

nity-based family support services, time-limited reunification services, and adoption promotion and support services. States receive funds based on their share of children in all States receiving food stamp benefits.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriation, fiscal year 2020	\$5,744,000,000
Budget request, fiscal year 2021	7,011,538,000
Committee Recommendation	7,011,538,000
Change from enacted level	+1,267,538,000
Change from budget request	---

The Committee also recommends an advance appropriation of \$3,000,000,000 for the first quarter of fiscal year 2022 to ensure timely completion of first quarter grant awards.

Adoption and Foster Care Analysis and Reporting System (AFCARS) Data Elements.—The Committee is very disappointed that HHS finalized rulemaking removing LGBTQ and Indian Child Welfare Act (ICWA) data from AFCARS. Abandoning data collection on LGBTQ foster youth, parents, and guardians is a clear sign that HHS is abdicating its statutory responsibilities to promote the well-being, safety, and permanency of LGBTQ foster youth by limiting the ability to track and improve these outcomes for LGBTQ foster youth, as well as to track recruitment of LGBTQ foster and adoptive parents in an effort to provide diverse family placements for diverse foster youth. Similarly, removing many ICWA data elements is a sign that HHS is abdicating its statutory and federal trust responsibilities to protect the best interests of tribal children, to promote the stability and security of Indian tribes and families, and to monitor State implementation of the ICWA in order to budget, plan, and target needed training and technical assistance to support states to meet federal law. LGBTQ and ICWA data elements are especially critical for tracking and improving outcomes for foster youth and families living at the intersections of race, sexual orientation, gender, and tribal affiliation, particularly LGBTQ tribal foster youth and families.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriation, fiscal year 2020	\$2,171,000,000
Budget request, fiscal year 2021	2,072,092,000
Committee Recommendation	2,225,390,000
Change from enacted level	+54,390,000
Change from budget request	+153,298,000

Created in 2012, the Administration for Community Living (ACL) brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability 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.

In addition, the Families First Coronavirus Response Act (P.L. 116–127) included \$250,000,000 and the CARES Act (P.L. 116–136) included \$955,000,000 to provide millions of additional home-delivered and prepackaged meals, supplemental home and community-

based supportive services, support for the long-term care ombudsman, and supplemental family caregiver support services; to expand capacity at Aging and Disability Resource Centers; and to expand capacity at Centers for Independent Living.

The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account.

Home and Community-Based Supportive Services

The Committee recommends \$400,074,000 for Home and Community-Based Supportive Services, which is \$10,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent in their homes for as long as possible.

In addition, the CARES Act (P.L. 116–136) included \$200,000,000 to provide supplemental home and community-based supportive services during the coronavirus pandemic.

Preventive Health Services

The Committee recommends \$24,848,000 for Preventive Health Services, which is the same as the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program funds activities that help seniors remain healthy and avoid chronic diseases.

Protection of Vulnerable Older Americans

The Committee recommends \$24,658,000 for activities to protect vulnerable older Americans, which is \$2,000,000 above the fiscal year 2020 enacted level and \$4,030,000 above the fiscal year 2021 budget request. These programs provide grants to States for protection of vulnerable older Americans through the Long-Term Care Ombudsman and Prevention of Elder Abuse and Neglect programs. The recommendation directs an additional \$2,000,000 to State Long-Term Care Ombudsman Programs.

In addition, the CARES Act (P.L. 116–136) included \$20,000,000 for the long-term care ombudsman program, during the coronavirus pandemic.

Family Caregiver Support Services

The Committee recommends \$193,936,000 for the National Caregiver Support program, which is \$8,000,000 above the fiscal year 2020 enacted level and \$43,350,000 above the fiscal year 2021 budget request. This program offers a range of support services to family caregivers, including assistance in accessing services such as respite care, counseling, support groups, and caregiver training.

In addition, the CARES Act (P.L. 116–136) included \$100,000,000 to provide supplemental caregiver support services during the coronavirus pandemic.

Youth Caregivers.—The Committee recognizes the significant barriers and lack of support youth caregivers face, and urges ACL and its Family Caregiving Advisory Council to consider the needs of youth caregivers in the development and execution of its national family caregiving strategy.

Native American Caregiver Support Services

The Committee recommends \$12,306,000 for the Native American Caregiver Support program, which is \$2,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disabilities.

Congregate and Home-Delivered Nutrition Services

The Committee recommends a total of \$956,753,000 for senior nutrition. The recommendation includes: \$520,342,000 for Congregate Nutrition Services, which is \$10,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request; \$276,342,000 for Home-Delivered Meal Services, which is \$10,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request; and \$160,069,000 for the Nutrition Services Incentives program, which is equal to the fiscal year 2020 enacted level and the fiscal year 2021 budget request.

In addition, the Families First Coronavirus Response Act (P.L. 116–127) and the CARES Act (P.L. 116–136) included \$240,000,000 and \$480,000,000, respectively, to provide millions of additional home-delivered and prepackaged meals, as well as related services, during the coronavirus pandemic. These programs help older Americans remain healthy and independent in their communities by providing meals and related services in a variety of settings (including congregate facilities such as senior centers) and via home-delivery to older adults who are homebound due to illness, disability, or geographic isolation.

Malnutrition.—The Committee is concerned that older adults homebound during the COVID–19 pandemic may not have regular access to food, putting them at increased risk of malnutrition. The Committee understands that malnutrition screening was included as a defined disease prevention and health promotion service in the recent Older Americans Act (OAA) reauthorization, and expects programs to ensure that they are using proper nutrition risk screening tools that capture people at risk for, or that have malnutrition, as part of regular nutrition screening.

Nutrition Guidelines for Older Adults.—The Committee is concerned that GAO’s December 2019 report on “Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults” found Federal nutrition guidelines do not focus on the needs of many older adults, such as those with common health conditions and those over age 70. The Committee expects the Administrator of ACL to continue working with other relevant HHS officials and to document a plan to focus on the specific nutritional needs of older adults in the 2025–2030 update of the Dietary Guidelines for Americans. The Committee recommends ACL take steps to ensure States demonstrate that they are monitoring providers to ensure meal consistency with Federal nutrition requirements for meals served in congregate and home-delivered meal programs. Finally, the Committee directs ACL to centralize and make publicly available information on promising approaches for making meal accommodations to meet the nutritional needs of older adult participants in the congregate and home-delivered meal programs.

Native American Nutrition and Supportive Services

The Committee recommends \$37,208,000 for Native American Nutrition and Supportive Services, which is \$2,500,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides grants to Tribes to promote the delivery of nutrition and home and community-based supportive services to Native American, Alaskan Native, and Native Hawaiian elders.

In addition, the Families First Coronavirus Response Act (P.L. 116–127) and the CARES Act (P.L. 116–136) included \$10,000,000 and \$20,000,000, respectively, to provide additional home-delivered and prepackaged meals, as well as related services, during the coronavirus pandemic.

Aging Network Support Activities

The Committee recommends \$12,461,000 for Aging Network Support Activities, which is equal to the fiscal year 2020 enacted level and \$958,000 above the fiscal year 2021 budget request. This program supports activities that expand public understanding of aging and the aging process.

Holocaust Survivor’s Assistance.—The Committee continues to provide not less than \$5,000,000 for the Holocaust Survivor’s Assistance program. This program provides supportive services for aging Holocaust survivors living in the U.S.

Care Corps.—The Committee recognizes the growing demand for services and supports to help seniors and individuals with disabilities live independently in their homes, and the need to support family caregivers who facilitate that independence. Within 120 days of enactment of this Act, the Committee requests ACL provide a briefing on the status and benefits of the Care Corps grant program, which places volunteers in communities to assist family caregivers and/or assist seniors and individuals with disabilities in maintaining independence by providing non-medical care.

Data Collection on Needs of LGBT Older Adults.—The Committee understands that while the definition of “greatest social need” under the Older Americans Act of 1965 includes isolation caused by racial or ethnic status, it notes that the definition is not intended to exclude the targeting of other populations that experience cultural, social, or geographic isolation due to other factors. The Committee supports ACL’s recognition that such isolation may be caused by minority religious affiliation, sexual orientation, or gender identity, which may restrict a person’s ability to perform normal daily tasks or live independently. The Committee directs ACL to ensure that the needs of such populations are being met by the aging services network through targeted outreach and programming. Specifically, and within 120 days of enactment of this Act, the Committee directs ACL to collect and publish data from the aging services network on how the needs of such populations are being met, including: (1) the unique needs of lesbian, gay, bisexual, and transgender (LGBT) older adults; (2) how the aging service network is meeting these needs; and (3) what gaps exist in the provision of aging services to this population.

National Technical Assistance Center on Grandfamilies.—The Committee recognizes that more than 2.5 million children are being raised in grandfamilies without the child’s parents in the home,

with the vast majority of these families raising children outside of the formal foster care system and lacking access to needed information, services or supports to help them care for the children. The Committee encourages ACL to work with the Advisory Council to Support Grandparents Raising Grandchildren and with ACF, to coordinate the establishment of a Technical Assistance Center on Grandfamilies to provide information, resources and individualized technical assistance and support to help State, tribal, and local agencies and non-profit organizations use model practices and programs for serving children, parents and caregivers in grandfamilies, including those impacted by parental substance use.

Alzheimer's Disease Program

The Committee recommends \$26,500,000 for the Alzheimer's disease program, which is equal to the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program provides competitive matching grants to a limited number of States to encourage program innovation and coordination of public and private services for people with Alzheimer's disease and their families. The Committee continues to support efforts to increase respite care services for family members and caregivers supporting individuals living with Alzheimer's Disease and Related Dementias.

Respite Care

The Committee recommends \$10,000,000 for Respite Care, which is \$3,890,000 above the fiscal year 2020 enacted level and \$6,640,000 above the fiscal year 2021 budget request. The program focuses on easing the burdens of caregiving by providing grants to eligible State organizations to improve the quality of, and access to, respite care for family caregivers.

Falls Prevention

The Committee recommends \$5,000,000 to be transferred from the PPH Fund to ACL for the Falls Prevention program, which is equal to the fiscal year 2020 enacted level and \$5,000,000 above the fiscal year 2021 budget request. Falls prevention grants support the promotion and dissemination of prevention tools delivered in community settings.

Chronic Disease Self-Management Program

The Committee recommends \$8,000,000 to be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management program, which is equal to the fiscal year 2020 enacted level and \$8,000,000 above the fiscal year 2021 budget request. This program supports grants to States for low-cost, evidence-based prevention models that use state-of-the-art techniques to help those with chronic conditions address issues related to the management of their disease.

Elder Rights Support Activities

The Committee recommends \$17,874,000 for Elder Rights Support Activities, which is \$2,000,000 above the fiscal year 2020 enacted level and equal to the fiscal year 2021 budget request. This program supports efforts that provide information, training, and

technical assistance to legal and aging services organizations working to prevent and detect elder abuse and neglect.

The Committee encourages ACL to lead efforts to develop a coordinated and consistent approach to Adult Protective Services (APS) through development of an APS National Data System. The Committee recognizes that the opioid crisis is affecting adult protective services, but believes this work should be done as part of increased screening efforts, which should be prioritized in order to reduce elder abuse, neglect and exploitation.

Guardianship Systems.—The recommendation includes \$2,000,000 for grants to address problems in State guardianship laws and procedures that lead to the unnecessary loss of rights and incidence of abuse as authorized under Section 2042(c)(3) of the Social Security Act. Grant awards should be provided for at least a 5-year award period. The Committee encourages ACL to support State efforts to examine their guardianship systems through nationally coordinated initiatives such as WINGS (Working Interdisciplinary Networks of Guardianship Stakeholders), which have been particularly valuable. Additional national coordination efforts should include: facilitating information sharing between State WINGS via in person convenings, remote access, and dissemination of materials; technical assistance to State WINGS or similar groups; and support for data collection and analysis.

Aging and Disability Resource Centers

The Committee recommends \$8,119,000 for Aging and Disability Resource Centers (ADRCs), which is the same as the fiscal year 2020 enacted level and \$2,000,000 above the fiscal year 2021 budget request. These centers provide information, counseling and access for individuals to learn about the services and support options available to seniors and the disabled so they may retain their independence.

In addition, the CARES Act (P.L. 116–136) included \$50,000,000 to expand capacity at Aging and Disability Resource Centers during the coronavirus pandemic.

Integrated Wellness in Supportive Housing.—The Committee supports the continued collaboration between HHS and the Department of Housing and Urban Development (HUD) on research initiatives to inform the design of the Supportive Services Demonstration for Elderly Households in HUD Assisted Multifamily Housing. The Committee recognizes that ADRCs support efforts to develop more efficient, cost-effective, and consumer-responsive systems, and believes that they can play an important role in evaluating the Integrated Wellness in Supportive Housing (IWISH) demonstration. The Committee strongly urges the ADRCs to continue to collaborate with HUD to evaluate the effectiveness of the IWISH project, including its potential for expansion and its cost-savings implications for the healthcare system.

State Health Insurance Assistance Program

The Committee recommends \$54,115,000 for the State Health Insurance Assistance Program, which is \$2,000,000 above the fiscal year 2020 enacted level and \$18,000,000 above the fiscal year 2021 budget request. The State Health Insurance Assistance Program

provides Medicare beneficiaries with information, counseling, and enrollment assistance.

Paralysis Resource Center

The Committee recommends \$9,700,000 for the Paralysis Resource Center (PRC), and directs not less than \$8,700,000 to the National PRC. The Paralysis Resource Center offers activities and services aimed at increasing independent living for people with paralysis and related mobility impairments, and supporting integration into the physical and cultural communities in which they live.

The Committee is concerned that PRC State Pilot Programs may be duplicative of similar grantmaking efforts at the federal level. Within 120 days of enactment of this Act, the Committee requests an assessment of the effectiveness of the State Pilot Programs in meeting funding or programmatic needs not already met by the National PRC.

Limb Loss Resource Center

The Committee recommends \$4,000,000 for the Limb Loss Resource Center, which is equal to the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Limb Loss Resource Center supports a variety of programs and services for those living with limb loss, including a national peer support program, educational events, training for consumers and healthcare professionals, and information and referral services. In addition, the Center supports our Veterans and Wounded Warriors through VA and DOD partnerships and volunteer programs, and disseminates over 20,000 patient education materials created by the program to promote recovery and reintegration, improve health and enhance well-being and rehabilitation through a national network of professionals and support groups.

Traumatic Brain Injury

The Committee recommends \$11,321,000 for the Traumatic Brain Injury program, which is equal to the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The program provides grants to States for the development of a comprehensive, coordinated family and person-centered service system at the State and community level for individuals who sustain a traumatic brain injury.

Developmental Disabilities State Councils

The Committee recommends \$80,000,000 for State Councils on Developmental Disabilities, which is \$2,000,000 above the fiscal year 2020 enacted level and \$24,000,000 above the fiscal year 2021 budget request. The Developmental Disabilities State Councils work to develop, improve and expand the system of services and supports for people with developmental disabilities. The Committee recommends not less than \$700,000 for technical assistance and training for the State Councils on Developmental Disabilities, and requests that ACL report back to the Committee within 90 days of enactment of this Act on implementation of this language.

Developmental Disabilities Protection and Advocacy

The Committee recommends \$41,784,000 for Developmental Disabilities Protection and Advocacy, which is \$1,000,000 above the fiscal year 2020 enacted level and \$3,050,000 above the fiscal year 2021 budget request. This formula grant program provides funding to States to establish and maintain protection and advocacy systems to protect the legal rights of persons with developmental disabilities.

Voting Access for Individuals with Disabilities

The Committee recommends \$8,463,000 for Voting Access for Individuals with Disabilities program, which is \$1,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. The Voting Access for Individuals with Disabilities program authorized by the Help America Vote Act provides formula grants to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee recommends \$12,250,000 for Developmental Disabilities Projects of National Significance, which is equal to the fiscal year 2020 enacted level and \$11,200,000 above the fiscal year 2021 budget request. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration of those living with a disability into the community.

University Centers for Excellence in Developmental Disabilities

The Committee recommends \$41,619,000 for University Centers for Excellence in Developmental Disabilities, which is equal to the fiscal year 2020 enacted level and \$9,073,000 above the fiscal year 2021 budget request. The University Centers for Excellence in Developmental Disabilities Education, Research, and Service are a nationwide network of independent but interlinked centers, representing a national resource for addressing issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families.

Independent Living

The Committee recommends \$116,183,000 for the Independent Living program, of which \$25,378,000 is for the Independent Living State Grants program and \$90,805,000 is for the Centers for Independent Living program. This funding level is equal to the fiscal year 2020 enacted level and \$2,537,000 above the fiscal year 2021 budget request. Independent Living programs maximize the leadership, empowerment, independence, and productivity of individuals with disabilities.

In addition, the CARES Act (P.L. 116–136) included \$85,000,000 to expand capacity at Centers for Independent Living during the coronavirus pandemic.

National Institute on Disability, Independent Living, and Rehabilitation Research

The Committee recommends \$111,970,000 for the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), which is equal to the fiscal year 2020 enacted level and \$21,599,000 above the fiscal year 2021 budget request. NIDILRR generates knowledge and promotes its effective use to enhance the abilities of people with disabilities to perform activities of their choice in the community and to expand society's capacity to provide full opportunities for its citizens with disabilities.

Assistive Technology

The Committee recommends \$37,000,000 for Assistive Technology, which is equal to the fiscal year 2020 enacted level and \$5,061,000 above the fiscal year 2021 budget request. Assistive Technology (AT) supports programs providing grants to States for addressing assistive technology needs of individuals with disabilities. The goal is to increase awareness of and access to assistive technology devices and services that may help with education, employment, daily activities, and inclusion of people with disabilities in their communities.

The Committee continues to provide \$2,000,000 for competitive grants to support existing and new alternative financing programs that provide for the purchase of AT devices.

Program Administration

The Committee recommends \$41,063,000 for Program Administration, which is the same as the fiscal year 2020 enacted level. This funding supports Federal administrative costs associated with administering ACL's programs.

Telehealth Training and Education for Medicare Beneficiaries.—The Committee recognizes the potential for telehealth, remote monitoring, and digital health technologies to help meet the needs of patients and families across the country. In response to the COVID-19 pandemic, Congress expanded access to telehealth services by providing the Secretary with the authority to waive longstanding restrictions on Medicare telehealth services for the duration of the public health emergency. The Committee is aware that as healthcare providers have sought to deliver virtual care at scale, some beneficiaries and caregivers are in need of training and education on how to interact with providers prior to a telehealth visit. To address this issue, the Committee directs ACL to work with CMS and other stakeholders to develop education and training resources that account for age-related differences in how beneficiaries interact with technology. The Committee directs ACL to submit a report within 60 days of enactment of this Act, evaluating current telehealth training and education programs, and provide additional recommendations on how to improve beneficiary utilization and access to synchronous and asynchronous Medicare telehealth services.