# At Home

**May, 2014**

*With Mass Home Care*

**Vol 27 #5**

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# House Ways & Means Protects Elder Funding

The House Ways and Means budget for FY 2015 was released on April 9th . The House plan mirrors the Governor's FY 2015 budget in most major elderly line items, with the exception of Councils on Aging, which received a $1 million increase in funding.

"The House Ways & Means budget was a major victory for elder advocates," said Mass Home Care President **Christine Alessandro**. "We held onto a significant budget increase that began with Governor **Deval Patrick**. House Ways & Means Chairman **Brian Dempsey** (D-Haverhill) made sure that these increases were protected."

In the Executive Summary for his budget, Chairman Dempsey outlined the impact of his budget on Elder Affairs:

"The services provided by the Department of Elder Affairs equip seniors of the Commonwealth with the tools and resources necessary to remain independent and connected to their communities. The department administers valuable programs through local Councils on Aging and Aging Services Access Points that include home care and caregiver support, nutrition programs, protective services, and health and wellness services. The Committee recognizes the instrumental nature of these services, and proposes to provide a significant investment of $17M in FY 2015, thereby enabling the department to increase Supportive Housing sites, add an extra hour of homemaker services in Purchased Services, eliminate the waitlist for the Enhanced Home Care Services program, and fully restore the Service Incentive Grants.

- Provides $63M to the Elder Home Care Services Program, eliminating the waitlist for these services and allowing more elders to stay in their homes and communities
- Provides $5.4M to the Supportive Senior Housing Program, expanding supportive housing sites from 31 to 41
- Provides $104.4M to the Elder Home Care Purchased Services program, allowing for an extra hour of homemaker services each month per elder
- Provides $11.5M to the Grants to Councils on Aging, fully restoring Service Incentive Grants to the 2009 level


***HWMs Chairman Brian Dempsey***

The House Ways and Means version, like the Governor's budget before it, adds a total of $16,467,756 in new funding for basic home care, the Enhanced Community Options Program, and protective services. The Governor's request for $1.2 million in training funds was deleted by the House.

Unfortunately, the House Ways and Means budget did not include two initiatives designed to boost worker salaries for the state's 17,000 homemakers, and to increase wages and support costs at the 27 Aging Services Access Points in line item 9110-1633.

Mass Home Care is supporting the following 4 amendments to the House budget, which will begin its floor debate on April 28th:

- Amendment #775 **Homemaker salary reserve**: **Representative James O'Day** (D-West Boylston), to provide a $6.1 million add-on for wages, compensation and/or salary and associated employee-related costs to personnel providing homemaker and personal care homemaker services to elderly clients
- Amendment #776 **Home Care Case Management**: Representative James O'Day adds $3.3 million to the Aging Services Access Point (ASAP) line item that pays for care management, other support staff and operations at the ASAPs. This account has been frozen for the past 4 years.
- Amendment #264 Prescription Advantage/ **SHINE**: **Representative Paul Brodeur** (D-Melrose) amends the Prescription Advantage program to provide $360,000 for the free health insurance counseling program known as SHINE (Serving the Health Information Needs of Everyone). This is identical to language in the FY 14 state budget.
- Amendment #430 Meals on Wheels: **Representative Paul Donato** (D-Medford) amends the elder nutrition program to add $700,000 to the Meals on Wheels program.

Amendments were also filed to restore $350,000 in lost mental health funding for elders; to increase funding by $214,000 for Naturally Occurring Retirement Communities; and to restore $1.2 million for workforce training in the Elder Affairs programs.

## Feds Give State $85 Million For Community Care

The Patrick Administration announced in early April at least $85 million in a new grant award from the Centers for Medicare and Medicaid Services (CMS) to help the Office Health and Human Services (HHS) expand and enhance the Commonwealth's community-based long term services and support system for elders and individuals with disabilities.

"This funding is an affirmation of our commitment to making community-based services a reality for our most vulnerable residents," said Governor **Deval Patrick**. "I thank the Obama Administration for their partnership in providing our seniors and individuals with disabilities the support they need to live comfortably."

***Washington Post photo***

This grant award comes from CMS's Balancing Incentive Payment Program (BIPP), a part of the Affordable Care Act, which provides enhanced federal funds to states who enrich their long-term care system. States participating in BIPP are required to spend at least 50 percent of their federal funding on non-institutional community-based, Long Term Services and Supports (LTSS) by September 2015.

"Our Community First strategy is about reducing reliance on institutional placement and building a strong system of services and supports in the community," said EOHHS Secretary **John Polanowicz**. "This funding will mean more accessibility and opportunity for more people choosing community living settings in Massachusetts."

The use of the funding will be determined over the next several months through a stakeholder's engagement process and negotiations with CMS.

"Massachusetts' Office of Elder Affairs does extraordinary, groundbreaking work providing long-term care to seniors," said U.S. Senator **Elizabeth Warren**. "I'm very pleased CMS has recognized their critical work and awarded this funding to help strengthen the Commonwealth's long-term care system."

The grant funds will also be used to strengthen the Administration's coordinated "No Wrong Door" system, so consumers may easily learn about and access Long Term Services and Supports.

"Long-term medical care is a major decision for seniors, for those with disabilities and for their families," said U.S. Representative **Niki Tsongas**. "This funding will increase the opportunities and options available here in Massachusetts, while helping individuals and their families become more involved in choosing the most appropriate and comfortable setting for long-term care."

As noted above, the Governor's FY'15 budget proposal also includes a $16.9 million expansion of the Commonwealth's Home Care Program to allow all residents of Massachusetts to live in their preferred setting supported by services they need. In addition, the Governor proposed $1.3 million to expand the Supportive Housing Program from 31 to 41 sites, to allow public housing residents to age in place in an "assisted-living" environment. Over the last decade, Massachusetts has demonstrated a 62 percent increase in length of stay in Elder Affairs Community First programs, helping eliminate or delay long term facility placement for thousands of residents.

"As home to the district with the largest number of senior citizens in the state, this is very welcome news," said U.S. Representative **William Keating**. "Seniors should be able to choose where they live, including staying in their home, without being restricted because of lack of services. This grant will allow them that freedom."

The Community First/Olmstead Plan of 2007 established a road map that has been guiding the development of increased access to person-centered information and self-directed services for people in need of LTSS support. BIP P provides another major opportunity toward full access for all populations in need of LTSS.

"As too many seniors and individuals with disabilities struggle to access quality health care, we must do everything we can to expand the reach of care to their homes and communities," said U.S. Representative **Joe Kennedy.** "These funds will not only improve treatment services throughout our Commonwealth but also raise awareness about the health care options and opportunities available to seniors in our state. I applaud Governor Patrick and his administration on earning this award."

"I look forward to working to provide innovative, new ways to help Massachusetts consumers who want to remain at home with high quality of services and supports," said Executive Office of Elder Affairs Secretary **Ann Hartstein**. "We are particularly fortunate that we have exceptional, experienced community advocates and agencies that have contributed to making the Patrick Administration's Community First commitment a reality."

"We applaud the Administration for expanding its Community First effort, while at the same time, increasing federal matching funds to the state," said Mass Home Care Executive Director **Al Norman**. "Elders want a chance to live out their days at home. BIP will provide more funding to honor that desire."

The task of administering the BIPP plan has fallen to **Ken Smith** the head of the Administration's Office of Long Term Support Services (OLTSS). Several workgrouips are being created now to begin designing a BIPP plan for the state.

## Congressman Ryan Releases "Path To Prosperity"

On April 10th. U.S. Congressman **Paul Ryan** ( R-WI) introduced a federal FY 14 budget resolution that was equally controversial with past Ryan budgets.

According to the Center on Budget and Policy Priorities, roughly 69% of the cuts in House Budget Committee Chairman Ryan's new budget would come from programs that serve people of limited means. These disproportionate cuts — which likely account for at least $3.3 trillion of the budget's $4.8 trillion in non-defense cuts over the next decade — contrast sharply with the budget's rhetoric about helping the poor and promoting opportunity.

The low-income cuts in the Ryan plan include the following:

• Health coverage. At least $2.7 trillion in cuts to Medicaid and subsidies to help low- and moderate-income people buy private insurance. Under the Ryan plan, at least 40 million low-and moderate-income people — that's 1 in 8 Americans — would become uninsured by 2024.

• Food assistance. Cuts SNAP (formerly food stamps) by $137 billion over the next decade. It adopts the harsh SNAP cuts that the House passed last September — which would force 3.8 million people off the program in 2014, according to the Congressional Budget Office — and then converts SNAP to a block grant in 2019 and imposes still-deeper cuts.

*Congressman Paul Ryan*

• Other mandatory programs serving low-income Americans. Cuts an additional $385 billion — beyond its SNAP cuts —from the budget category containing many mandatory programs for low-and moderate-income Americans, such as Supplemental Security Income for the elderly and disabled, the school lunch and child nutrition programs, and the Earned Income and Child Tax Credits for lower-income working families. At least $250 billion of these cuts would fall on such low-income programs.

• Low-income discretionary programs. Cuts these programs by about $250 billion, on top of the cuts already enacted through the 2011 Budget

Control Act's discretionary caps and sequestration.

In releasing his budget, Congressman Ryan described his plan as "a budget that trusts the American people…"So this debate boils down to a question of trust," Ryan said. "Do we trust Washington to know what's best for our health care, our economy, or our families?...We've put forward a budget that harnesses the power of economic freedom and respects the dignity of every person." Ryan said his plan balances the budget in just 10 years, and cuts $5.1 trillion in spending over the next decade by eliminating waste and making much-needed reforms."

Ryan's budget would repeal the Affordable Care Act (Obamacare), and, according to the Republican Budget Committee Chairman, "protect and strengthen Medicare. We repair the safety net so it's there for those who need it, and we give states the flexibility they need to help people move up the ladder of life." Ryan insisted that his plan would "ensure a secure retirement for the elderly." "This budget protects and strengthens Medicare for current and future generations. It also requires the President and Congress to work together to forge a solution for Social Security. This budget recognizes that the federal government must keep its word to current and future seniors. And to do that, it must reform these programs."

But the National Council on Aging listed at least 10 ways that the Ryan budget could harm seniors:

**1. It repeals the Affordable Care Act (ACA)**. The proposal eliminates ACA provisions that reduce prescription drug costs; keep frail seniors in their homes; improve access to prevention services, including falls; provide a free annual wellness visit; improve chronic care; reduce Medicare fraud; improve nursing home quality; and reduce hospital readmissions. It would, however, maintain Medicare cuts in the ACA.

**2. It significantly cuts non-defense discretionary (NDD) programs.**

The budget would cut non-defense spending by $791 billion, while increasing military spending by $483 billion. Funding for Older Americans Act programs like Meals on Wheels, family caregiver support, job training, senior centers, and disease prevention programs, would suffer significant cuts when the need for these services is increasing. Over time, these programs—which are NOT contributing to the federal budget deficit—would be cut by 22% below current levels.

**3. It cuts Medicare in four ways.** The proposal would increase the Medicare eligibility age, raise the deductible amount for doctor visits, penalize or prohibit people from buying first-dollar private Medigap coverage, and increase monthly premiums for middle-class seniors with incomes over $46,000 per year.

**4. It significantly cuts and block grants Medicaid.** Medicaid covers almost two-thirds of long-term care costs for older Americans. The proposal cuts this safety net by $732 billion, delivering a devastating blow to frail, vulnerable seniors who depend on it. Block granting Medicaid means current federal nursing home quality standards and protections for the spouses and children of nursing home residents could be repealed.


**5. It completely restructures Medicare.** The "premium support" proposal could significantly increase Medicare beneficiaries' out-of-pocket costs because the defined contribution amount would not keep pace over time with the cost of care. Those who remain in the traditional program also could be forced to pay higher premiums.

**6. It cuts food benefits for hungry seniors.** The proposal would cut an additional $137 billion, on top of the $8 billion already enacted in the farm bill, from the Supplemental Nutrition Assistance Program (SNAP), which helps hungry older adults afford healthy food.

**7. It eliminates the Senior Corps.** Eliminating Senior Corps means an end to volunteer opportunities that provide services to frail elderly and children with disabilities, along with stipends for thousands of low-income senior volunteers, when millions of retiring baby boomers want to give back to their communities.

**8. It eliminates the SSBG program.** The Social Services Block Grant (SSBG) is the only consistent federal funding for adult protective services, and it expands the reach of home-delivered meals, medical transportation, adult day care, and in-home services.

**9. It cuts the Supplemental Security Income (SSI) program.**

At least $500 billion in cuts in "other mandatory" programs would include SSI, affecting over 2 million low-income seniors. Cuts to SSI would drive the nation's most vulnerable seniors into extreme poverty.

**10. It threatens efforts to reduce elder financial abuse.** The proposal removes the autonomy of the Consumer Financial Protection Bureau (CFPB) budget—a possible first step toward dismantling the agency. This threatens the CFPB Office of Older Americans and its efforts to protect against elder financial exploitation.

Shortly after the release of the Ryan budget, other critics began challenging the spin Ryan put on the plan. Congressman **John F. Tierney** (D-Salem) issued a press release strongly opposing the House Republican Budget. "The Ryan Republican Budget would hurt job creation, slash investments in education, research, transportation and innovation, threaten small businesses, and betrays the promises made to our seniors. It would raise taxes on middle class families in order to provide for additional tax cuts for the wealthiest Americans. That's utterly irresponsible. The Ryan Republican Budget is a wrong and radical prescription for America's future, and it should have been rejected," said Congressman Tierney. "Instead, I support a far better and more balanced alternative budget that would continue our economic recovery and strengthen the middle class. This budget invests in our country's future by focusing on education and research, strengthening Medicare, creating jobs, promoting tax fairness, and responsibly reducing the deficit," Tierney concluded.

AARP also criticized Ryan's budget. "Chairman Ryan's proposed budget fails to address the high costs of health care and instead shifts costs onto seniors and future retirees. Repealing the benefits of the Affordable Care Act ignores the progress we've made to improve access to health care and protect against discrimination based on age, gender or medical history. Removing the Medicare guarantee of affordable health coverage for older Americans by implementing a premium support system and asking seniors and future retirees to pay more is not the right direction."

The National Committee to Preserve Social Security and Medicare said the Ryan budget "doubles-down on an ideological quest to turn Medicare into "coupon care," making it harder for seniors to choose their own doctors and ultimately killing traditional Medicare. If the GOP/Ryan budget becomes law, seniors will immediately lose billions in prescription drug savings, free wellness visits and preventative services provided in the ACA, and the Part D donut hole returns. … The American people have made clear they don't support cutting middle class benefits to reduce the deficit yet that's exactly what this latest Ryan budget means for millions of struggling families."

## Congress Passes One-Year "Doc Fix"

On April 1st, President **Barack Obama** signed into law the Protecting Access to Medicare Act (H.R. 4302), a 12-month "patch" of the Medicare Sustainable Growth

Rate (SGR). The bill prevents a steep cut to physician reimbursement rates through Medicare, which were set to take effect on April 1. Health care and aging advocates have pushed for a permanent fix to the SGR formula and physician payment schedule, which have been subject to review and revision almost annually for 17 years.

Earlier this month, new Senate Finance Committee Chairman **Ron Wyden** (D-OR) introduced the Medicare SGR Repeal and Beneficiary Access Improvement Act of 2014 (S. 2110) to permanently fix the flawed formula and overhaul the Medicare reimbursement system, but the measure has met opposition in identifying acceptable offsets for the 10-year, $180 billion cost. The House passed a permanent SGR fix (H.R. 4015) in early March and paid for it with a five-year delay in the Affordable Care Act's Individual Mandate.

Included in the current 12-month SGR patch is a win for senior groups: a full-year's funding extension through March 31, 2015 of a total of $20 million for Area Agencies on Aging, State Health Insurance Programs, and Aging and Disability Resource Centers, doing individual outreach and enrollment assistance to low-income beneficiaries. Originally created in the Medicare Improvements for Patients and Providers Act (MIPPA), then updated in the Affordable Care Act and the fiscal cliff deal of January 2013, these outreach and enrollment activities performed largely by the Aging Network have had no permanent source of funding. Since they are not appropriated, there is no annual opportunity to press Congress for continued funds. This year's SGR legislation, however, became a convenient and appropriate vehicle.

As one of several Medicare "extenders" in the SGR legislation, MIPPA funding is renewed for State Health Insurance Assistance Programs ($7.5 million), Area Agencies on Aging ($7.5 million) and Aging and Disability Resource Centers ($5 million) for this specific outreach work in FY 2014 and the first half of FY 2015.

The Qualified Individual (QI) program, which helps to bolster the financial security of Medicare beneficiaries between 120 and 135% of the federal poverty line by paying for monthly Part B premiums, also received a full-year extension in H.R. 4302.

Together these programs are essential to ensuring that the country's most vulnerable seniors receive health care by improving access and covering premium payments often out of reach for low-income older Americans.

## Spouse As Paid Caregiver Bill Still In Committee

***Michael Fernandes (center) on State House visit***

It's a piece of legislation that's only one sentence long---but its brevity has not spared the Spouse As Caregiver bill from a long journey through the state legislature.

In October of 2013, a bill endorsed by Mass Home Care that would allow people on MassHealth to pay their spouse for personal care support was reported favorably by the Joint Committee on Children and Families. The text of the "spouse as caregiver" bill, as amended and numbered H. 3716, would add one sentence to state law: "provided further, spouses shall be permitted to serve as caregivers in the adult foster care and personal care attendant programs."

This legislation was filed by State Representative **Jennifer Benson** (D-Lunenburg), who is the House Vice Chairwoman of the Joint Committee on Health Care Financing. For the past 7 months the Health Care Finance committee has kept the bill under review.

On March 4th, a disabled man from Provincetown, **Michael Fernandes**, came to the State House to present lawmakers with a Moveon.org petition with nearly 1,300 signatures asking for spouses to be allowed to serve as paid caregivers. Fernandes met with Representative Benson, and with the Senate Chairman of Health Care Finance, **Senator James Welch** (D-West Springfield).

Currently, some MassHealth programs allow family members to be paid caregivers. This is true for the Adult Foster Care program, and for the Personal Care Attendant program. But these same programs do not allow "spouses" to count as family caregivers. In the PCA program for example, a son or daughter, a grandson or granddaughter, aunt, uncle, niece nephew, friend, or stranger can be paid as a caregiver---but not a spouse. As a result, many disabled individuals are denied care from the person closest to them, whom they trust the most, and who cares for them the most. Many consumers do not want to turn to children---or strangers---to provide their care.

Representative Benson's legislation does not change the program eligibility rules for Adult Foster Care or Personal Care Attendant enrollees in any way. Instead, it broadens the range of people who can serve as a paid caregiver. This bill therefore does not expand the eligible population, or make any individuals newly eligible---it only provides them with a more flexible choice of who will provide their personal care.

## Social Security Stops Collecting Old Debts

The Social Security Administration (SSA) announced April 14th that it will discontinue its efforts to collect on taxpayers' debts to the government that are more than 10 years old. But the agency stopped short of saying that it would refrain from going after children for their parents' debt.

The SSA was reportedly seizing state and federal tax refunds that were on their way to about 400,000 Americans who had relatives who owed money to the Social Security agency. In many cases, the people whose refunds were intercepted had never heard of any debt, and the debts dated as far back as the middle of the past century.

"I have directed an immediate halt to further referrals under the Treasury Offset Program to recover debts owed to the agency that are 10 years old and older pending a thorough review of our responsibility and discretion under the current law," the acting Social Security commissioner, **Carolyn Colvin**, told the media. The effort to collect on old debts began six years ago because of a provision in a federal farm bill that allowed the government to collect on debts that are more than 10 years old.

The U.S. Treasury Department promulgated rules to allow the government to settle such debts by seizing taxpayers' refunds. The Treasury department reportedly seized about $75 million in tax refunds this year which went back more than 10 years.

Under this policy, some children were having their tax refunds taken away to pay off the debts of their parents, some of whom were deceased for decades. This new policy on debt look back period does not change the fact that the government still collects parental debt from children.

Senator **Charles E. Grassley** (R-Iowa) told *The Washington Post* that Congress did authorize the government to seek payment on old debts, but that the law "says nothing about allowing the government to offset payments from an individual to pay debts not in his or her name. It is unclear where the government has that authority."

## After 6 Months, One Care Plan Has 59% Opt Out Rate

On April 16th, MassHealth released enrollment statistics for its "One Care" managed care plan for people on Medicare and MassHealth for the 6 month period October 1st to April 1st. One Care is for 'duals' age 18 to 64, but people who join before age 64 can remain in the plan, so over time, the elderly population will become a major part of this population .

Here are some key facts to date:

- A total of 32,058 duals have either enrolled or opted out.
- 13,191 (41%) have enrolled, 18,864 (59%) have opted out.
- That means 6 out of 10 people approached have chosen not to join One Care--even when passively enrolled.
- Of those who have enrolled, 54% (7,070) are in Commonwealth Care Alliance, 40% (5,313) are in Fallon Total Care, and 6% (808) are in Network Health.
- At this rate of opt out, the total eligible population of 95,702 people would produce a net enrollment of around 56,314 people.
- Of those enrolled, 59%, or 7,744 are classified as "community other," and One Care plans are not required to refer them for a Long Term Supports Coordinator (LTSC) assessment--despite the fact that the law says all members are to have initial and ongoing assessments that involve an independent LTS Coordinator.
- For this same time period, ASAPs have reported a total of 913 LTSC assessments, which represents around 7% of enrollees.

According to research from Mass Home Care, referrals to ASAPs for LTS Coordinator assessments, as a percentage of the total population enrolled in each plan, are as follows: :

--5% of members from Commonwealth Care Alliance
--5% of members from Fallon Total Care
--35% of members from Network Health

MassHealth has also announced that it is finalizing a document for members enrolled in One Care that will explain their right to have a LTS Coordinator serve on their care team at no extra cost. Lack of LTSC involvement has been a significant source of complaints from advocacy groups representing elders and individuals with disabilities, who have pressed for more LTSC involvement.

## Mass Home Care's 31st

## Annual Lunch

*featuring*

## Congresswoman

# Katherine Clark

**and othe special guests**

## Monday, June 16, 2014

**11:30 am Burlington Marriott**

**for reservations**
**and sponsor opportunities**

**contact: info@masshomecare.org**