At Home

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With Mass Home Care

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Al Norman, Editor

Sequestration Worries

In early February, the Coalition on Human Needs notified advocates that as of March 1, new federal cuts will begin to take effect. "Remember the new year's fiscal showdown?" the group asked. "Congress acted at the last minute to replace two months of these cuts with a combination of revenues and other spending reductions. That's why we're now facing the March 1 deadline. The President and Senate leadership want new revenues from corporations and wealthy individuals to play a big part in replacing the mindless cuts. They - and we - don't want to substitute other harmful cuts to Medicaid, SNAP/food stamps, or other vital programs."

"To those in Congress who say 'no more revenues,' we must ask 'Is protecting every single tax loophole that benefits corporations and high-income individuals a higher priority than preventing cuts that will affect health, education and job opportunities for millions of Americans?' To those who would protect every Pentagon program, we must ask 'Would you keep funding costly and outdated weapons and equipment while cutting job training, housing, college aid, and child welfare or mental health services?' The public made clear in November and beyond that they believed

people at the top should pay more of their share to resolve the nation's fiscal problems. Because public opinion was so strong, Congress increased revenues. That public will is still there - a new poll commissioned by Americans for Tax Fairness shows two-thirds of voters say the richest two percent and large corporations should pay more in taxes, and oppose cuts in vital programs."

"The Budget Control Act of 2011 called for achieving $1.2 trillion in deficit reduction through a combination of new revenue and spending cuts. When a House/Senate Super Committee failed to reach agreement on a plan, the fallback was a set of cuts equally divided between defense and non-defense programs set to take place on January 1, 2013. The first $110 billion would be achieved through across-the-board cuts to all non-exempt defense and non-defense discretionary programs as well as Medicare. As part of the American

Taxpayer Relief Act of 2012, which dealt with the expiring Bush-era tax cuts and signed into law on January 2, 2013, Congress agreed to replace the first two months of sequestration with a combination of revenue and spending cuts. Without further action, the remaining $85 billion in cuts will take effect beginning on March 1."

"The cuts would include $31.4 billion to domestic programs like WIC, Head Start, child care, housing, home energy, and homelessness aid, education and training, and much more. Medicare will be cut by $11.2 billion. On February 8, the White House released a fact sheet with examples of the impact sequestration would have on families, jobs and the economy. If a sequester takes effect up to 373,000 seriously mentally ill adults and seriously emotionally disturbed children could go untreated, 70,000 young children would be kicked off Head Start, 10,000 teachers' jobs would be put at risk, federally-assisted programs like Meals on Wheels would be able to serve 4 million fewer meals to seniors, and more than 100,000 formerly homeless people, including veterans, would be removed from their current housing and emergency shelter programs."

"All agree that across-the-board cuts make no sense. Republicans tend to be more concerned about the cuts to the Pentagon, but refuse to include revenues in a package that replaces sequestration. The President and Senate leadership want new revenues from corporations and wealthy individuals to play a big part in replacing the mindless cuts. House leadership has refused to agree to a replacement package that includes revenues and has expressed resignation that the cuts will go into effect. Recently Senator **John McCain** (R-AZ), who has been most vocal in expressing concerns about the Pentagon cuts, has indicated a willingness to consider a package that includes revenues. If other Republicans are open to including revenues the potential for a deal increases."

"Congress is also facing a March 27 deadline when funding for appropriated programs will end because the temporary Continuing Resolution for FY 2013 expires. Congress might either find enough savings to replace another month or two of sequestration or allow the across-the-board cuts to take effect for a short period until both sequestration and the rest of FY 2013 appropriations can be resolved at the same time."

Elder Advocates Warn Congress On Automatic Cuts

On February 8th, Mass Home Care sent the following letter to Senator **Elizabeth Warren** and other members of the Massachusetts Congressional Delegation regarding the impact of sequestration:

"Mass Home Care, which represents all 23 Area Agencies on Aging in the Commonwealth, would like to share with your office our assessment of the impact that a 5.1% sequestration cut would have on Older Americans Act services and seniors in our state.

Any cuts to FY 2013 would be concentrated in the remaining six months of the fiscal year. For

simplicity's sake, we are doubling the 5.1% cut to 10.2 %, because half the federal fiscal year will be closed by the time we have to begin making cutbacks.

Here are some of the estimated impacts which would be felt by seniors in Massachusetts • 712,882 less meals on wheels: The average cost of a Home Delivered Meal was $6.66, and the total HDMs served to eligible elders was 6,989,070 meals. • 171,492 less meals at congregate meal sites: The average cost of a Congregate Meal was $7.51, with 1,681,297 total congregate meals served to eligible elders. • 117,662 fewer rides: Transportation Services, measured by a one-way trip, on average cost $5.98 per trip, with total FFY2012 one-way trips of 1,153,555 trips. • 2,783 less hours of legal aid: Legal Services are measured by the hour, with an average FFY12 cost of $76.76 per hour, the Commonwealth provided 27,286 hours of legal services. • 20,183 fewer information counseling sessions: The unit measurement of I&R Services, by contact, saw an average cost of $20.66 per contact; FFY2012 saw a total of 197,876 I&R contacts. • 2,067,576 lost gallons of home heating oil assistance: sequestration would result in the loss of $7.65 million in low income fuel assistance funding to your constituents. At $3.70 a gallon for fuel oil, that's a loss of more than two million gallons of home heating assistance.

Add to this the enormous loss of benefits that recipients of Social Security, Medicare and Medicaid will experience if these bedrock progams are cut. Social Security does not contribute to the deficit, and the Trust Funds should be left alone. As I write to you, our state is being hit with one of the worst blizzards in many years. Automatic sequestration would be the economic equivalent of a financial blizzard targeted against the most vulnerable people in our state, from children to the elderly. It would wreak the same indiscriminate damage on the very poorest among us. .

We at Mass Home Care urge you to vote against automatic sequestration. After years of stagnant or reduced funding, our agency has nothing left to squeeze out of the budget, so the sequester would directly hurt the older adults and caregivers we help every day.

This is not the time to dramatically cut government spending, which serves as a stimulus to the economy. Once it is spent in the local economy, a public dollar spent has the same impact as a private dollar spent, and low income people have to spend their money on fuel, rent, food, and clothing, so this federal spending appears immediately in the general economy.

Sequestration is a phony gimmick applied to the economy as a supposed cure. But it is such cures which will continue to weaken the patient. Thanks for listening to the voices of your constituents.

Congressman McGovern Responds To Sequester

On February 21st, **Congressman James McGovern** responded to Mass Home Care's letter:

Dear Mr. Norman:

Thank you for contacting me regarding your thoughts on the status of the fiscal cliff negotiations. I appreciate hearing from you on this important issue.

Over the last two years, Congress has worked together with the Obama Administration to pass legislation that reduces deficits by at least $2.4 trillion. The vast majority of these savings were derived from spending cuts. During the final hours of the 112th Congress, the American Taxpayer Relief Act of 2012 was passed and later signed into law by President Obama. This legislation extended tax cuts for middle class Americans while allowing for increased tax revenue from the wealthiest Americans. The American Taxpayer Relief Act of 2012 also permanently indexed the Alternative Minimum Tax exemption

amount to inflation, extended several important tax credits, and extended one year emergency unemployment benefits. Additionally, the American Taxpayer Relief Act of 2012 increased Medicare physician payments.

Over the next few months our country faces significant budget deadlines, including automatic spending cuts scheduled to take effect in March 2013. Budget sequestration threatens funding for key federal agencies and programs, including those related to public education, conservation, defense, public health, scientific research and the social safety net. I am deeply concerned about the additional cuts that would be made to such programs and will continue to advocate for responsible strategies to reduce our deficit without cutting programs essential to working class families and the growth of our economy.

Please know that I remain committed to working with both Democrats and Republicans alike to develop a responsible strategy to balance our budget and avoid the potentially disastrous fiscal consequences of budget sequestration. Thank you for contacting me about this important issue, and please do not hesitate to contact me regarding this or any other issue in the future.

Sincerely,
James McGovern

Elders Tells Lawmakers: End the Home Care Waiting Lists!

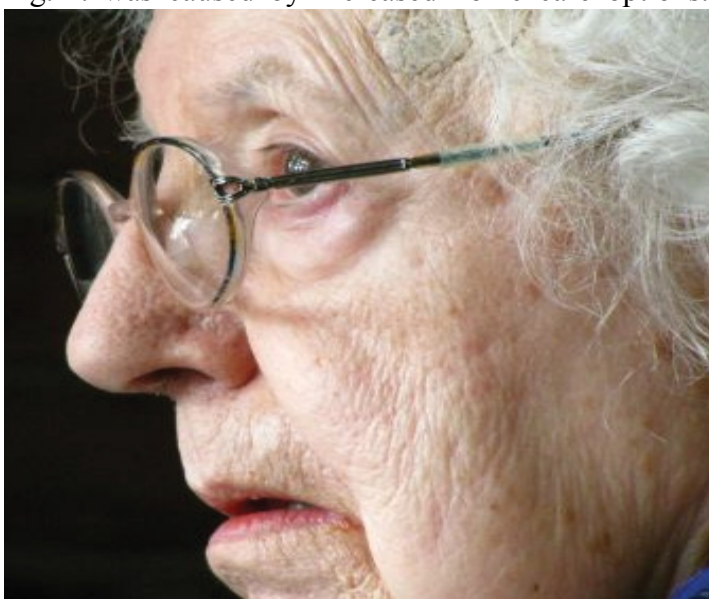
On March 5th, several hundred elderly rights activists will be circulating through the State House on Beacon Hill, urging lawmakers to end the home care waiting lists in the FY 14 budget. The advocacy day is sponsored by five groups: Mass Home Care, Mass Senior Action Council, Mass Association of Older Americans, Massachusetts Councils on Aging, and the Mass Council for Home Care Aide Services.

Mass Home Care released the following statement about the need to invest funding in home care:

"Almost one in five Massachusetts residents today is age 60+. This group is the fastest growing segment of the state's population. There are more than 653,000 households in this state with someone over the age of 60. By the year 2032, Massachusetts will have the 8th largest percentage of people age 65 to 74 in America. Over the past 20 years, something remarkable has happened in the use of nursing facilities:

• The MassHealth nursing home census has fallen from 36,670 in Oct of 1993, to 29,036 in Oct, 2012.
• In 1993, there were 1,710 empty NF beds, and a 96.7% occupancy rate. By 2012, there were 5,000 empty beds, and an occupancy rate of 89%.
• Medicaid-paid nursing home patient days have fallen by -32% just since 2000.

At today's costs—taxpayers have avoided more than $700 million in nursing home costs compared to 12 years ago. This radical drop in nursing home usage was not caused by the Recession or global warming. It was caused by increased home care options.



And yet----despite the dramatic impact that home care has had on the drop in NF use---the home care program has had waiting lists for the past 4 years running for one reason: insufficient funding.

As of February 15th, there were 1,258 elders on a home care waiting list. At a time when the Commonwealth is looking to save revenue, and make smarter investments, the home care program stands out as an example of an investment that save millions of dollars every year. The Enhanced home care program costs $10,500 a year, compared to $60,500 for a nursing home--to serve the same level of clinical need.

Every time we place an elder in the en-

hanced home care program, we save the state $50,000 per year— net costs. Everyday we keep an elder out of a nursing home we are saving the state money. Not sometime in the future---immediately.

In 2012 there were 4.25 million fewer Medicaid NF days than in 2000. This is the "home care dividend." This is the pay off we all get as taxpayers when we invest in cost-effective care.

Best of all, we don't need higher revenues to achieve these savings. All we need to do is to shift a small fraction of what we save in NF costs over to the home care budget, to keep the cycle of cost-savings going. We can do this now—even with no new taxes. Make no mistake: we believe the Commonwealth needs to increase its revenues, but it also needs to invest in programs that create savings in real time.

It's time to "end the home care waiting lists" by investing in cost-effective alternatives to nursing facilities, and using the home care dividend to keep the doors to home care open.

We cannot call ourselves a "community first" state while we have 5,000 empty NF beds and a waiting list for home care. As of 2009, we had the 6th highest per capita spending on NF care in the nation, and two-thirds of our long term care spending went to nursing facilities. A 2011 study by AARP found that Massachusetts ranks 40th in the nation for the percentage of low income residents who end up in nursing facilities without first receiving community-based care that might have allowed them to stay at home.

It's time to rebalance how we spend our money for elders, and let the "money follow the person" back into the community. By law, people on MassHealth have a civil right to be cared for in the least restrictive setting appropriate to their need. Every person we segregate in a nursing facility who could be at home, is someone who has lost a civil right. We need to target how we spend our limited dollars, and spend our first dollar on people we can keep out of institutions, living as independently as possible. Our first order of business in FY 14 must be: End the home care waiting lists!"

According to Mass Home Care, the funding requested by aging groups for home care, enhanced home care, care management and nutrition is a total of $21.4 million more than was recommended by Governor **Deval Patrick** for FY 14.

CBO Warning On Social Security Spending

In early February, the Reuters news service reported that the Congressional Budget Office had issued a warning that U.S. spending on Social Security and healthcare will double to $3.2 trillion a year over the next decade, threatening a sharp rise in national debt unless Congress acts to avoid the danger.

The Congressional Budget Office did not offer a plan to address the imbalance between revenues and spending on retirement and healthcare benefits. But it said that action taken now would help minimize the economic impact of whatever course lawmakers can agree on.

"Unless the laws governing these programs are changed - or the increased spending is accompanied by corresponding reductions in other spending, sufficiently higher tax revenues, or a combination of the two - debt will rise sharply relative to (the U.S. economy) after 2023," the CBO warned. "Deciding now what policy changes to make to resolve that long-term imbalance would allow for gradual implementation, which would give households, businesses and state and local governments time to plan and adjust their behavior," CBO said.

Last June the CBO said that Social Security and federal health programs would account for more than

one-quarter of U.S. gross domestic product by 2037 unless laws were changed. Federal spending on Social Security, Medicare and Medicaid stood at $1.6 trillion in 2012, with healthcare spending alone at $885 billion.

The CBO predicts that annual spending for these programs will exceed $3 trillion by 2023, with Obama's healthcare reform law adding another $134 billion in costs to provide coverage for 26 million people through new state-based healthcare exchanges.

Expanded health coverage under the reform law would cost $1.3 trillion over the next 10 years, slightly higher than its forecast in August, and reach 38 million people in 2022 through the exchanges and an expansion of the Medicaid program for the poor beginning Jan. 1, 2014, the CBO said.

The CBO also said that 7 million fewer people were forecast to have employer-sponsored health insurance in 2022 due to Obama's Patient Protection and Affordable Care Act. The estimate is up from August, when CBO predicted a drop of 4 million people with employer plans. The change was due largely to the lower marginal tax rates Congress passed on Jan. 1, which would reduce tax benefits associated with insurance provided by employers.

Medicare is expected to remain at around 3 percent of GDP until 2019 before climbing to 3.5 percent of the economy by 2023, for a total of $1.1 trillion in spending. Medicaid is forecast to grow to 2.2 percent of GDP by 2023 when it is projected to total $572 billion in federal spending and 84 million beneficiaries.

Social Security outlays, estimated to account for almost one quarter of the government's spending next year, are projected to remain near 5 percent of GDP in most years through 2018 and then climb to reach 5.5 percent of GDP in 2023. Despite forecasts for rising spending for Medicare and Medicaid, both are expected to grow more slowly per capita over the coming decade than they were just six months ago. The change was due partly to expectations for lower enrollment and a larger number of young, healthier beneficiaries in the Medicaid coverage pool. It also reflected a slowdown in spending growth for Medicare's Part A hospital, Part B physician and Part D prescription drug benefits.

White House Cuts To Social Security "Still On The Table"

Josh Rosenblum, a member of AARP's Media Relations Team, says that President **Barack Obama** is poised to cut programs like Social Security---despite the rhetoric in his inaugural address.

Here's what AARP's Rosenblum wrote about President Obama's stand on Social Security, and his proposal to adopt a "chained Consumer Price Index" that would reduce the annual cost of living adjustment for Social Security:

"Speaking about the federal deficit, the President ignored expert and public opinion when he cited Bowles-Simpson and said, 'The deals that I put forward, the balanced approach of spending cuts and entitlement reform and tax reform that I put forward are still on the table.'

He didn't say he's willing to cut Social Security benefits, but he didn't have to. On the last *Meet the Press* of 2012, President Obama said that he was willing to go against AARP by making the tough decision of cutting benefits for older Americans and veterans. But he wasn't standing up to AARP. He was standing up to Americans of all ages who overwhelmingly don't want to see Social Security benefits cut. He said he was willing to break a campaign promise made last year by almost all Democrats and Republicans running for federal office: that they wouldn't cut benefits for current retirees or those nearing retirement.

Approaching President's Day, Valentine's Day, and the State of the Union address, Washington

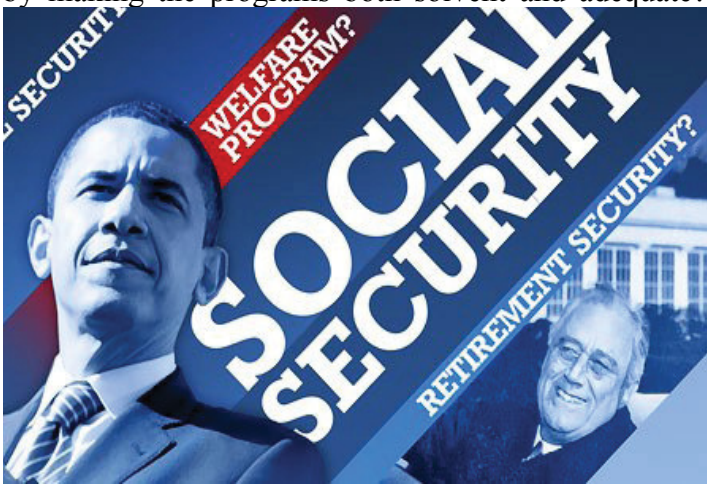
politicians in the new Congress can move forward with the confidence that pretty much no one likes chained CPI. When we read books and watch movies about the lives of successful American presidents, we don't witness an important moment about a President fixing the federal deficit. So why should this president, who's in his final term, seek to harm such historically important programs? Pictures of Presidents **Franklin Roosevelt** and **Lyndon Johnson** signing the bills that make Social Security and Medicare law have been prominently displayed. But there isn't a famous painting, photograph, or love letter to a President shown signing a bill to cut our benefits. The creation of both Social Security and Medicare have been historic, watershed moments. Cutting the benefits of people who depend on the lifeline programs would also be historic, but it would be an image that lived on in infamy.

Chained CPI would take $112 billion directly from the pockets of Social Security beneficiaries and $25 billion in veteran's benefits over just ten years. Eventually Social Security beneficiaries would lose a month's worth of benefits every year.

A new poll conducted just before the annual conference for the National Academy of Social Insurance (NASI) confirms that Americans, across party lines, just hate the benefit cut known as the chained CPI. Eighty-four percent believe current Social Security benefits do not provide enough income for retirees, and 75 percent believe we should consider raising future Social Security benefits in order to provide a more secure retirement for working Americans. Reuters columnist **Mark Miller** writes about the poll, "We do not want benefits cut. If anything, we would like to see them strengthened. That's the view across all lines of political party, income level and age." NASI's polling confirms that the vast majority of Republicans, Democrats, and Independents would rather see a tax increase than a benefit cut.

Americans are willing to raise taxes so why are we still taking about cuts? The NASI survey says that a big majority of 65 percent of Republicans, 68 percent of Independents and 74 percent of Democrats would welcome a tax increase with open arms if it would protect our Social Security benefits. So why has the President or anyone else been talking about cuts to our benefits?

Weeks after his *Meet the Press* appearance, at his second inauguration speech, the President sang a different tune. He said: 'The commitments we make to each other through Medicare and Medicaid and Social Security, these things do not sap our initiative. They strengthen us. They do not make us a nation of takers. They free us to take the risks that make this country great.' But based on this week's White House remarks, he may have just been lip synching what the public wanted to hear almost as much as Beyoncé that morning. Will Washington politicians listen to their constituents during this new Congress and have a separate conversation about strengthening Medicare and Social Security by making the programs both solvent and adequate?



Will they listen to the President's inauguration words, or to his words in the White House briefing room? If the new Congress and our President want infamy as their legacy, they'll cut our benefits. If they want fame, they'll make history, and find a way to make crucial programs adequate and solvent"

Medicaid Expands Eligibility

In 2010 Congress enacted the Affordable Care Act. One part of this legislation mandated that all States expand their Medicaid benefit to all persons whose incomes are under 138% of the federal poverty level, which is less than $15,415 per year for a single person and less than $31,809 for a family of four. In June 2012, the U.S. Supreme Court held that Medicaid Expansion could not be a mandate, making Medicaid Expansion 'optional' for States. Medicaid Expansion is vitally important to people

with disabilities. Based on data compiled by disability rights advocate Attorney **Steve Gold**, taken from the 2010 American Community Survey for people under 65 years old, 13.7% of non-elderly community residents with family incomes under 138% federal poverty level have disabilities, compared to 6.7% of those with incomes above that level. So the disability rate among poor or near-poor Americans is more than twice that of those with higher incomes.

For people with disabilities on SSI, they already receive Medicaid. Also, in many States that provide Medicaid Waivers for community-based services for people with disabilities, the income eligibility levels are above SSI. However, there are a lot of people with disabilities in every State who are neither on SSI nor on a Waiver and who do not have any health coverage for basic health care doctors, prescriptions, and hospitalizations. These are the people with disabilities for whom Medicaid Expansion is critical.

In the United States, there are 2,665,407 people who are at 138% of the federal poverty level and under, who are not currently receiving Medicaid, either based on SSI or Waiver, and are under 65 years. In Massachusetts, there are 19,008 individuals who fall into the Medicaid expansion definition.

While a majority of States are opting into the Medicaid Expansion, a number have not yet decided it is in their economic interest or the interest of people with disabilities. Massachusetts will be a Medicaid expansion state, but our state also has a regulation that when a person turns 65, they are subject to a $2,000 asset limit. Under age 65, Medicaid has no asset limit. This gross form of age discrimination has been challenged in legislation re-filed on Beacon Hill by Mass Home Care, which would make the income and asset rules for Medicaid eligibility the same for people of all ages.

Mass Gets $44 M Health Innovation Award

On February 21st, the federal government announced that Massachusetts was one of six states that will receive new federal funding for testing innovative health care delivery plans. The Commonwealth will receive $44 million over the next 3.5 years. The 5 other states receiving funds include Arkansas, Maine, Vermont, Oregon and Minnesota.

According to the Centers for Medicare and Medicaid Services, over $250 million in Model Testing awards will support six states that are ready to implement their State Health Care Innovation Plans. A State Health Care Innovation Plan is a proposal that describes a state's strategy to use all of the levers available to it to transform its health care delivery system through multi-payer payment reform and other state-led initiatives.

The State Innovation Models Initiative is providing up to $300 million to support the development and testing of state-based models for multi-payer payment and health care delivery system transformation with the aim of improving health system performance for residents of participating states. The projects will be broad based and focus on people enrolled in Medicare, Medicaid and the Children's Health Insurance Program (CHIP).

The CMS Innovation Center created the State Innovation Models initiative for states that are prepared for or committed to planning, designing, testing, and supporting evaluation of new payment and service delivery models in the context of larger health system transformation. The Innovation Center is interested in testing innovative payment and service delivery models that have the potential to lower costs for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP), while maintaining or improv-

ing quality of care for program beneficiaries. The goal is to create multi-payer models with a broad mission to raise community health status and reduce long term health risks for beneficiaries of Medicare and Medicaid.

Over the next 42 months, the Commonwealth of Massachusetts will receive up to $44,011,924 to implement and test its State Health Care Innovation Plan. Continued funding will be subject to performance, compliance with the terms and conditions of award, and demonstrated progress towards the goals and objectives of the State Innovation Model initiative.

The Massachusetts model builds upon Massachusetts' history of health care innovation and multi-stakeholder engagement, its work to expanding coverage, and recent legislation that commits the Commonwealth and all of its payers and providers to an ambitious transformation of the health care delivery system.

In the Massachusetts model, primary care practices will be supported as they transform themselves into patient-centered medical homes—capable of assuming accountability for cost and offering care coordination, care management, enhanced access to primary care, coordination with community and public health resources, and population health management. The Massachusetts model will strengthen primary care through shared savings/shared risk payments with quality incentives based on a statewide set of quality metrics, as well as payments to support practice transformation.

This award will be used to support public and private payers in transitioning to the specified model; to enhance data infrastructure for care coordination and accountability; to advance a statewide quality strategy; to integrate primary care with public health and other services; and to create measures and processes for evaluating and disseminating best practices.

Programs in two other states presented interesting models of delivery that differ from the approach in Massachusetts, and involve community-based organizations and long term care:

In Minnesota, the state is working to increase the kinds of care offered through Accountable Care Organizations (ACOs), including for the first time long-term social services and behavioral health services. It will create linkages between the ACOs and Medicare, Medicaid, and commercial insurers, aligning payments to provide better care coordination, wider access to services, and improved coverage. Minnesota also plans to work with community organizations to create "Accountable Communities for Health" that will integrate medical care with behavioral health services, public health, long-term care, social services, and other forms of care, share accountability for population health, and provide care centered on the needs of individuals and families.

In Oregon the state will begin implementing its model test in Medicaid through its system of Coordinated Care Organizations (CCOs)—risk-bearing, community-based entities governed by a partnership among providers of care, community members, and entities taking financial risk for the cost of health care – and use the State Innovation Models Initiative funding to foster the spread of this new model of care to additional populations and payers, including Medicare and private plans, such as those covering state employees. CCOs have the flexibility, within model parameters, to institute their own payment and delivery reforms to achieve the best possible outcomes for their membership. They are accountable for the health and care of the population they serve and are rewarded for improving both the quality of care and health care value. CCOs will transition payment for care from a fully-capitated model to payment that is increasingly based on health care outcomes.

In a press release announcing the new federal grant, Governor **Deval Patrick** said, "In Massachusetts we believe that access to quality, affordable health care is a public good. This funding will assist us in implementing the next phase of health care reform

to provide better care, better health and lower costs."

The Administration said the award will further the Commonwealth's efforts to transform its health care delivery system by moving the market away from fee-for-service payments and towards a system capable of delivering better health care and better value for all residents of the Commonwealth. This announcement also builds on Massachusetts' record of health care innovation and multi-stakeholder engagement, its trailblazing work to expand coverage, and recent legislation that commits the Commonwealth and all of its payers and providers to an ambitious transformation of the health care delivery system.

"We thank CMS for recognizing the Patrick-Murray Administration's dedication to health care cost containment," said Health and Human Services Secretary **John Polanowicz.** "This award will advance our efforts to achieve billions in health care savings for governments, businesses and families."

Mitchell Appointed to ICO Implementation Council

On February 12th, MassHealth announced the list of 21 individuals who will serve on the Integrated Care Organization (ICO) Duals Demonstration Implementation Council. According to the Excutive Office of Health and Human Services, the Implementation Council will play a key role in monitoring access to health care and compliance with the Americans with Disabilities Act (ADA), tracking quality of services, providing support and input to EOHHS, and promoting accountability and transparency.

Dale Mitchell, the Executive Director of Ethos, one of the 27 Aging Services Access Points (ASAPs), was appointed to serve as a representative of Mass Home Care on the Implementaton Council. He was nominated by **Christine Alessandro**, President of Mass Home Care.

Mitchell will join 11 consumer representatives, 5 other members of community-based organizations, 3 representatives of trade organizations, and 1 representative of a union. The Implementation Council will be chaired by consumer representatives, **Dennis Heaphy,** and co-chairs **Howard Trachtman** and **Florette Willis.**

The Executive Office of Health and Human Services (EOHHS) announced their intent to form an Implementation Council on December 3, 2012, and accepted nominations for two weeks.

The Implementation Council is a new working committee that will hold meetings across Massachusetts. The Implementation Council will develop a work plan and meeting agendas. The roles and responsibilities will likely include advising EOHHS; soliciting input from stakeholders; examining ICO quality, reviewing issues raised through the grievances and appeals process and ombudsperson reports, examining access to services (including LTSS), and participating in the development of public education and outreach campaigns.

The consumer chairs will develop agendas; facilitate the meeting; and ensure completion of work plan deliverables and the annual report. EOHHS staff will support the Council staff and will attend all meetings to exchange information with the Implementation Council. All meetings will be open to the public. The Implementation Council will also prepare an annual report of its activities for submission to the Medicaid Director and the Secretary of EOHHS.