting the goals established by Congress – only needs minor enhancements

Based on input, principles & proposals were developed.

Links to ACL Funding & Program Info

- **Aging Data**: http://www.acl.gov/Data_Outcomes/Index.aspx#Data_and_Statistics

- **Authorizing Statutes:** http://www.acl.gov/About_ACL/AuthorizingStatutes/Index.aspx

- **Budget Documents**: http://www.acl.gov/About_ACL/Budget/Index.aspx

- **Funding Opportunity Announcements:**
   http://www.acl.gov/Funding_Opportunities/Announcements/Index.aspx

- **Program Evaluations**:
   http://www.acl.gov/Data_Outcomes/Index.aspx#ProgramResults_Evaluation

- **Publications & Reports:**
   http://www.acl.gov/NewsRoom/Publications/Index.aspx#AoAPubs

National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)

Mission

- To **generate knowledge** and to **promote its effective use** to improve the abilities of individuals with disabilities to perform activities of their choice in the community; and

- To **expand society's capacity** to provide full opportunities and accommodations for its citizens with disabilities.

Organization

- Organization of 30 employees
- Comprised of 3 work units:
  - Office of the Director (5)
  - Research Sciences (16)
  - Research Administration and Evaluation (9)

Who We Serve and What We Do

- We serve populations across the life-span and cross-disability

- We do research and development, knowledge translation, and capacity building
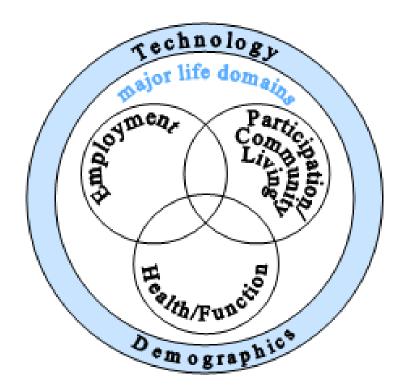
Research Collaborations

- More than 20 interagency agreements and MOUs.
  - VA
  - CDC
  - SAMHSA
  - Access Board
  - AHRQ
  - DoT

Strategic Investments

- Disability Statistics
  - Development and implementation of common disability measures
  - Annual Compendium on Disability Statistics
  - Inter-agency data sharing
- Improving individual access
  - Universal design
  - Web access
  - Cloud computing

Outcome Domains

Funding Priorities

- Increased investment in field-initiated research
    - NIDILRR defines outcome domain/target population
    - Allows more diversity of applicants
    - Larger applicant pool; optimized quality and relevance
- Agency-directed research
    - Respond to current opportunities and needs
    - Long-standing strategic investments

Monitoring

- Annual Performance Report
  - Intended outcomes
  - Project progress
  - Production of outputs
  - Use of outputs

Priorities for FY15

- Field-Initiated Disability and Rehabilitation Research Projects
  - Community Living and Participation
- Disability and Rehabilitation Research Projects
  - Knowledge Translation Center on Employment
  - Knowledge Translation to Translate Research Findings Into Practice
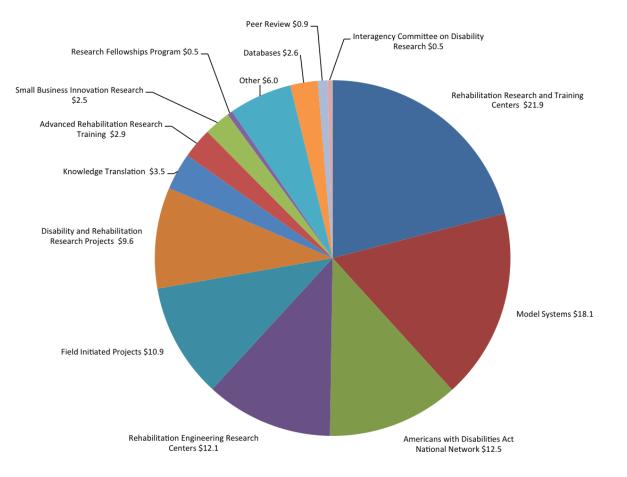 - Universal Design

Priorities for FY15

- Rehabilitation Research and Training Centers
  - Employer Practices and Policies Leading to Successful Employment Outcomes for Individuals with Disabilities
  - Employment Policy and Measurement
  - Enhancing the Quality of Services to Individuals with Mental Illness
  - Employment for Blind and Visually Impaired Individuals
  - Measuring Outcomes for Home and Community Based Services
- Field-Initiated Rehabilitation Engineering Research Centers
  - Mobility and Manipulation
  - Physical Access and Transportation
  - Information and Communication Technologies Access

Grant Mechanisms

- Mary Switzer Research Fellowships (84.133-F)

- Advanced Rehabilitation Research Training (84.133-P)

- Field-Initiated Projects (Research and Development) (84.133-G)

- Small Business Innovation Research Grants (84.133-S)

- Rehabilitation Research and Training Centers (84.133-B)

- Rehabilitation Engineering Research Centers (84.133-E)

- Disability and Rehabilitation Research Projects (84.133-A)

- Model Systems (84.133-A & 84.133-N)

- *ADA* Technical Assistance Centers (84.133-A)

- Knowledge Translation Centers (84.133-A)

Distribution of Resources

- Peer Review $0.9
- Interagency Committee on Disability Research $0.5
- Research Fellowships Program $0.5
- Databases $2.6
- Small Business Innovation Research $2.5
- Other $6.0
- Advanced Rehabilitation Research Training $2.9
- Rehabilitation Research and Training Centers $21.9
- Knowledge Translation $3.5
- Disability and Rehabilitation Research Projects $9.6
- Field Initiated Projects $10.9
- Model Systems $18.1
- Rehabilitation Engineering Research Centers $12.1
- Americans with Disabilities Act National Network $12.5

Interagency Committee on Disability Research

- The mission of the ICDR is to promote a cohesive, strategic federal program of disability and rehabilitation research by brokering partnerships and facilitating coordination and collaboration among federal departments, offices, and agencies conducting disability, independent living, and rehabilitation research and related activities.
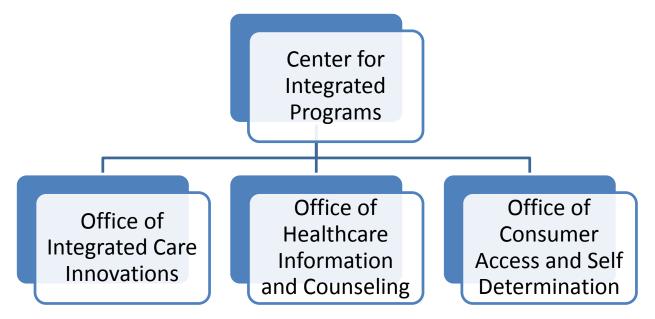
Disability, Independent Living, and Rehabilitation Research Advisory Council

- Facilitate representative stakeholder input on an array of NIDILRR activities

- Focus on strategic planning and communications

- Representation from the fields of disability, independent living, rehabilitation professionals, business, assistive technology and the community of individuals with disabilities

- One-half of the membership will be individuals with disabilities

Contracts

- National Rehabilitation Information Center
  - Database of NIDILRR-funded projects (http://www.naric.com/)
- AbleData
  - Assistive technology resource information (http://www.abledata. com/)
- NIDILRR's Web-based Reporting System
  - Grantee's annual and final reporting system and NIDRR's primary source of grantee data
- Web Accessibility Initiative
  - Support of the World Wide Web Consortium (W3C)
- Peer Review
- Management Support Contract
  - Support administrative strategies and information systems NIDRR has developed to implement management excellence and accountability requirements.

Center for Integrated Programs (CIP)

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                    │   Integrated    │
                    │   Programs      │
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   │ Integrated    │ │  Healthcare   │ │   Consumer    │
   │     Care      │ │  Information  │ │ Access and Self│
   │  Innovations  │ │ and Counseling│ │ Determination │
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This Center bridges the aging and disability centers and handles the programs that address both portfolios. It leads ACL's administration of consumer access and protection programs, as well as programs and initiatives that promote the use of self-directed and person-centered service models, for both older adults and people with disabilities, as well as caregivers and families of both. The Center manages over 147 million in discretionary and mandatory funds and issues about 550 formula and discretionary grants annually.

Office of Duals Demonstration Ombudsman Technical Assistance

- Providing technical assistance (TA) to help targeted states develop effective Ombudsman Programs for Medicare-Medicaid beneficiaries ("duals") enrolled in the demonstrations under the CMS Financial Alignment Initiative.
  - Financial Alignment Initiative is an ACA program, the goal of which is to develop more integrated ways of paying for and delivering health care to dual eligibles.
  - CMS provides funds to ACL through an interagency agreement to provide a range of technical assistance to the states that receive duals demonstration Ombudsman grants from CMS.

Aging and Disability Network Development

- ACL's work in this area focus on building the business skills of state and community-based aging and disability organizations for contracting with integrated care entities (health plans, accountable care organizations, health systems, physician practices, hospitals and more) so that they can survive and thrive amidst delivery system reforms around the country.

- We provide both broad-based and targeted technical assistance to CBOs (and networks of CBOs) on topics such as developing service packages, building value propositions, collecting and using data, and more.

CIP - Office of Healthcare Information and Counseling

Program	FY 2015 Funding	FY 2016 Request
SMP – OAA Funds	$8.9 M	$8.9 M
SMP – HCFAC Funds	$8.7 M	$10.7 M[1]
SHIP	$52.1 M	$52.1 M
MIPPA	$25 M	$37.5 M[2]

1: HCFAC Funds are not part of the President's Budget Request. There is a separate HCFAC funding request process each year.

2: MIPPA was not part of the President's Budget Request. Funding for the program in FY 16 and FY 17 comes from the *Medicare and CHIP Reauthorization Act* (MACRA).

Senior Medicare Patrol (SMP) Program

- Is an education and prevention program aimed at educating Medicare beneficiaries on preventing, identifying, and reporting health care fraud

- Provides grants to 54 grantees (all states, Puerto Rico, Guam, DC, and US Virgin Islands)

- Oversees a network of more than 5,000 volunteers

- Provides a direct link from Medicare Beneficiaries to Fraud Investigators

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State Health Insurance Assistance Program (SHIP)

- Is intended for Medicare beneficiaries who prefer or need information, counseling, and enrollment assistance beyond what they are able to receive on their own

- Provides grants to 54 grantees (all states, Puerto Rico, Guam, DC, and US Virgin Islands)

- Oversees a network of more than 3,300 local SHIP program and over 15,000 counselors (57% volunteers)

- 2/3 are located under State Units on Aging; 1/3 located under the State Department of Insurance.

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Medicare Improvements for Patients and Providers Act (MIPPA)

- Provides funding to:
  - SHIP Grantees
  - Aging and Disability Resource Centers
  - Area Agencies on Aging
  - Tribes
- Funding used for helping low income beneficiaries get access to their benefits
- Separate funding provided to the National Center for Benefits Outreach and Enrollment, currently at the National Council on Aging (NCOA)

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CIP - Office of Consumer Access and Self-Determination

Program	Annual Funding (FY15)
Aging & Disability Resource Centers / No Wrong Door Systems*	$6,119,000
Assistive Technology (not including PAAT)	$28,700,000
Inclusive Community Transportation Program**	$ 1,000,000
Lifespan Respite Program	$2,360,000
Veteran Directed Home & Community Based Services Program (VD-HCBS)***	Funding in ADRC/NWD System line item. VA pays operating costs. ACL provides TA.
Total	$38,179,000

*The ADRC/NWD System funding includes $141,250 that is used for I&R and $141,250 was used for VD-HCBS TA.

**The Inclusive Community Transportation Program funding is in the Administration for Disability under the Projects of National Significance. The program is led and administered through OCASD.

***The VD-HCBS program infrastructure development is led by OCASD and the VA. The funding for TA is in the ADRC/NWD System line item.

Aging & Disability Resource Centers / No Wrong Door System

Purpose

o Help states transform their LTSS systems into a "No Wrong Door" system, where anyone seeking information on services can be connected to the full range of community-based options available to help them remain in the community.

What is it?

o ACL, CMS & the Veterans Health Administration have partnered since 2003 to support states' efforts to develop coordinated systems of access to make it easier for consumers to learn about and access LTSS.

o To date, ACL, CMS or VHA have invested over $100.0 million across 56 states and territories to help streamline access to LTSS.

o There are currently 24 states that are implementing a statewide No Wrong Door System

Key Findings and Early Learnings

o In 2009, the average annual expenditure for state institutions (ie: nursing homes) was $188,318, compared to an average of $42,486 for Medicaid-funded home and community-based services.

o The ADRC framework has been embedded into AARP's State Scorecard on LTSS for Older Adults, People with Physical Disabilities, and Family Caregivers for in the *Affordability and Access Domain*

Find Out More and Access Products:

http://www.acl.gov/Programs/CIP/OCASD/ADRC/index.aspx

http://adrc-tae.acl.gov/

Assistive Technology

The Assistive Technology Act of 1998, as Amended (AT Act, P.L. 108-364) provides all 56 states and territories with financial assistance that supports programs designed to maximize the ability of individuals with disabilities to obtain AT devices and services. Below are the required activities that support individuals of all ages through comprehensive statewide programs of technology-related assistance.

- State-Level Activities
    - State Financing – cash loan or other activities that directly provide AT or provide savings.
    - Device Reutilization – exchange, refurbish/reassign, open ended loan of AT devices.
    - Short-Term Device Loan – for decision-making, while a device is being repaired, waiting for funding, short-term accommodation, or professional development.
    - Device Demonstration – compares features and benefits to determine the correct and appropriate AT device needed.
- State Leadership Activities
    - Training and Public Awareness
    - Information and Assistance (Referral)
    - Coordination and Collaboration

ACL Transportation Research and Demonstration Program

- **Purpose:** identify proven models and approaches that can be used by states and communities across the country to empower people with disabilities and older adults to be actively involved in the design and implementation of coordinated transportation systems in ways that successfully make those systems responsive to the needs of these populations.

- **Small Demonstration Community Demonstration Project**
    - Round I – 65 applications and 17 awarded for 6 month projects to design inclusive process and demonstrate use
    - Round II – 7 community projects chosen from pool of 17 – to further identify inclusive process and improvements /enhancements to transportation systems that make them more responsive to the people they serve.

- **Find More at** www.transitplanning4all.org &
  http://www.acl.gov/Programs/CDAP/OIP/Transportation/index.aspx

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Lifespan Respite Care Program

- **Purpose -**Expand and enhance respite services to family caregivers; improve statewide dissemination and coordination of respite care; and provide, supplement, or improve access and quality of respite care

- **What is Lifespan Respite?-** "coordinated *systems* of accessible, community-based respite care services for family caregivers of children or adults with special needs." Respite is "planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver.."

- **Current Activity -** 32 states and the District of Columbia have Lifespan Respite Care Programs that together have served more than 2,000 caregivers. A Technical Assistance Resource Center provides grantees with additional support.

- **Find Out More and Access Products**
  - http://www.acl.gov/Programs/CDAP/OIP/LifespanRespite/index.aspx
  - http://archrespite.org/ta-center-for-respite

Veteran Directed Home and Community Based Services Program (VD-HCBS): A Partnership with the Veterans Health Administration

- **Purpose –** provide Veterans a self-directed LTSS option which gives them choice and control over their LTSS provided by the VHA.

- **What is it?** Veterans receive a flexible service budget they can use to hire family friends and neighbors to provide LTSS or purchase goods and services. Veterans also receive facilitation services from a trained counselor and financial management support. Veterans determine how to use their VD-HCBS budget and hire/fire and direct their employees.

- **Find Out More and Access Products**
  - http://www.acl.gov/Programs/CDAP/OIP/VDHCBS/index.aspx
  - http://www.va.gov/GERIATRICS/Guide/LongTermCare/Veteran-Directed_Care.asp
  - www.adrc-tae.acl.gov