

**UNITED STATES SENATE
SENATE SPECIAL COMMITTEE ON AGING**

Questions for the Record

“The Older Americans Act: Protecting and Supportive Seniors as They Age”

Assistant Secretary for Aging Lance Robertson

Senate Special Committee on Aging Hearing

May 8, 2019

Senator Robert Casey:

During the Senate Special Committee on Aging on May 8th, 2019, when questioned about the recently-announced reorganization of the Administration for Community Living (ACL) you stated, “we are not eliminating any programs, we are not reducing staff, we’re actually striving to be better in what we do and how we do it.” ACL’s mission is to increase access to community supports for older adults and people with disabilities, to maximize independence, well-being and health across their lifespan. In light of this mission, please address the following questions regarding the reorganization of ACL and the quality of services provided to older adults and people with disabilities.

- 1) Please provide a detailed explanation describing the impetus for the reorganization of ACL including when this plan was first proposed, who in the department was consulted, and any feedback both negative and positive that you received regarding the effects of such a change on the mission of ACL.**

Response: The reorganization of the Administration for Community Living (ACL) does not alter our mission. We are fully committed to community living for everyone regardless of age or disability. Just as the reorganization does not change our mission, it does not change ACL’s functions, authorizing statutes, programs, or funding. ACL will continue to provide program support and that support will remain a priority for ACL leadership and staff. Finally, the reorganization does not decrease the number of ACL’s full time equivalent employees.

ACL is focused on sound management and continuous quality improvement, and the reorganized structure is intended to assist in those efforts. This reorganization addresses four focus areas: reducing supervisor-to-staff ratios, standardizing nomenclature, operational and functional consistency, and improving efficiency given resource realities.

ACL regularly considers organizational and structural improvements for the agency. The agency requested feedback from senior staff on optimizing organizational performance during the fall and winter of 2018 and 2019. The plan was developed during the first quarter of 2019. The federal reorganization process includes review and approval by the

leadership of the Department of Health and Human Services and the Congressional notification was reviewed by the Office of Management and Budget.

Since the release of the reorganization plan, I have engaged with the aging and disability networks through multiple meetings and conferences calls. I have subsequently addressed concerns regarding the provision of technical assistance and training. Currently, these activities are provided virtually with periodic in-person visits and that approach will continue. Consultation with aging and disability networks have been positive with respect to expanding the regional administrator role to all 10 regional offices with responsibilities across both aging and disability. Discussions regarding the placement of intellectual and developmental disability programs across two offices have been productive. The reorganization balances the program work across three offices making the workload roughly equal. Collaboration and coordination across Administration on Disability (AoD) programs have been the expectation and that effort continues.

2) Did your experience as the former President for the National State Units on Aging and Disability (NASUAD) inform this reorganization? If so, how?

Response: This reorganization is based on my experience leading the Administration for Community Living over the last two years and my engagements with grantees and stakeholders. For over 20 years, I have worked with the aging and disability networks. Prior to my federal service, I served as the Oklahoma State Director for Aging Services and worked with the Oklahoma State Council for Developmental Disabilities, all of which included providing leadership for aging and disability programs at the state and local level funded by ACL and the Centers for Medicare & Medicaid Services. This and other experience over two decades provided additional insight as I developed a future course for ACL.

3) Did you communicate with officers or members of NASUAD about details of the reorganization in the week prior to the formal announcement of the Statement of Organization, Functions, and Delegations of Authority in the Federal Register on May 9, 2019? If so, with whom did you communicate and what details did you provide to those individuals?

Response: I spoke with NASUAD's Executive Director the afternoon before the Federal Register Notice was posted for public inspection on May 8, 2019. The decision to centralize the work of ACL's regional offices, which have served as the primary points of contact for state aging grantees, affected the largest number of personnel during the reorganization. My communication was to reassure NASUAD leadership that technical assistance and support would continue to be a priority for ACL programs and that states would retain a high level of customer service with the reorganization. Stakeholder calls with a wide range of aging and disability stakeholders were held on May 9, to review the entire reorganization. Since then, I have maintained open lines of communication and

have met with numerous grantee groups and stakeholders to address any concerns and discuss opportunities that the new structure presents. In order to be sensitive to personnel changes, discussions with stakeholders took place after ACL leadership was able to share information about the reorganization with ACL staff.

- 4) **Please provide a comprehensive list of aging and disability organizations consulted about a possible reorganization prior to the announcement of the plan to reorganize ACL. Please provide dates such groups were consulted and content of their suggestions. If no such organizations were consulted, why?**

Response: ACL did not consult with aging and disability organizations on reorganization plans prior to the announcement. The nature of this reorganization involved sensitive personnel matters that precluded public discussions. ACL holds regular and ad hoc calls and conducts in-person meetings, over 400 since my appointment. These meetings serve as outreach to technical assistance and training providers and grantees in which program performance, challenges, and opportunities are discussed. These meetings directly and indirectly inform ACL's strategic decisions.

- 5) **Please provide a comprehensive list of the ACL grantees consulted prior to the reorganization of ACL. Please provide dates such groups were consulted and content of their suggestions. If no such grantees were consulted, why?**

Response: ACL did not consult with any stakeholders prior to implementing the reorganization. Please see the response to question four.

- 6) **At the hearing you stated that prior to the ACL reorganization package being approved you were not permitted to go into detail about the reorganization with outside stakeholders. Please provide the basis for this position, including any legal justification. Please indicate whether and when this justification was used in the past to prohibit outside consultation.**

Response: There is a legal requirement for congressional notification, which was met via letter on April 3, 2019. Decisions concerning whether or not to publicly discuss reorganization plans are management decisions. Reorganization involves sensitive personnel decisions, reviewed by the HHS Office of the General Counsel (OGC), which precluded public discussion. OGC guidance emphasized that communicating publicly about a reorganization before the Congressional notification period ended could constitute a violation of the Anti-Deficiency Act. ACL did not share the final reorganization plan with staff or stakeholders until shortly before it was announced publicly for that reason as well. Please also refer to the response to question four.

- 7) **Have you or a member of your leadership team ever consulted with outside groups in the past on any agency initiative prior to its public release? If so please describe.**

Response: ACL leadership consults with and engages a wide range of stakeholders across aging and disability networks on potential policy and programmatic matters. ACL does not engage with external groups with regard to personnel matters. Please also refer to the response to question four.

- 8) Please describe the objectives that have been set for each of the newly organized offices under the reorganization of ACL as they relate to effectiveness and efficiency. Please provide a timeline for when you expect the reorganized offices to meet those objectives and a description of the measures you will use to determine whether those objectives have been met.**

Response: ACL continually sets internal programmatic goals and reports program performance targets and results in ACL's annual budget justification. ACL leadership conducts internal management reviews and risk analysis, and will continue to focus on continuous quality improvement. One focus of the reorganization was to address supervisor-to-staff ratios and layers of management. Currently, ACL has an average ratio of 1 supervisor to 4 staff. This reorganization will achieve an average ratio of 1-to-8. While there is no one size-fits-all ratio that works for all organizations, approximately 10 staff per supervisor is common. Given the nature of ACL's work, an increase in span of control and reduction of management layers was a goal.

ACL Regional Offices serve as the focal point for the development, coordination and administration of ACL programs and activities within designated HHS regions. Please answer the following questions regarding the reorganization of ACL's Regional Offices.

- 1) Please describe how ACL regional offices are currently funded and staffed, including FTE, funding levels, vacant positions and length of time positions have been vacant.**

Response: In FY 2019, employees in the ACL Office of Regional Operations are funded through ACL's appropriation for Program Administration at a projected annual cost for salary and benefits of \$3,851,104 and 22.5 full-time employees (FTE). The Office of Regional Operations is led by the vacant Deputy Administrator for Regional Operations, a senior executive, and five Regional Administrators. Each Regional Administrator is responsible for supervising regional program staff in up to two regional offices. The FY 2019 FTE level of 22.5 FTE includes 5 vacant budgeted positions. The current vacant positions include:

ES-0301 Deputy Administrator for Regional Operations, Headquarters – Vacant
1/15/2019

GS-0101-13 Aging Services Program Specialist, Chicago Regional Office – Vacant
1/21/2018

GS-0101-13 Aging Services Program Specialist, Atlanta Regional Office – Vacant
10/5/2018

GS-0101-13 Aging Services Program Specialist, New York Regional Office – Vacant
1/1/2019

GS-0101-13 Aging Services Program Specialist, San Francisco Regional Office – Vacant
1/25/2019

2) Please describe how the new Regional Administrators will be funded.

Response: Regional Administrators will continue to be funded through ACL's appropriation for Program Administration.

3) You stated that the reorganization of ACL will not reduce the number of FTEs. Please provide information on how the reorganization of ACL will achieve equality in staff to supervisory ratios across aging and disability programs.

Response: This reorganization will achieve an average supervisor-to-staff ratio of 1-to-8 across ACL. The ratio moves ACL toward a more efficient management structure. Centers across ACL will have similar supervisor to staff ratios. Following the transition, the Administration on Aging will have a ratio of 1-to-8 and the Administration on Disabilities will have a ratio of 1-to-6.

4) As part of the reorganization of ACL, some regional staff positions are being reassigned to Headquarters in Washington, DC.

a. Please provide information on how ACL will account for the loss of institutional knowledge should staff choose not to relocate to Headquarters.

Response: While ACL would like all regional staff to accept the reassignment, it is possible that some may choose not to relocate. ACL, like all organizations, experiences staff turnover on an annual basis and has procedures in place to ensure continuity of operations. We continue to work on staff development to reduce single points of dependency. Remaining staff will mentor and share knowledge with any new staff, as has always been ACL's practice. Programmatic technical assistance and training provided to grantees and stakeholders are based on programs, which are not changing. The reorganization will allow for greater ease of communication across all staff within the Administration on Aging, as well as, a centralized, stronger core of staff for distributing workload and responsibility to technical assistance inquiries.

b. Please provide information on how regional staff that have been relocated to Headquarters will have contact with, and knowledge of, the aging and disability network in their assigned region.

Response: Currently, regional office staff operate from one location and work with multiple states across a wide area. That structure does not change with the

reorganization. Centralizing state liaison work allows for enhanced consistency, more cross training, and greater opportunities for collaboration between state liaisons and programmatic subject matter experts. The majority of staff engagement with the aging and disability networks is now conducted virtually. That primary method of interaction will not change.

- c. Please share your plan to hire ACL personnel for those positions where staff chose not to move to Washington, DC and for filling the currently vacant positions.**

Response: Leadership regularly reviews workforce status across ACL and makes strategic decisions on hiring and recruitment, staff development, retention, and succession planning. ACL will continue the practice of taking a comprehensive approach to workforce planning to ensure adequate human resources are available to meet the agency's needs and that mission critical work is supported.

- d. Have any positions already been reassigned? If so, please provide details about the position's location and whether the individual previously holding the position has agreed to move to Washington, DC.**

Response: Reassignment did not occur prior to implementation of ACL's reorganization plan. As part of the reorganization, 18 positions across the 10 regional office locations have been reassigned to the Washington, DC duty station. Nine of the individuals in these positions have accepted the reassignment. The other nine have chosen to retire or resign. We anticipate that many of the 18 individuals will apply for the five new regional administrator in Boston, Dallas, Kansas City, Philadelphia, and Seattle.

- 5) Much of the oversight and evaluation of Older Americans Act activities have been conducted by regional personnel. Please describe how the oversight and evaluation of these programs will occur under the proposed reorganization.**

Response: Older Americans Act oversight, performance management, technical assistance, and training will continue. Positions have not been reduced but reassigned to enhance the provision of these services. The majority of these activities are currently provided virtually through email, phone calls and web conferencing. In-person visits occur as needed. These approaches to oversight and grantee support will remain the same. Quality, consistency, and timeliness will continue to be a priority.

The Long Term Care Ombudsman Program assists residents and their families in long-term care facilities with issues related to resident rights.

- 1) Keeping the Long-Term Care Ombudsman Program free of conflict of interest is critically important and mandated by the Older Americans Act. Given the reorganization of the Office of the Long-Term Care Ombudsman, how will you**

protect the program from conflicts of interest? How does the reorganization of the Office of the Long-Term Care Ombudsman comport with federal statute?

Response: We agree that the Long-Term Care Ombudsman Program should be free from conflicts of interest, and have worked diligently to establish policies for state and local program operations. In addition, we have and will continue to provide training and technical assistance to state and local programs to assist in the avoidance, elimination, or remediation of any potential conflicts. The reorganization was not intended to create any conflicts of interest.

The Deputy Assistant Secretary for Aging will meet the responsibilities of the Director of the Office of Long-Term Care Ombudsman Programs as outlined in the statute. He reports directly to the Assistant Secretary for Aging, which is consistent with the statutory requirement for the position.

The day-to-day oversight of staff will be coordinated within the Office of Elder Justice and Adult Protective Services (APS), which manages all programs under Title VII of the Older Americans Act. This arrangement allows for close collaboration and support among staff who are experts in the fields of elder abuse and legal assistance. The official supervision of the LTCOP staff and the provision of guidance and program direction will be provided jointly by the Director of the Office of Long-Term Care Ombudsman Programs and the Director of the Office of Elder Justice and APS.

The Majority of the changes proposed in this reorganization affect the programs and activities authorized by the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act) and the Rehabilitation Act as amended by the Work Innovation and Opportunity Act of 2014 (WIOA).

- 1) The reorganization proposes to separate four DD Act programs into two separate offices. As directed in the DD Act, Protection and Advocacy (P&As) agencies are required to collaborate with numerous other entities including Developmental Disabilities Councils (CDDs), University Centers of Excellence in Developmental Disabilities (UCEDDs), Projects of National Significance (PNSs) and other programs such as state Traumatic Brain Injury and State Assistive Technology Program grantees. Please describe how the reorganization, which places P&As and the PNS program in one office and the UCEDDs and CDDs in a separate office will not harm collaboration among these programs and how separating the programs into different offices will increase effectiveness and efficiencies.**

Response: All programs remain under the purview of AoD, which is led by the Commissioner. Programs will be coordinated by the Commissioner and leadership team of career staff with daily programmatic coordination expected of all AoD staff. The structure also presents new opportunities for collaboration across the Developmental Disabilities

Assistance and Bill of Rights Act of 2000 (DD Act) programs with the Traumatic Brain Injury program as well as two other resource centers.

- 2) **Through the DD Act, Congress directed P&As to effectively advocate for people with disabilities and require the programs to be independent from state government in order to accomplish that advocacy. Challenges to the P&A authorities arise frequently and require strong federal support from the Administration on Community Living to provide technical assistance and expertise to the states to address these questions. Describe how the reorganization will ensure ACL will be able to maintain this responsibility.**

Response: ACL is committed to providing federal support for all programs including the Protection & Advocacy programs (P&A). ACL leadership and staff work broadly to ensure P&A programs maintain their independence and authority across the federal government, not just within ACL.

- 3) **Please describe how the reorganization will ensure coordination and effective planning among the ACL offices responsible for the DD Act programs.**

Response: ACL continues to be committed to effective coordination across all programs including programs authorized by the DD Act. The Commissioner of AoD has conducted management and program risk assessments and will continue to work across AoD offices and within offices to develop strategic priorities, administer programs, and maximize opportunities for collaboration and coordination.

- 4) **How will ACL support collaboration and effective operation among the state level DD Act programs, as required by the statute?**

Response: Collaboration and effective operations among DD Act authorized programs are a priority for leadership at the federal level, like ACL programs. This emphasis on collaboration and effective operations will continue to cascade down to state level DD Act programs. Technical assistance and training resources for DD Act programs are mechanisms that support collaboration and operations. The training and technical assistance resource centers are well funded, have seasoned leadership, and strong collaborative relationships across the centers. This will continue to be a priority as leadership encourages a more proactive provision of technical assistance, training, and sharing of evidence-based practices and performance-based practices.

- 5) **After the passage of WIOA in 2014, the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) moved to ACL from the Department of Education. At that time, the administrative and programmatic functions of the agency were intentionally left intact, including grants operations. Under the proposed reorganization grants offices providing support to NIDILRR grantees would be housed in ACL grant operations. The responsibilities of**

NIDILRR grants officers are qualitatively different than DD Act grants officers. A high level of research and technical knowledge is required. Describe how moving NIDILRR grants officers will result in greater efficiency and effectiveness for grantees and for NIDILRR research experts and ultimately for the development of knowledge to better serve people with disabilities.

Response: Since the passage of WIOA, ACL's Leadership and Office of Grants Management have worked to align grants management activities across all components of ACL with the goal of consistent and standardized processes that adhere to federal grant making regulations. Centralizing the grant officer function moves ACL to full achievement of this vision. While grants officers in NIDILRR are moving to ACL's Office of Grants Management, it will continue to be the expectation that grants officers have knowledge and expertise in carrying-out research grants both now and following any staff changes in the future. Furthermore, project officers in NIDILRR who are the primary subject matter experts that work with grantees on a routine basis will continue to be expected to coordinate and collaborate with grants officers as they carry out their research program responsibilities. This approach mirrors the relationship of grants and project officers of ACL's other grant making centers: the Administration on Disability, Administration on Aging, and Center for Innovation and Partnership.

6) The Projects of National Significance have resulted in critical data to guide public policy related to disabilities. Please share your plans related to the Projects of National Significance and their focus under the proposed reorganization.

Response: ACL appreciates the important role that the Projects of National Significance has in informing intellectual and developmental disability policy and creation of opportunities for contribution to and participation in community living. In FY 2020, with Congressional support, ACL has proposed to continue investment in three national, longitudinal data collection activities. During annual program planning, ACL leadership will consider how Projects of National Significance can best achieve positive outcomes and address emerging and prevailing issues related to the advancement of community living.

7) Please describe why the reorganization demotes the current Administration on Intellectual and Developmental Disabilities to an office? Please describe the rationale for this change and the expected efficiencies.

Response: Through the reorganization, the Administration on Intellectual and Developmental Disabilities was renamed to allow for consistent nomenclature across ACL. This change does not equate a demotion.

8) Under the current organization, ACL and the Administration on Disabilities have prioritized the developmental of people with intellectual or developmental disabilities in leadership positions both in the Administrations and in grant funded programs. Please describe how the reorganization will continue to develop

Intellectual and Developmental Disability (IDD) leaders within ACL and the disability funded programs.

Response: The DD Act programs will continue to operate as they have, and will continue to promote the development of leaders within, and for, the Intellectual and Developmental Disability network. ACL has a long tradition of developing a diverse and inclusive workforce from senior leadership to all levels of staff. While all budgets have limits, we have been providing and will continue to provide opportunities for staff development. For example, in recent history, several managers of intellectual and developmental disability programs have received intensive executive leadership training and detail opportunities with the President's Office of Management and Budget and Federal Emergency Management Agency.

- 9) **The Administration on Community Living is responsible for staffing and supporting the President's Committee on People with Intellectual Disabilities (PCPID) and their development of an annual report to the President. Please describe what office(s) of ACL will be responsible for PCPID and supporting their mission and how that support will take place.**

Response: The staffing and support for the President's Committee on People with Intellectual Disabilities (PCPID) will be housed within the Office of Intellectual and Developmental Disabilities, and leadership for PCPID is unchanged.

- 10) **Through the Rehabilitation Act, over 600 Centers for Independent Living are funded in each state and many of the outlying territories. In 2014, WIOA created an Independent Living Administration and the position of "Director" of Independent Living. As a member of the Senate Committee on Health, Education, Labor and Pensions in 2014, when WIOA was passed, it was not the intent of Congress to have the position of Administrator of Independent Living be assumed by a political appointee. The requirements of the Director position include "substantial knowledge of independent living services." Please describe how the incumbent filling the role of Director of Independent Living meets the requirements and provide a rationale for the decision to combine the roles of Director of Independent Living with a political appointee role in ACL. Please describe how this decision will increase efficiency and effectiveness of the tasks and activities of the Administration on Independent Living.**

Response: The Director of the Office of Independent Living Programs is responsible for the day-to-day operations of the independent living programs, and remains a senior career official. Designating the Commissioner of the Administration on Disabilities as the Independent Living Administration Director places this role in a position of responsibility for strategic planning, coordination, and administration, across disability programs and with immediate access to both the ACL Administrator and Principal Deputy Administrator.

The incumbent is an engaged leader who meets routinely with AoD managers. She has strong management experience both within federal government and with non-governmental organizations. Her management experience, combined with her lived experience with a disability, provides her with the perspective and skill set necessary to provide leadership, set strategic priorities, and support their implementation.

11) With the passage of WIOA in 2014, ACL was charged with providing monitoring and oversight of fifteen percent of all Centers for Independent Living annually, with a report to the Secretary and Congress. Since passage of WIOA, ACL has met this requirement? If not, describe the plans for meeting this obligation and the reorganization will contribute to meeting the requirement.

Response: ACL acknowledges that the 15 percent onsite compliance review requirement has not been achieved. To meet the requirements of the Act would require 53 annual onsite visits conducted by a team of federal program staff and non-federal reviewers. Current technology allows for virtual approaches that are more efficient and equally effective as compared to in-person visits for conducting monitoring in most cases. ACL is implementing a three-tiered, risk-based approach to compliance reviews that employs a variety of approaches, including onsite that are appropriate to address the risk, scope, and scale of oversight concerns.

Senator Richard Burr:

Question for Mr. Lance Robertson, Administrator and Assistant Secretary for Aging, the Administration for Community Living (ACL), Department of Health and Human Services, Washington, DC

- 1. As a member of the Senate Health, Education, Labor, and Pensions Committee, I have had the privilege of working on multiple reauthorizations of this important legislation with my Senate colleagues. As a part of the 2006 reauthorization process, we realized that while the population of seniors was growing across the country, some states were seeing significantly more dramatic growth in the senior population than others. This trend continued over the course of the most recent reauthorization in 2013 and still exists today, 13 years after this initial realization. Do you believe that the funds allocated by the Older Americans Act accurately reflect the reality of where seniors are living in our country today?**
- 2. In your testimony you state that the Act “can use some tinkering to make it consistent with current needs and changing environments.” How do you believe the allocation of funds can be adjusted to better reflect the changing needs and demographics of American seniors today?**

Response to both questions: Consistent with the statute, the ACL implements the statutory funding formula to allocate Older Americans Act funding among the states. In doing so, we utilize the best available data (“population data—age distribution”) provided by the U.S. Census Bureau. These estimates are updated each year between the production of the decennial Census data. In addition, ACL implements the minimum amounts and hold harmless amounts as prescribed by the statute.

ACL is aware of assertions that the current population-based formula does not address, or is inconsistent with, the needs of older individuals within the respective states. GAO has reviewed other methods for allocating funds under the Older Americans Act that would be designed to achieve different outcomes or goals. The most comprehensive study was GAO/HEHS-94-41. In this report, GAO found that the current 60+ population-based formula did not take into account the greater incidence in some states of social and economic dependence among certain at-risk segments of the elderly population. In addition, they found that the formula did not recognize difference among states in the costs of purchasing services and did not achieve taxpayer equity.

In response, GAO provided Congress six options for distributing funds that would take these elements into account, especially options that would target more funding to states with high concentrations of older individuals. GAO indicated that changing the method of distributing funding could disrupt the administration of state programs and recommended methods to implement a new formula that would mitigate disruption.

Since the issuance of that GAO report, Congress has implemented some changes to the funding formula – additional hold harmless provisions and updated minimum funding levels.

Senator Doug Jones:

- 1. The OAA’s flexibility has allowed for some remarkable innovation. For example, the Middle Alabama Area on Aging (M4A) offers “dementia friendly” trainings to teach law enforcement and first responders how to respond to calls involving individuals with dementia. M4A has trained more than 1,000 individuals in Alabama. They have also shared their curriculum with other communities and states across the country, including the entire state of Texas. How does the Administration for Community Living help area agencies and states to share best practices with each other?**

Response: ACL consistently demonstrates its commitment to disseminating promising practices developed and implemented by states and community service providers. There are a number of vehicles through which ACL is able to build awareness of programs and tools developed both with and without Older Americans Act resources. One method through which ACL regularly disseminates promising practice information is the Granicus (formerly GovDelivery) system, sending news and information to more than 70,000 subscribers. We

also use a variety of social media tools, including Facebook, Twitter, and “blogs,” to communicate with our stakeholders and build awareness of new resources and best practices. In addition to our general ACL communication efforts, we use the work of our resource centers to build awareness of promising practices, including development of topic specific issue briefs, toolkits, webinars, and other resources, as well as workshops at national conferences.

There are several examples of dissemination of best practices in the work of ACL’s National Alzheimer’s and Dementia Resource Center (NADRC). In 2018, the NADRC developed a guide entitled “Working Together: How Community Organizations and First Responders Can Better Serve People Living with Dementia.” In addition to the guide explaining the issue and resources available, it includes three case studies of successful dementia-specific first responder programs (two with ACL funding, one without). It is common practice for us to include case studies of community initiatives in the materials developed by our resource centers.

The NADRC also hosts a popular annual series of webinars on dementia related topics during which relevant programs and initiatives are highlighted. The webinars are targeted toward educating both organizational and individual home and community-based service providers, providing information from both scientific and practical perspectives. When ACL and the NADRC learn of successful, innovative initiatives, their developers are often invited to present them on our webinars; and included in NADRC developed resources. In 2019, the NADRC is developing a compendium of grantee products developed through our Alzheimer’s and dementia programs since 2008. In the resource, grantee products will be cataloged, simplifying identification and assessment of resources for possible utilization and replication. All of the grantee products will ultimately be housed on the NADRC website for download. It is anticipated that the grantees products resource will be available in the late summer or early fall of 2019.

Senator Kyrsten Sinema:

- 1. As the Administration for Community Living (ACL) works to restructure its internal operations, as detailed in the Federal Register on May 9, 2019, I am concerned to hear from some Area Agencies on Aging (AAAs) within Arizona that these changes were rolled out without sufficient notice or consultation. I am especially concerned that, unlike during previous reorganizations, ACL has not consulted with tribal communities within Arizona.**
 - a. Can you please provide information on the extent to which ACL consulted with tribal communities and tribal AAAs while considering changes to ACL’s internal organization?**

Response: ACL did not consult with aging and disability organizations, including tribal organizations, on its reorganization plans. The nature of this reorganization involved

sensitive personnel matters that precluded public discussions. ACL holds regular and ad hoc calls with technical assistance and training providers and grantees in which program performance, challenges, and opportunities are discussed which inform, directly and indirectly, ACL's strategic decisions. ACL is also involved in the HHS Secretary's Tribal Advisory Council (STAC), providing updates to and soliciting feedback from tribal leaders on a regular basis.

b. What steps are being taken to ensure that any internal changes within ACL do not impact relationships with state Agencies on Aging, local AAAs, and other local partners?

Response: ACL is committed to providing consistent, accurate, and timely technical assistance and support to state and tribal grantees as well as area agencies on aging (AAAs) and local service providers (in conjunction with the state). Currently, technical assistance is provided from one of eight regional offices to states, tribes, AAAs, and local service providers across multi-state areas, often via phone and internet. This model – of support provided primarily through phone and internet – will continue. In-person visits will occur as needed. Centralizing these functions is expected to enhance the support provided by allowing for more opportunities to cross train between state liaisons and program staff, and new opportunities for collaboration.

2. As the committee prepares for the re-authorization of the Older Americans Act, I have been encouraged to hear about many new innovations which Arizona's Area Agencies on Aging (AAAs) have developed in recent years. For example, the Pima Council on Aging in Southern Arizona recently launched an online referral tool and the Northern Arizona Council of Governments AAA is in the final stages of developing an interactive "chat bot" both of which will help seniors and their caregivers find local services and programs. Yet, as these innovations progress, many AAAs serving rural and tribal communities are concerned they may be left behind due to unreliable access to broadband.

a. What efforts has ACL taken to ensure communities without broadband access are not left out of new, tech-centered OAA programing?

Response: In areas with limited broadband access, ACL provides direct training and technical assistance by conducting outreach and maintaining relationships with states, area agencies, and tribes. All AAAs maintain traditional phone lines, which are staffed and available to serve older adults. Further, earlier this year, President Trump and the Department of Commerce announced the American Broadband Initiative, led by the National Telecommunications and Information Administration. This initiative is a comprehensive effort to stimulate increased private sector investment in broadband.

3. Your written testimony included a proposal to eliminate the funding cap under the National Family Caregiver Support Program (NFCSP). In current law, no more

than 10 percent of federal and non-federal funds at the state level may be used for family caregivers, ages 55 and older, caring for a child or adult with a disability (that is aged 59 and under). This cap was put into place to address different kinds of caregiving needs, while preparing for the projected growth of the 80+ population that will require extensive caregiving.

In Arizona, the number of potential caregivers (age 45-64) for each person aged 80 and older was 7 in 2010 and will fall to just 2.6 by 2030.

Given the administration's proposal to eliminate the funding cap under NFCSP, please answer the following:

- a. Do you have data on how many AAAs or states are bumping up against the 10 percent cap under NFCSP?**

Response: Although the Older Americans Act currently limits the amount of NFCSP funds that may be used to serve older relative caregivers to 10% of the state's total budget for IIIIE, the decision to provide services to this population is at the discretion of the state. To ACL's knowledge, most states do choose to use some portion of their NFCSP program funds to serve older relative caregivers. State program reporting data from 2017 reveals that approximately 39% of states are expending greater than 5% of their funds for older relative caregivers. Additionally, approximately 20% of states appear to be spending 8% or higher to serve this population.

- b. How do you propose balancing the caregiving needs of various populations, while ensuring that NFCSP can continue to provide critical support for people caring for elderly loved ones?**

Response: ACL provides direct technical assistance (TA) to states (and to AAAs in conjunction with the state) in the areas of planning and service delivery. Such TA can include review and feedback on needs assessments, service allocation methodologies, and state monitoring and oversight practices. Additionally, ACL regional office staff are closely involved in the review and submission of each state's annual State Program Reporting data, which includes specific data on service utilization, expenditures, and trends. Such review and oversight helps to ensure that questions about balance of services, service mix, and the populations to be served, are addressed as they arise and in a way that helps to ensure the state and its AAAs are able to appropriately and sufficiently meet the targeting requirements, as established in the Older Americans Act.

- c. How do we ensure that funding is not simply shifted from one caregiving population to another?**

Response: Please see the response to the previous question.

Questions for the Record
Mr. Larry Gross
Southern Maine Area Agency on Aging
From Senator Jones
Senate Aging Committee Hearing
May 8, 2019

Question: Can you tell us more about why the OAA's "bottom-up" model is so important for area agencies like yours?

Area Agencies on Aging were established in the Older Americans Act in the early 1970 as part of the "New Federalism" principles adopted during the Nixon administration. The thinking then was that decentralizing decision-making from the federal level and creating a more state and local-focused approaches to planning and program development would make the Older Americans Act more responsive to the unique needs of older adults in their communities. Area Agencies on Aging were created to provide the local infrastructure around which elder needs, policy, services, and supports could be assessed, crafted, and coordinated through State and Area Plans on Aging. Area Agencies on Aging were designated to engage local older residents and other stakeholders (e.g., municipalities, legislators, advocacy groups, etc.) in these outreach and advocacy efforts to assure that programs were designed, implemented, and monitored to meet and adapt to changing local needs. It was a purposeful effort to prevent a "one size fits all" mentality while maintaining balance and alignment between the federal, state, and regional levels that informs and advocates for national public policies built on a solid foundation of local and state priorities in a very person-centered approach.

For the past four plus decades this approach has worked to unleash local creativity and inspire innovative approaches that have "percolated up" and become state and national models for addressing the needs of older adults. As an example, Southern Maine Agency on Aging (SMAA) "The Matter of Balance/ Lay Leader Model" that was developed at SMAA and is now used in more than 45 states to introduce falls prevention strategies to elders at risk of falls. In the spirit of OAA partnerships, this research was funded by a three year demonstration grant funded under the OAA.

I would note that local determination and flexibility are a fundamental strength of the Older Americans Act and needs to be maintained as the Act is modernized.

Laurence W. Gross
Chief Executive Officer



Questions for the Record
Ms. Faith Lewis
From Senator Jones
Senate Aging Committee Hearing
May 8, 2019

Question for Ms. Faith Lewis, Great-Grandmother

Question: I was glad to learn about the grandparent support group you attend through your Area Agency on Aging, as well as the support they've provided for you and Xziylan through the National Family Caregiver Support Program. Support services like these are so important, and I agree that more grandparents raising grandchildren should have access to these resources. Can you share more about how these services have helped you to care for both your great-granddaughter and yourself? What other resources would be helpful for seniors caring for loved ones, including younger relatives?

Answer: The 'Parents A Second Time' (PAST) support group run through my local Area Agency on Aging helps my great-granddaughter, Xziylan, and I tremendously. In addition to the support group, the National Family Caregiver Support Program helps Xziylan and me by reimbursing me for seasonal clothing and for activities. I would also like to enroll Xziylan in gymnastics, but paying for that can be difficult. In all, the National Family Caregiver Support Program and the PAST support group have made caring for my great-granddaughter less stressful. I have been recruiting more grandparents into our support group, just this week four new grandparents joined us. At our most recent meeting, we received information on local summer activities for our grandchildren.

However, I believe the program should be expanded. I would like to see younger grandparents have access to the same support that I have through the National Family Caregiver Support Program. These grandparents deserve help too, but are not eligible for the National Family Caregiver Support Program because they are too young to qualify. There are many younger grandparents raising their grandchildren and they should have access to the same help I receive.