

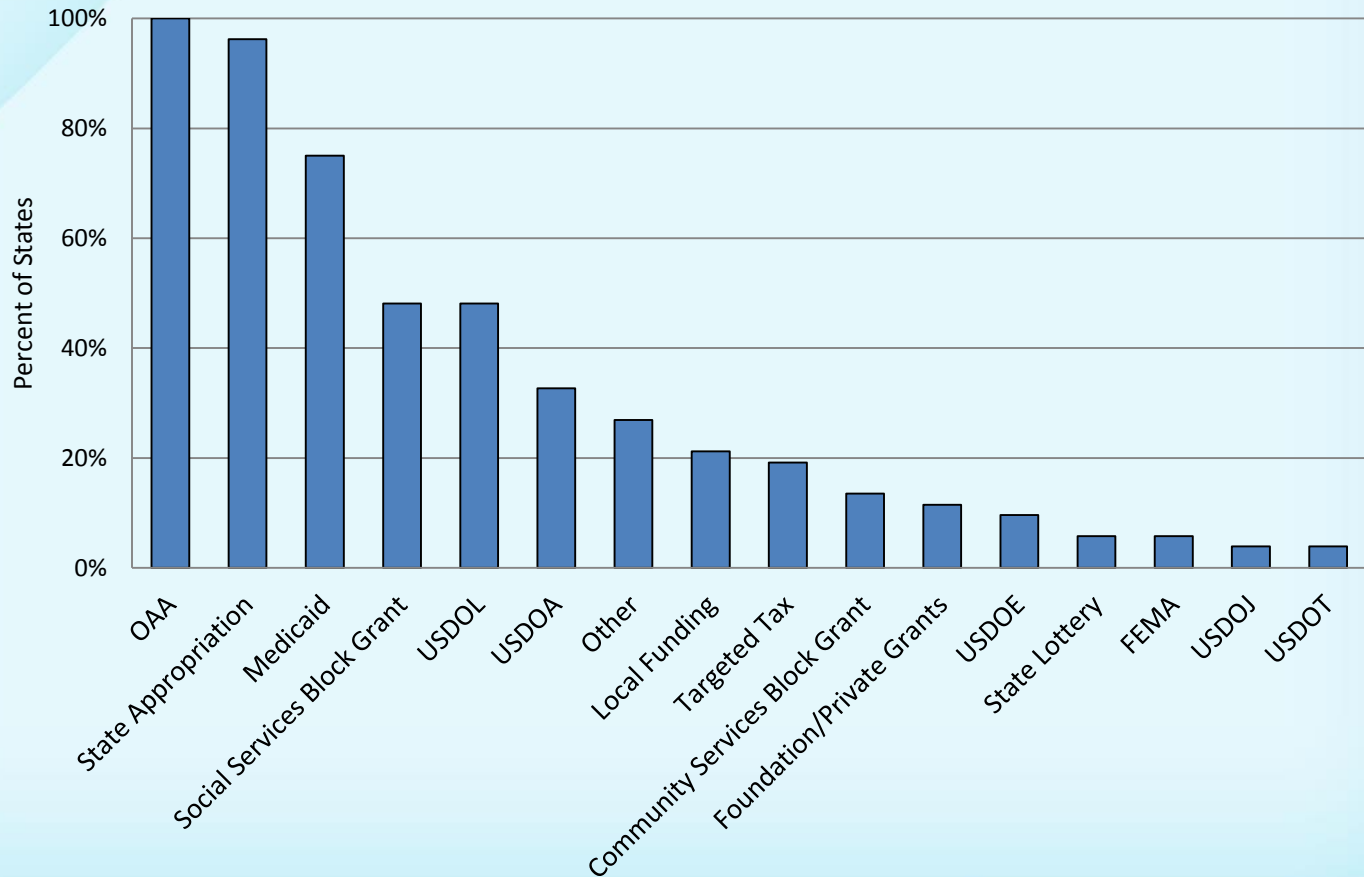


2014

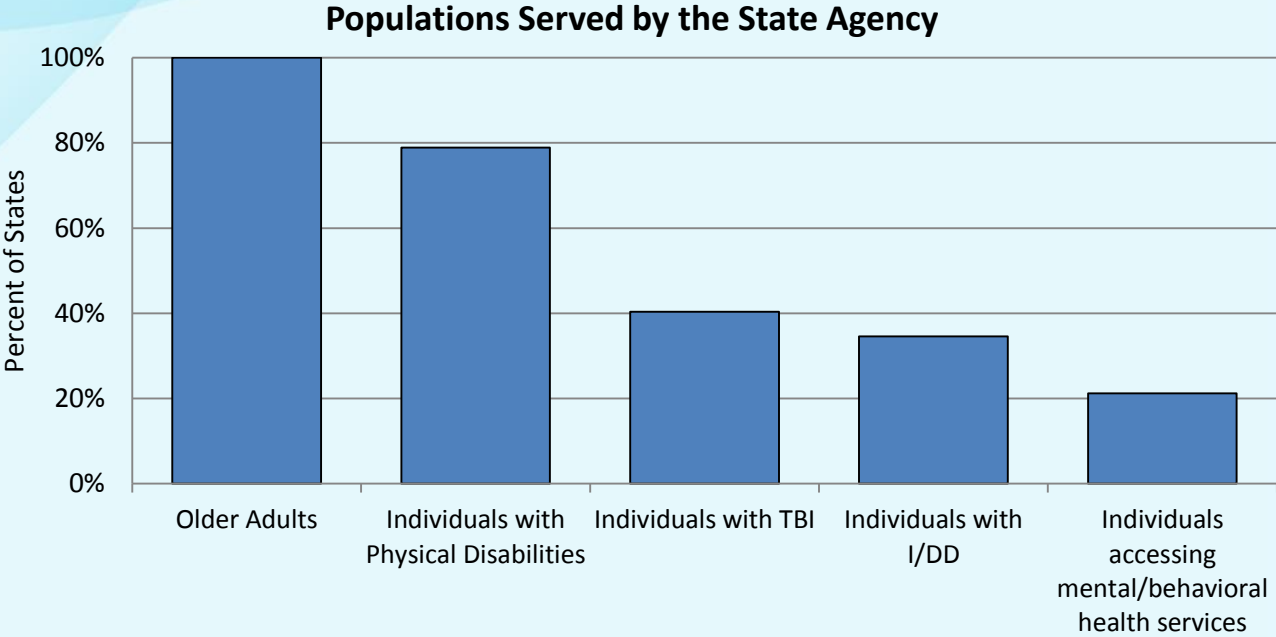
State of Aging and Disabilities
Preliminary Results

1. States Are Relying on a Variety of Funding Sources to Pay for LTSS

State Agency Funding Sources for FY 2013

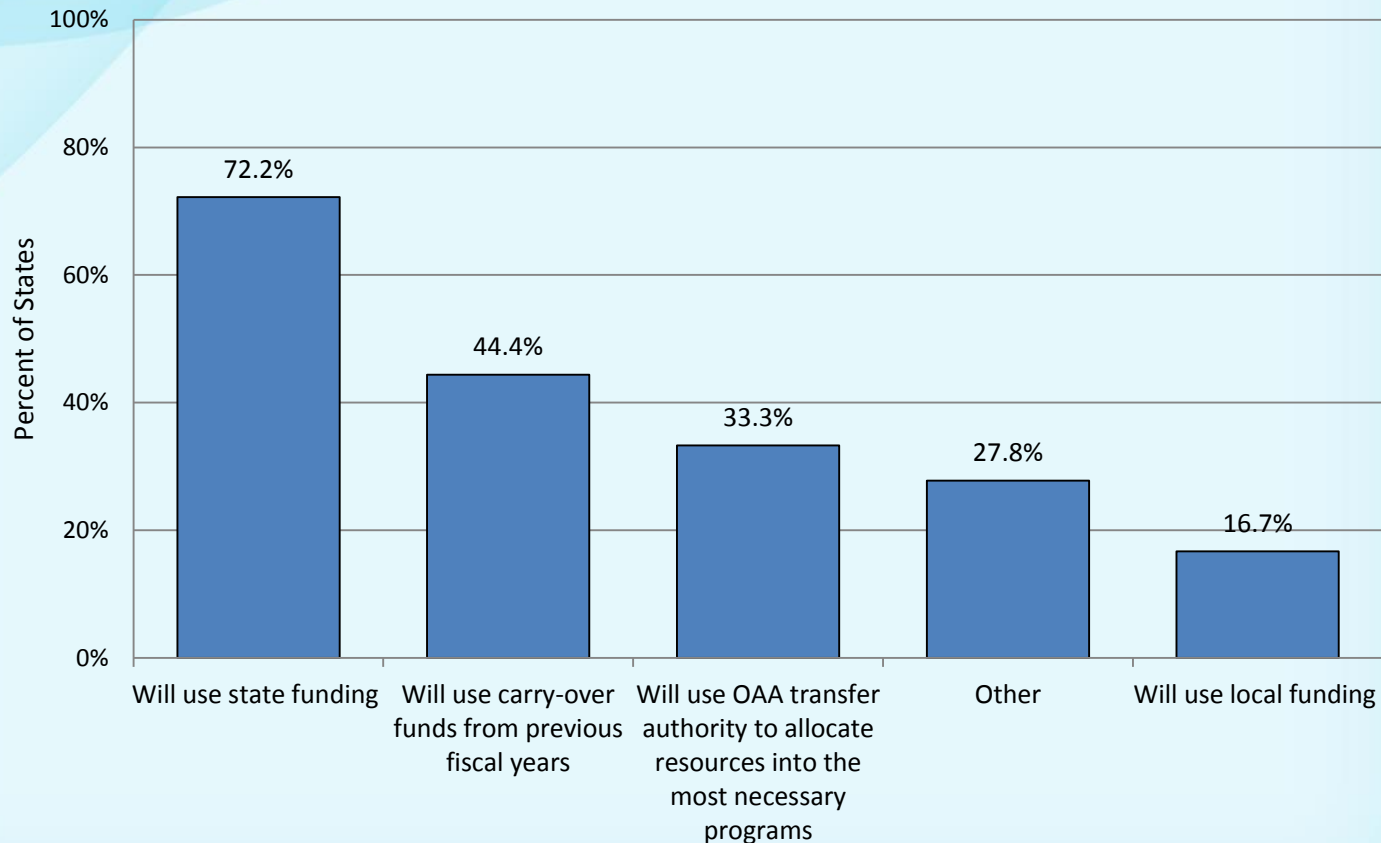


2. Populations Served by State Agencies on Aging and Disabilities Continue to Expand



7. States were able to make up the gap caused by sequestration for this year, but predictions for next year remain unclear

Funding Sources the State Agencies will Rely on to Close the Funding Gap caused by Sequestration

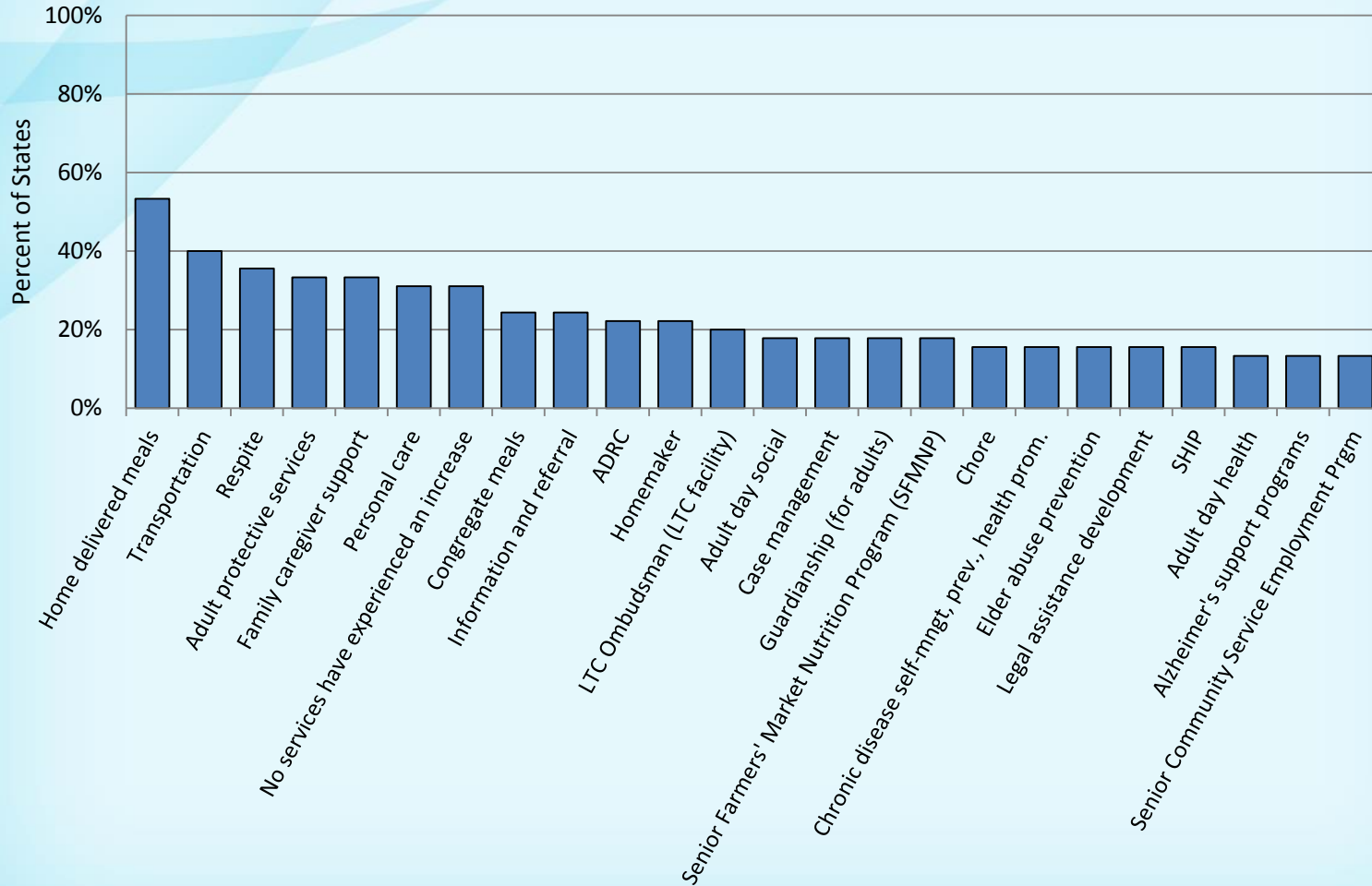


8. States are now making programmatic changes to offset funding cuts

Programmatic changes implemented by states to various OAA program areas					
	IIIB	IIIC1	IIIC2	IIIE	VII
	% of States	% of States	% of States	% of States	% of States
Served fewer people	90.0%	90.0%	80.0%	80.0%	50.0%
Closed the program to new clients	50.0%	50.0%	50.0%	0.0%	0.0%
Created new waitlists	55.6%	66.7%	66.7%	66.7%	22.2%
Eliminated waiting lists	0.0%	0.0%	0.0%	0.0%	0.0%
Cut services	80.0%	100.0%	100.0%	100.0%	60.0%
Reduced the number of locations where the program is provided	33.3%	100.0%	66.7%	0.0%	0.0%
Closed the program	50.0%	50.0%	0.0%	0.0%	0.0%

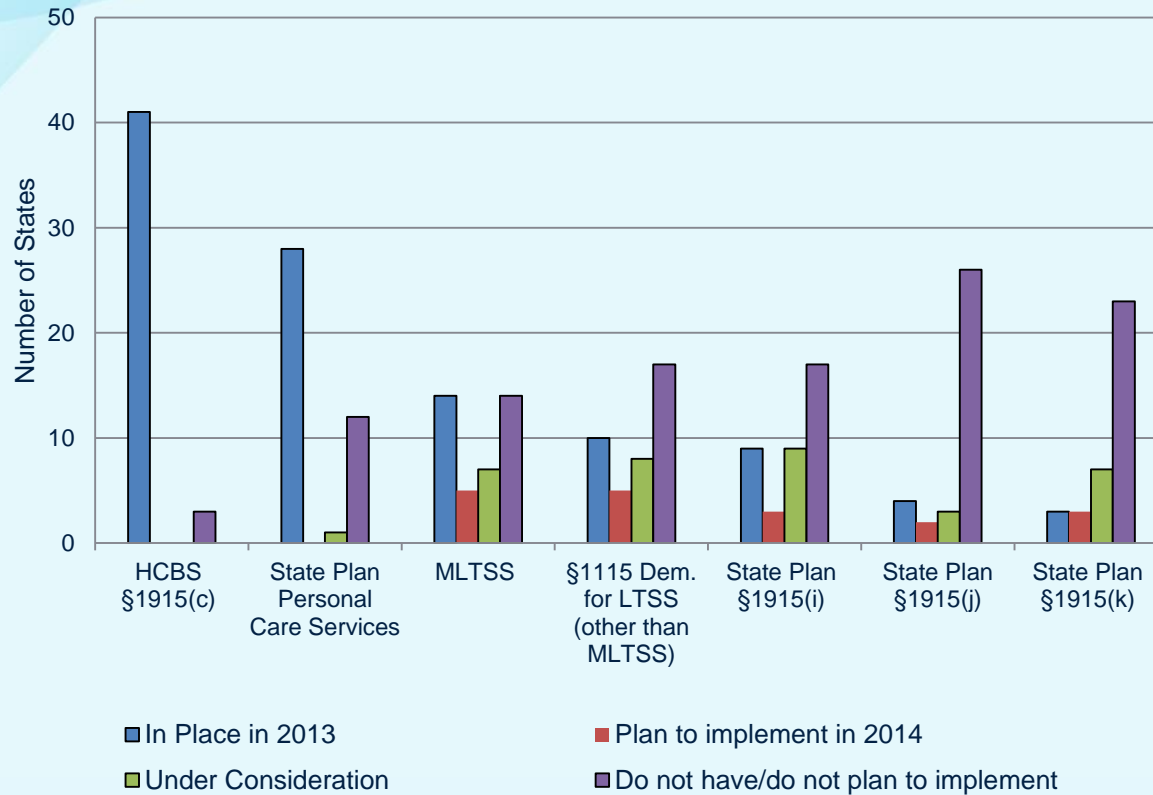
10. While funding decreased, service requests increased

Increases in service requests since sequestration began on March 1, 2013

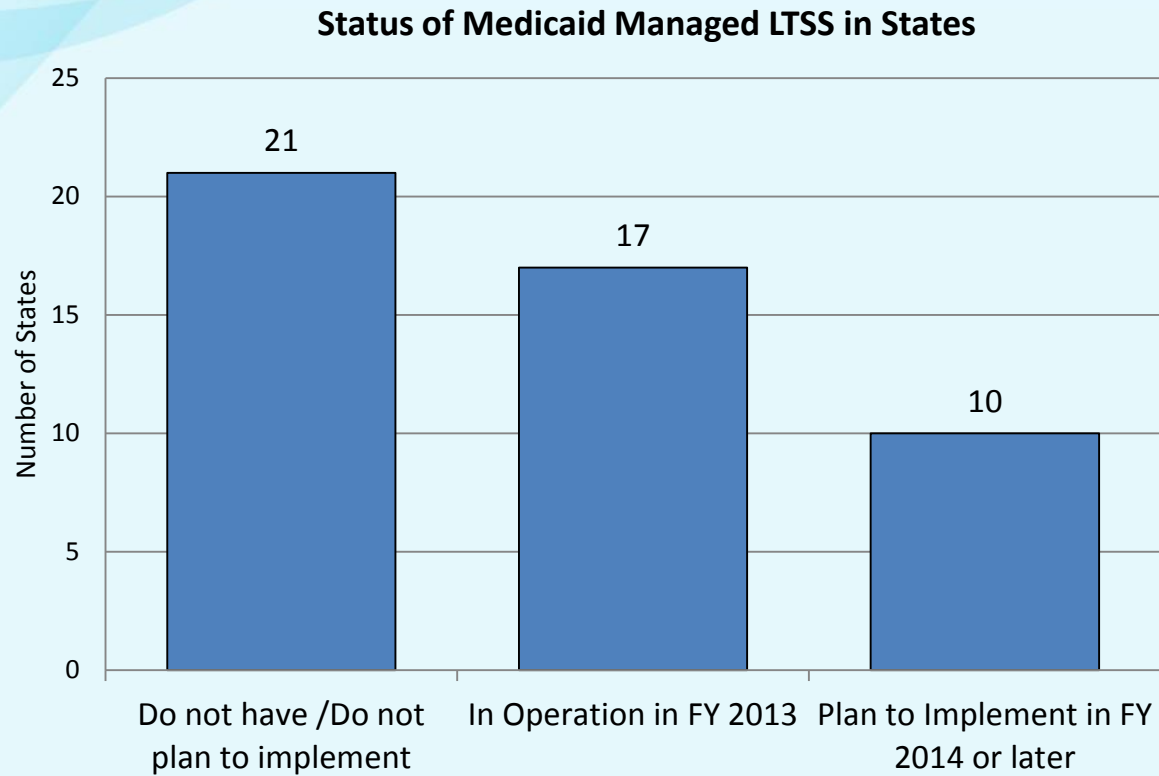


11. Many changes are occurring in LTSS Medicaid

Status of Medicaid Waiver Options in States

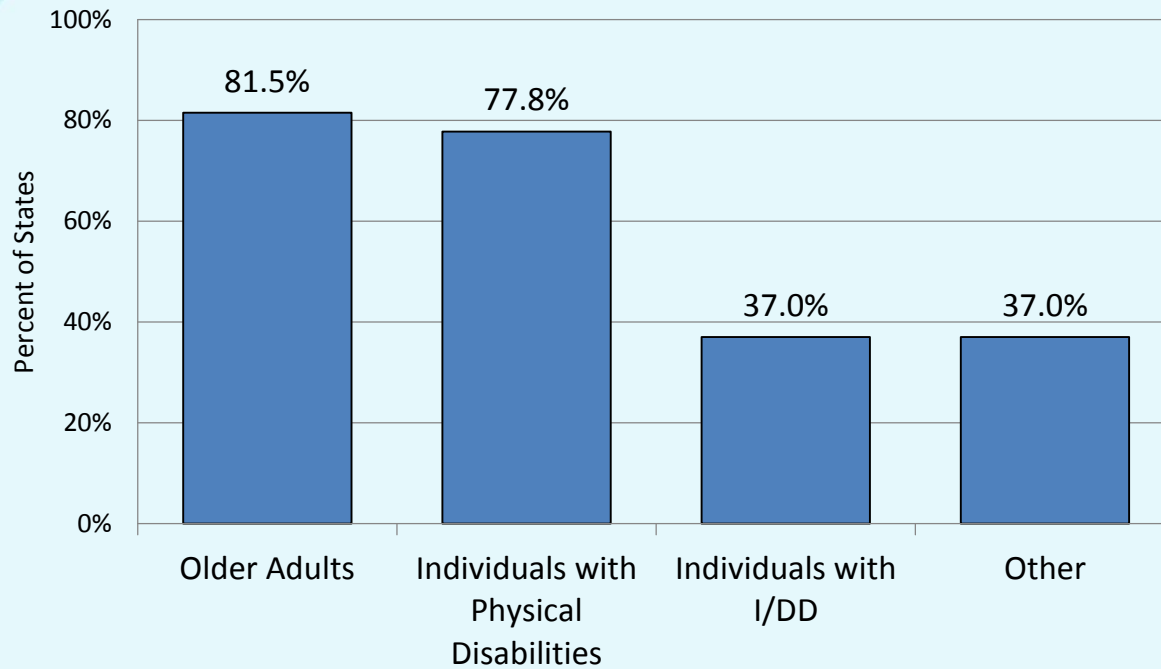


12. Medicaid Managed LTSS continues to expand



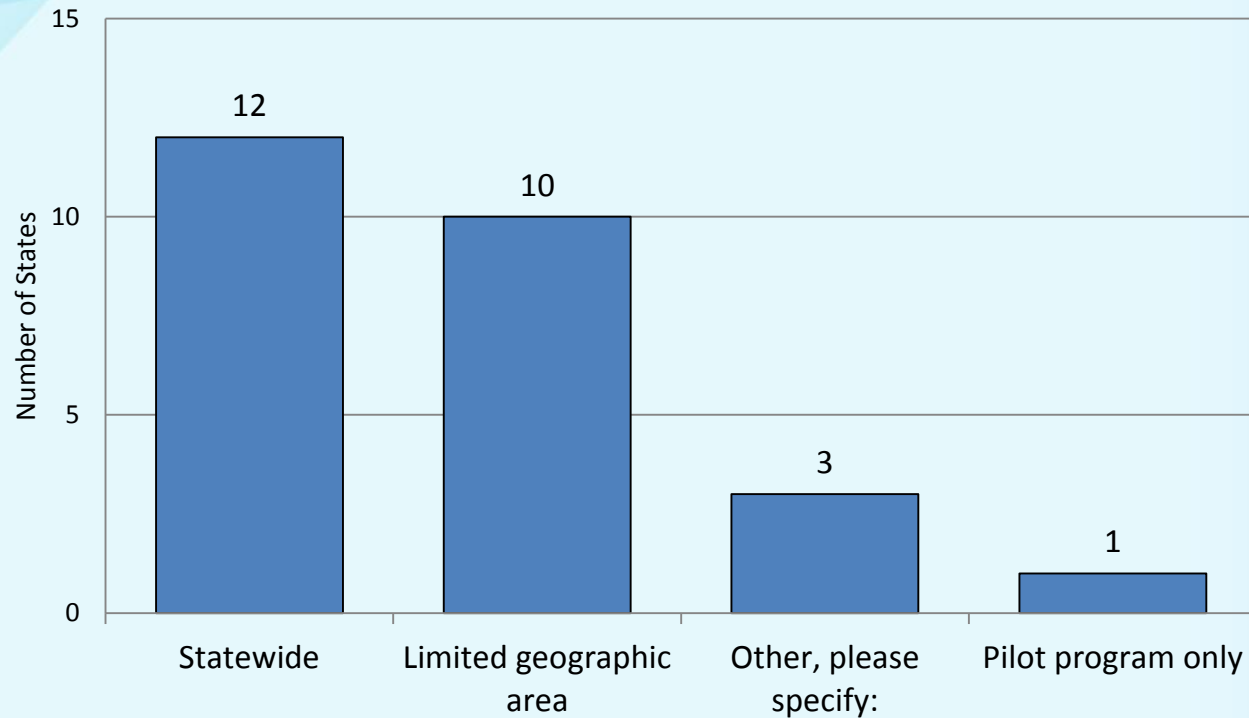
13. Most states include seniors and individuals with physical disabilities in their Medicaid Managed Plans

Groups Currently Eligible /that will Be Eligible for Medicaid MLTSS Programs



16. States are choosing a variety of ways to implement the program geographically

Geographic area currently served by Medicaid MLTSS program



Adult Protective Services

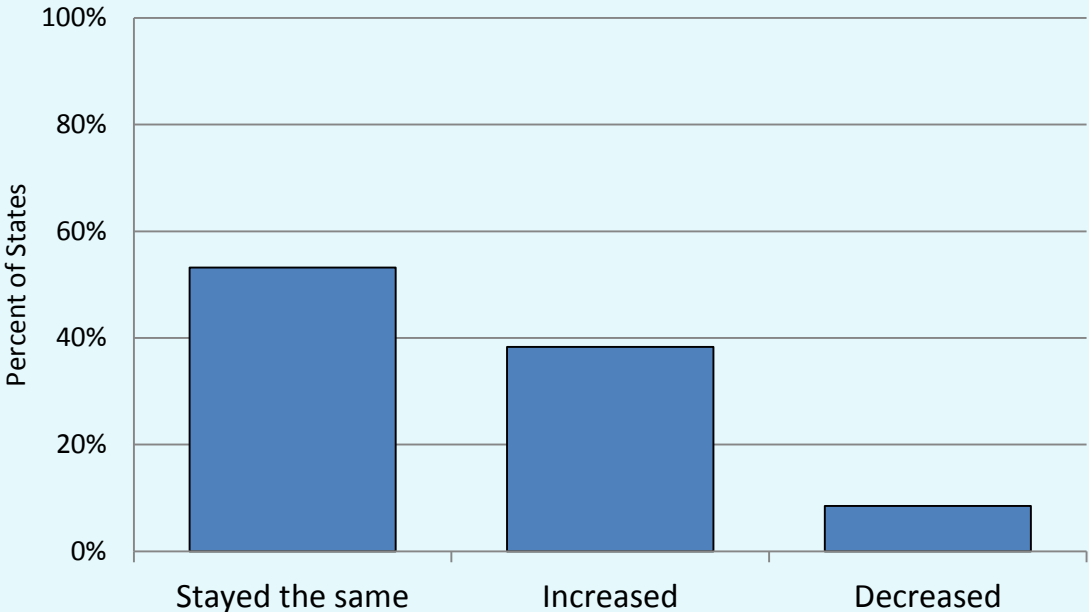
Elder Justice Act was passed as part of the Affordable Care Act....but it has never received funding.

There is no dedicated federal funding to support this critical program...

The next few slides indicate why we need all of you to call your Congressman and Senators and ask for their support

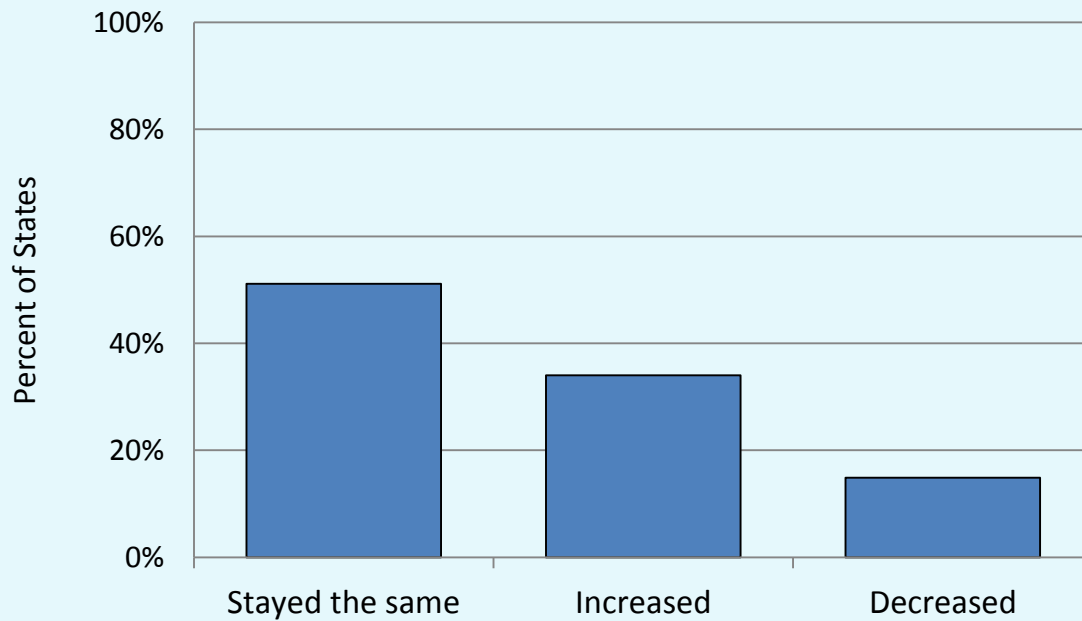
APS budget levels have stayed the same or level funded in 60% of the states since 2012

**Statewide Change in APS Program Budget Levels
(Since 2012)**



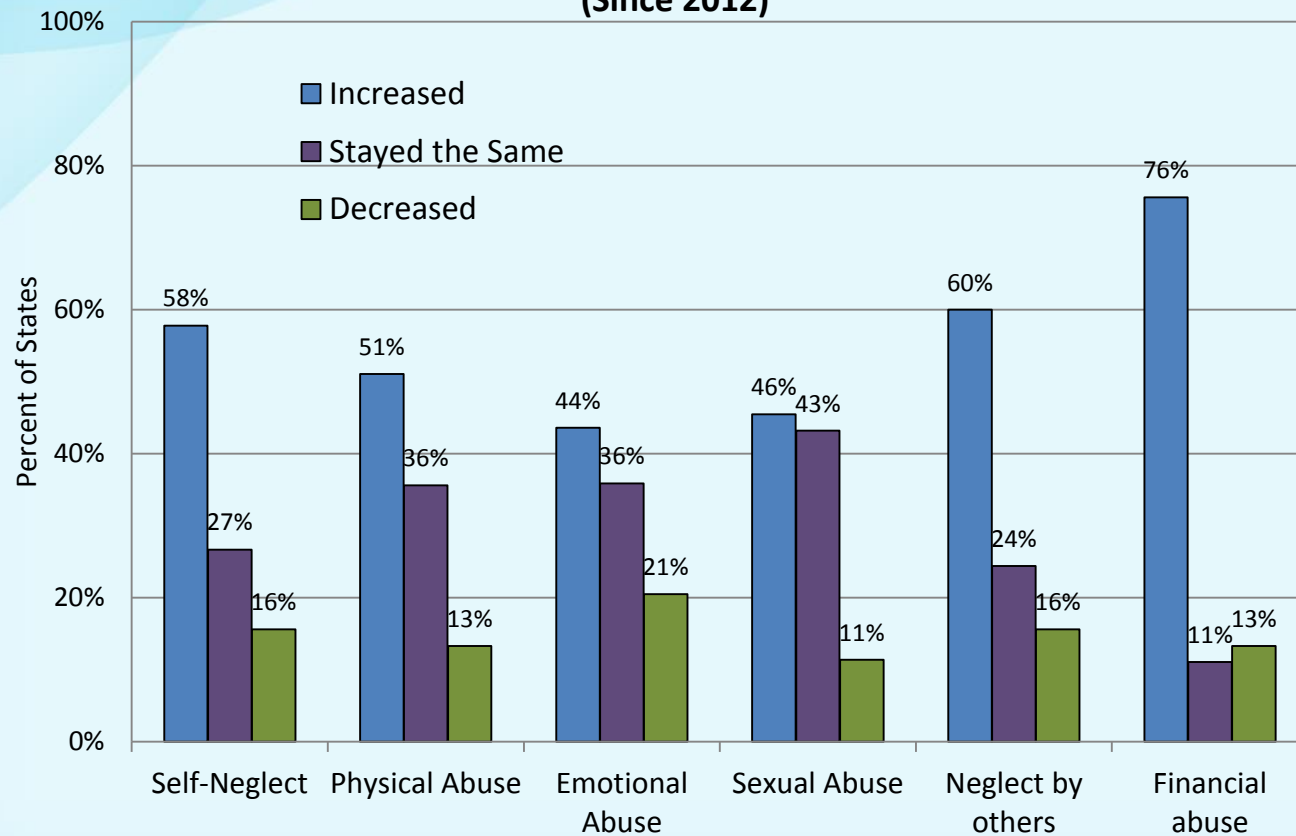
APS Staffing levels have stayed the same or decreased in nearly 60 percent of the states

**Statewide Change in APS Program Staffing Levels
(Since 2012)**



While at the same time, states are reporting increases in nearly every category of abuse

**Statewide Change in Number of APS Reports by Category
(Since 2012)**





NASUAD's 2014 Policy Principles

NASUAD's Policy Principles 2014

- **OAA Reauthorization and Modernization**
Support efforts to modernize the OAA, including through a bipartisan, bicameral reauthorization process.
- **FY15 Appropriations**
Work with lawmakers to adequately fund, safeguard access to, and maintain state flexibility within, long-term services and supports programs
- **Federal Deficit Reduction**
Support responsible approaches to short and long-term federal deficit reduction efforts that do not threaten the health, well-being, or independence of older adults and individuals with disabilities.
- **Health and Economic Security**
Promote individual health and economic security for all, regardless of age or ability
- **Build Network Capacity**
Ensure the capacity of long-term services and supports systems to meet the needs of growing and increasingly diverse populations
- **LTSS Systems Transformation**
Support efforts to prepare evolving, innovative state LTSS systems to meet an increased demand for services amid a rapidly changing health care landscape



OLDER AMERICANS ACT REAUTHORIZATION

NASUAD's OAA Reauthorization Priorities

Build the capacity of state agencies to meet the needs of seniors, their families, and caregivers

- Update the OAA to reflect the needs of current and future seniors by increasing the statutorily authorized funding levels for all titles of the OAA
- Increase the allowable percentage of administrative funding for states from five to ten percent, or from \$500,000 to \$700,000, whichever is greater
- Embed evidence-based health promotion and disease prevention programs as a core service of the Act

Increase state flexibility in administering OAA programs

- Merge Title III C-1 and C2 funding into one category
- Expand the range of Title III services for which cost-sharing is permitted, continuing to exclude low-income individuals from payments
- Clarify that LTCO may serve all residents of nursing facilities, regardless of age
- Add “parent caregivers” to NFCSP eligibility

Incorporate person-centered language, objectives, and goals into the OAA

- Update OAA language, objectives, and goals to reflect the Network's role in meeting the needs of populations unanticipated by the Act
- Update language to account for the unique family structures and collective experiences of underserved, vulnerable communities of all racial and ethnic groups, as well as LGBTQ older adults
- Include provisions that promote cultural linguistic competence for all racial and ethnic groups, as well as LGBTQ older adults
- Highlight the need for the provision and funding of special meals stemming from a religious requirement, ethnic consideration, or health conditions.

OAA Reauthorization Timeline

- Winter 2010: AoA Listening Sessions
- Winter 2010-Spring 2011: Groups survey members, write and release recommendations
- Summer 2011: Senate HELP Subcommittee holds Listening Sessions
- September 30, 2011: OAA “expires”
- Fall 2011: AoA shares technical assistance with the Hill
- 2012: Sanders priorities’ bill introduced in Senate early; compilation bill of Senate Dems introduced in the fall
- May 23, 2013: Streamlined Sanders bill (S. 1028) introduced
- July-September 2013: Senate Bipartisan working group meetings
- September 30, 2013: Senate Bipartisan bill introduced (S. 1562)
- October 30, 2013: Senate HELP Committee Unanimously Approved S. 1562
- Fall 2013 – Spring 2014: Senate Bipartisan Funding Formula working group met
- January 2014: Off-Committee House members introduce bipartisan “straight” reauthorization (HR 3850)
- February 2014: On-Committee House Democrats introduce bill (HR 4122) that builds upon S. 1562
- February 2014: House hearing on OAA
- Spring 2014: Senate Bipartisan Funding Formula working groups talks stall

What's in S. 1562?

- Reauthorizes the OAA through 2018
- Authorization levels are spared from cuts
- Updates definitions of “adult protective services,” “abuse,” “exploitation and financial exploitation,” and “elder justice”
- Allows ombudsmen to serve all residents of LTC facilities, regardless of age
- Updates the definition of “Aging and Disability Resource Center,” including an emphasis on independent living and home and community based services
- Clarifies current law that older adults caring for adult children with disabilities and older adults raising children under 18 are eligible to participate in the Family Caregiver Support Program
- Emphasis on Evidence-based Programs, preventing fraud and abuse, and health and economic welfare

Status of Reauthorization

- Senate HELP Committee unanimously endorsed S. 1562 on October 30, next procedural step would be full Senate consideration. But....
- During the markup, Sen. Burr (R-N.C.) introduced an amendment to S. 1562 that would have eliminated the FY06 Hold Harmless provision in the Title III Funding Formula.
- Funding Formula debates are notoriously controversial, as some states necessarily gain funds, while others see funding decreases.
- Though the amendment failed, several Senators expressed concern about the current formula, and HELP Committee Chairman Tom Harkin (D-Iowa) agreed to form a Working Group to explore these issues in more detail, in advance of full Senate consideration of S.1562.
- The Working Group met for several months. It was comprised both HELP Committee members and Senators who are off-Committee. The composition of the group and the content of their meetings was being kept confidential, per the Working Group's decision and in accordance with HELP Committee rules.
- The negotiations reached an impasse at the end of March, leaving the funding formula issue unresolved.
- Meanwhile, two bills have emerged from the House (HR 3850, HR 4122). Movement in the lower chamber could reignite Senate negotiations, but next steps are unclear.
- There is growing consensus that the current Congress is the best opportunity for reauthorization that we will see in the next several years.
- Advocates are currently strategizing on how to build momentum and support for a bipartisan, bicameral reauthorization in 2014.

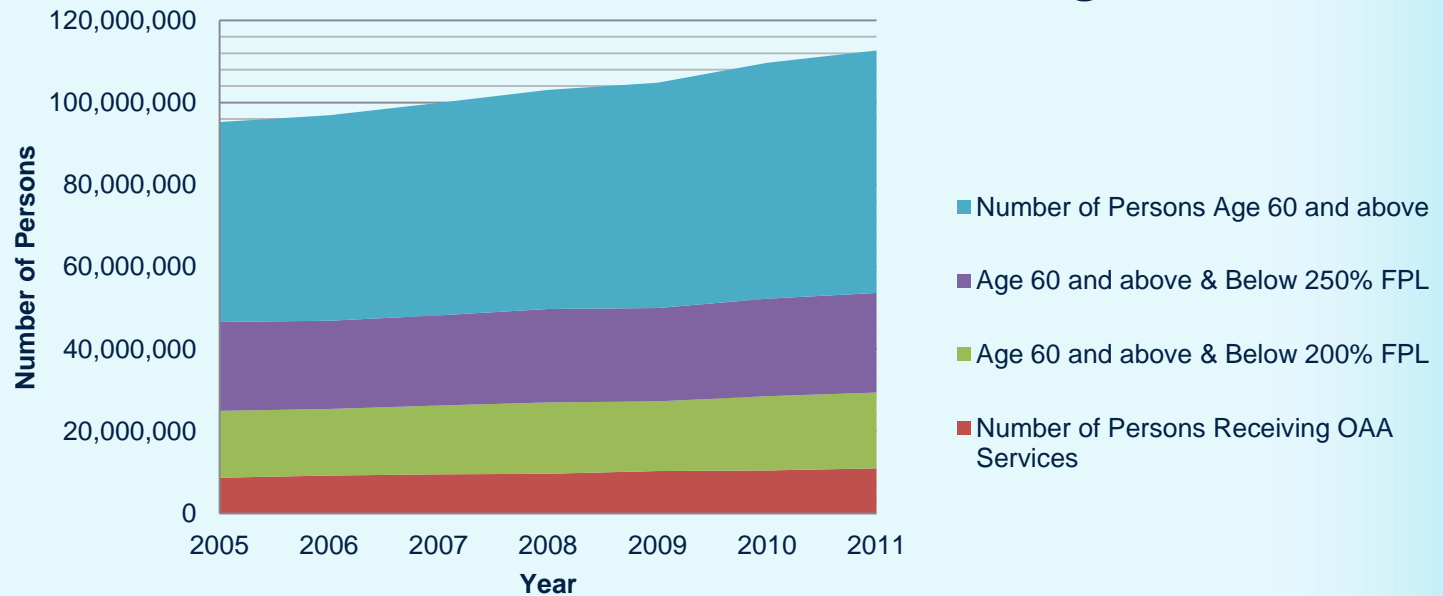
This is a very small window of opportunity, so STAY TUNED for advocacy opportunities in the coming weeks and months!!!



FY15 Appropriations

OAA Appropriations Have Not Kept Pace With Demand

Current OAA Clients and Potential Eligibles



Source: NASUAD Analysis of U.S. Census data (Current Population Survey) and AGid

How Did We Get Here? FY14 Funding

In December 2013, Congress approved and the President signed a two-year budget deal, the Bipartisan Budget Act (BBA, PL 113-67). The compromise measure partially rolled back the sequester for FYs 2014 and 2015, setting slightly increased topline spending levels for both years.

Passage of the BBA cleared the way for appropriators in both chambers to begin developing FY14 spending bills that adhered to its new, higher funding level. In allocating these dollars, Congressional appropriators had the same discretion they always do in deciding what programs to fund and by how much.

In January 2014, Appropriations Chairs Sen. Barbara A. Mikulski (D-Md.) and Rep. Harold Rogers (R-Ky.) released their trillion-dollar omnibus, which included all 12 annual appropriations bills and set funding levels for the remainder of FY14.

Under the deal, the majority of OAA programs received level funding, relative to FY13 post-sequester amounts. Several OAA programs saw small increases in FY14, but the bulk of the restored funding went to the Act's nutrition programs.

Additionally, the measure transferred mandatory dollars from the Affordable Care Act's Prevention and Public Health Fund to support activities at ACL, including Chronic Disease Self-Management (\$8 million); Elder Falls Prevention (\$5 million); and the Alzheimer's Disease Initiative (\$14.7). Further, the omnibus transferred the SHIPs from CMS to ACL.

Where Are We Now?

The President's FY15 Budget Request

In March, the Obama Administration released its FY15 budget request.

Under the Administration's FY15 budget request, most AoA programs would receive level funding, relative to the final FY14 (post-sequester) levels, which were set in January's omnibus appropriations bill.

The budget includes several new initiatives, including \$25 million to fund the Elder Justice Act at HHS; \$20 million each year, for five years, in mandatory funding for ADRCs; and \$3 million for the decennial White House Conference on Aging.

It also includes allocations from the Prevention and Public Health Fund, including \$5 million for Falls Prevention, \$8 million for Chronic Disease Self Management and \$10.5 million for the Alzheimer's Disease Initiative.

FY15 Appropriations Process Is Underway

Traditionally, each chamber releases a formal budget resolution in April. Though non-binding, these resolutions set the overall spending level for the applicable FY, and serve as the blueprint to guide the work of the appropriations committees.

But...! Last December's budget deal already did most of the work of a budget resolution, in that it established top line spending levels for FY15, making the need for the House and Senate to develop such plans for FY15 moot. Nevertheless, the House did produce a budget resolution that adheres to Republican priorities ("The Ryan Plan"), while Senate budget chair Patty Murray (D-Wash.) stuck to her original plan of offering no counterpart measure.

The entire appropriations process is still largely being driven by the December deal's framework.

Notably, the two-year deal reduced SOME of the effects of sequestration in FY14 and FY15, but did not provide enough relief to return all programs to pre-sequester levels, and is inadequate to address the growing need for services. As a result, FY15 will be another challenging year.

House and Senate appropriations Chairs have laid out an ambitious timetable for FY15 spending bills, with the goal of getting as many bills done as possible before the August recess. Several bills are already moving through the Committee process. Ideally, they would both like to enact all 12 spending bills individually by the Oct 1 start of FY15...though Congress hasn't done so in over 20 years!

The Labor-HHS bill, which funds the OAA, is the most contentious, and will likely be considered last, possibly after the November elections.

Our Top Asks in FY15: Appropriators are currently working on the bills... **NOW** is the time to weigh in!

- Restore All AoA programs to pre-sequester FY10 levels
- Adopt ACL's Elder Justice Initiative, and fully fund it at \$25 million in FY15. This funding is critical to begin to address the growing problems of elder abuse, neglect, and exploitation.
- Increase FY15 discretionary ADRC funding from \$6 million to \$16 million, in order to "bridge" expiring and future mandatory funding streams without compromising the program.
- Continue to allocate PPHF dollars to support Falls Prevention, CDSMP, and the Alzheimer's Disease Initiative.
- Reject the proposed restructuring of the Senior Corps programs, as well as the proposed cuts to SCSEP, CSBG, and LIHEAP.



For more information, please visit: www.nasuad.org

Or call us at: **202-898-2583**