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## Friday Updates February 25, 2011

In this issue:

[Profile of Older Americans, 2010](#)

[State Medicaid Director Letter Addressing Affordable Care Act Maintenance of Effort Provisions](#)

[CMS Releases 2012 Advance Notice and draft Call Letter for Medicare Advantage and Medicare prescription drug plans](#)

[CMS Webinar on Program Integrity Education Opportunities](#)

[Special Open Door Forum on HHS and HUD Community Living](#)

[HHS Issues a Proposed Rule on the Community First Choice Option](#)

[New HHS Report Highlights ACA Resources and Flexibility for States](#)

[HHS Announces \\$100 Million in Grants for States to Encourage Healthy Behaviors](#)

[The impact on low income older adults, the aging services network, and community services provided by SCSEP if the proposed funding levels for FY2011 and FY2012 are approved](#)

[United Hospital Fund Distinguished Community Service Award](#)

[Alzheimer's Foundation of America's Care Connection](#)

[NASUAD's Analysis of the President's FY12 Budget Request has been Updated to Include HR1](#)

## From the Administration

### Administration on Aging

**Profile of Older Americans, 2010**

February 23, 2011

The Administration on Aging released its publication: *A Profile of Older Americans: 2010*, which is an "annual summary of the latest statistics on the older population. [The publication] covers 15 topical areas including population, income and poverty, living arrangements, education, and health". It will be posted shortly on the AoA website, but can be found now [here](#).

### Centers for Medicare and Medicaid Services

**State Medicaid Director Letter Addressing Affordable Care Act Maintenance of Effort Provisions**

CMCS is pleased to announce the release today of a letter to State Medicaid Directors providing guidance on "the maintenance of effort" (MOE) provisions in the Affordable Care Act of 2010. This letter and the enclosed Q&As address the Affordable Care Act MOE provisions for Medicaid and the

Children's Health Insurance Program (CHIP) generally, and specifically answer questions related to the non-application of the MOE provisions for certain adult populations in States with a budget deficit, section 1115 waivers and demonstration projects, and the treatment of premiums. [The press release can be found here](#) and [the letter can be found here](#).

### **CMS Releases 2012 Advance Notice and draft Call Letter for Medicare Advantage and Medicare prescription drug plans**

The Centers for Medicare and Medicaid Services (CMS) has released the 2012 Advance Notice and draft Call Letter for Medicare private health plans, also known as Medicare Advantage (MA) plans, and Medicare prescription drug plans (Medicare Part D). The Call Letter sets forth changes to bid, payment and coverage policies for private plans offered through Medicare Part C and Part D. Comments on the Notice and Call Letter are due March 4, 2011. The final Rate Notice for 2012 will be announced on April 4, 2011. Of note, on page 78, CMS notes that the agency is considering an initiative to promote enrollment of dual eligible beneficiaries in fully integrated, high quality Special Needs Plans (SNPs). The initiative would test the impact of certain plan design flexibilities in the 2013 contract year. To qualify, SNPs would have to be an existing plan in the 2011 and 2012 plan years, be of high quality, and demonstrate that they offer a truly integrated product, e.g., a capitated contract for the full array of Medicaid services, including primary, acute, behavioral, and long term. CMS is requesting comment on variety of fully integrated plan elements.

According to the Notice, MA plans will receive an average increase of 1.6 percent in payments in 2012. The 1.6 percent projected raise is a *net* of several factors, taking into account cuts made by the Affordable Care Act (ACA) in MA county benchmarks. Rates vary by county, and payments to plans are dependent on the health and demographic status of their enrollees and their ability to win a bonus under a star rating program that begins in 2012. Under the draft Call Letter, CMS proposes providing bonus payments not only to plans with the highest star ratings—four and five stars—but also to plans with a rating of three stars. Click [here](#) to learn more about the Quality Ratings of Medicare Advantage Plans.

The Advance Notice includes the annual updates to the Medicare Part D prescription drug benefit parameters. CMS is required to update the statutory parameters for the defined standard Part D benefit by the annual percentage increase in the average per capita Part D spending. According to the Advance Notice, the Part D deductible will increase from \$310 to \$320, the initial coverage limit from \$2,840 to \$2,930, and the out-of-pocket threshold from \$4,550 to \$4,700.

Read the 2012 Advance Notice and draft Call Letter by clicking [here](#) or visiting <http://www.cms.gov/>.

### **CMS Webinar on Program Integrity Education Opportunities**

On March 1, the Centers for Medicare & Medicaid Services (CMS) will host a webinar focusing on program integrity education opportunities that the Medicaid Integrity Institute offers at no cost to states. Hosted by Cindy Mann, the Deputy Administrator and Director of the Center for Medicaid, CHIP, and Survey & Certification, participants will include Robb Miller, the Director of the Division of Field Operations within CMS' Medicaid Integrity Group, and Heidi Robins-Brown, the Deputy Administrator and Deputy State Medicaid Director for Washington State. The webinar, titled "Strengthening State Pillars Through the Medicaid Integrity Institute," will be held from 3:00-4:00 pm EST, and participants are invited to submit questions in advance of, or during, the meeting by sending these inquiries to [MedicaidMeetings@cms.hhs.gov](mailto:MedicaidMeetings@cms.hhs.gov). To participate, please follow the instructions below:

### **To Join the CMS Webinar:**

(1) Click on this link and type your name to enter as a guest:

<https://webinar.cms.hhs.gov/mii/>

(2) Call the following number: 1-877-267-1577 When prompted for password type: 8872#

If you have never attended an Adobe Connect Pro meeting before:

Test your connection:

[https://webinar.cms.hhs.gov/common/help/en/support/meeting\\_test.htm](https://webinar.cms.hhs.gov/common/help/en/support/meeting_test.htm)

Get a quick overview: [http://www.adobe.com/go/connectpro\\_overview](http://www.adobe.com/go/connectpro_overview)

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## **Department of Health and Human Services**

### **Special Open Door Forum on HHS and HUD Community Living**

The U.S. Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD) are sponsoring a Special Open Door Forum to provide information on the HHS and HUD partnership that was developed in response to the President's Year of Community Living proclamation, and in conjunction with HHS Secretary Sebelius's Community Living Initiative (CLI). The Forum will focus on understanding the HUD/HHS Collaboration: creating sustainable partnerships between the housing and human service agencies at the federal, state, and local levels to improve the availability of affordable and accessible housing, which is being accomplished through two major efforts: (1) the six initiatives of the HUD/HHS Community Living Collaboration, and (2) linking long-term services and supports with HUD's new Category 1 and II vouchers to assist individuals with disabilities. The HHS and HUD Community Living Partnership Special Open Door Forum will take place on Tuesday, March 1, 2011, from 11:00 a.m. to 1:00 p.m. ET. Following the presentation, the telephone lines will be opened to allow participants to ask questions of the subject matter experts from HUD and HHS, including CMS. Presentation materials will be posted by Friday, February 25, 2011 to the HHS Office on Disability [webpage here](#). To participate in the Forum, please dial 1-800-837-1935, and give the Conference ID Number, 44280806.

### **HHS Issues a Proposed Rule on the Community First Choice Option**

Published in the February 25 *Federal Register*, the proposed rule seeks to implement Section 2401 of the Affordable Care Act (ACA), which establishes a new mechanism for states to provide home and community based attendant services and supports under their state plan, through the Community First Choice (CFC) option. Starting in October 2011, the three-year program will allow states to receive a six percent increase in federal matching funds for providing qualifying services and supports to Medicaid eligible individuals in a community setting, in accordance with a person-centered plan. CMS has invited public comments on the rule, which are due by April 26, 2011. To view the proposed rule, [please click here](#).

### **New HHS Report Highlights ACA Resources and Flexibility for States**

On February 25, the U.S. Department of Health and Human Services (HHS) released a new report describing the opportunities for state flexibility within the Affordable Care Act (ACA), as well as the resources available to states under the health reform law. The report finds that as of February 24, 2011, states have received, or can access, nearly \$2.8 billion in ACA funding. It notes that states will receive billions more in ACA funding in 2011 and subsequent years, through such initiatives as the recently-announced insurance Exchange grants, the additional funding from the \$15 billion Prevention and Public Health Fund that will be released, and the higher Federal matching payments for Medicaid long-term care that will soon be available to states. In flushing out the various aspects of the ACA that encourage

state flexibility in order to facilitate successful ACA implementation, HHS highlights the flexibility and options already afforded to states under the health reform law, such as state decisions in enforcing the ACA's new consumer protections; the state's choice of participating in planning for the Exchanges; as well as the state's decision to operate a Pre-existing Condition Insurance Plan. To access the full report, which includes supplementary tables and additional details, [please click here](#).

**HHS Announces \$100 Million in Grants for States to Encourage Healthy Behaviors**

February 24, 2011

On February 24, the U.S. Department of Health and Human Services (HHS) announced the availability of \$100 million in grants for state incentive programs that encourage Medicaid enrollees to adopt healthy behaviors. **Funding Opportunity Number: [CMS-1b1-11-0001 \(CFDA 93.536\)](#).**

Established by Section 4108 of the Affordable Care Act ([Pub. L. 111-148](#)), the Medicaid Incentives for Prevention of Chronic Diseases (MIPCD) authorizes grants to states to provide "comprehensive, evidence-based, widely available, and easily accessible" programs that demonstrate changes in health risk and outcomes, including the adoption of healthy behaviors for Medicaid beneficiaries. An application by a state for a grant under the program must address at least one of the following prevention goals: (1) tobacco cessation, (2) controlling or reducing weight, (3) lowering cholesterol, (4) lowering blood pressure, and (5) avoiding the onset of diabetes or improving the management of the condition.

The Office of the Governor or the State Medicaid Agency may apply for funding under this grant opportunity; CMS will accept only one application per state.

State [Notices of Intent](#) are due to CMS by *April 4, 2011*, and Complete Grant Applications are due to CMS by *May 2, 2011*.

Successful applicants will receive a Notice of Grant Award signed and dated by August 1, 2011, and states must commit to operating their program for at least 3 years. Approved administrative and program expenditures will be reimbursed through grant funds from the \$100 million dollars appropriated for this program and evaluation. There is no State cost sharing requirement in this program. Further information, including the [Initial Announcement](#), [Notice of Intent to Apply](#), and [Guidance Document on Preparing Solicitation for Section 4108](#) can be found [here](#).

**From Organizations**

**Senior Service America**

**The impact on low income older adults, the aging services network, and community services provided by SCSEP if the proposed funding levels for FY2011 and FY2012 are approved**

February 24, 2011

On February 19, 2011, the House of Representatives passed H.R. 1, the Continuing Resolution that funds all federal government programs for FY2011. This bill proposes \$300 million for SCSEP for the year starting July 1, 2011, a 64% cut from this year's funding level. Instead of providing 130,000 older adults with community service jobs, SCSEP would support about 47,300 jobs, or 82,700 fewer jobs. The Senate and the White House will need to reach agreement with the House before this proposed funding level becomes the law.

	Current Funding to	Proposed Funding for	Impact
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	<b>June 30, 2011</b>	<b>July 1, 2011, Approved by House of Representatives</b>	
<b>Funding Level</b>	\$825 million	\$300 million	Cut by \$525 million
<b>Number of Community Service Jobs</b>	130,000 jobs	47,300 jobs	Cut by 82,700 jobs
<b>Paid Work Hours Serving the Community, Total</b>	74.3 million hours	27 million hours	Cut by 47.3 million hours
<b>Paid Work Hours Serving Other Older Adults</b>	18.6 million hours	6.7 million hours	Cut by 11.9 million hours

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## United Hospital Fund

### United Hospital Fund Distinguished Community Service Award

The United Hospital Fund announced the last call for nominations for the 2011 Distinguished Community Service Award. This award will be given at the Fund's Gala on October 3, 2011 to honor a specific project or initiative that has been influential in health care in the New York Metropolitan region. Candidates must be involved in voluntary, unpaid service, and identified with a specific health project or initiative which "improves the availability, affordability, or quality of health care in the New York Metropolitan area".

To submit a nomination, email [dcsa@uhfnyc.org](mailto:dcsa@uhfnyc.org) by March 1, 2011 including the candidate's full name, title, business affiliation (if any), address, and telephone number, as well as a description of the specific initiative, its significance, and its benefit to the community.

[Click here for the full announcement.](#)

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## Alzheimer's Foundation of America

### Alzheimer's Foundation of America's Care Connection

Sponsored by the Alzheimer's Foundation of America, Care Connection is a FREE, interactive teleconference for family caregivers and healthcare professionals. Top-notch experts present on various topics—and are eager to answer your questions. Calls take place the second Thursday of each month at 1 p.m. EST. To participate, dial 1-877-232-2992, and enter guest ID 271004#. The next call will take place on Thursday, March 10 and will feature Vladimir Kotelnik, RN, case manager, Partners in Care, of NY, NY who will be discussing "10 Tips for Hiring a Home Health Aide." For more info, please visit <http://www.alzfdn.org/AFAServices/careconnection.html>.

## From NASUAD

### NASUAD's Analysis of the President's FY12 Budget Request has been Updated to Include HR1

On February 19, the House passed HR1, a Continuing Resolution to fund the federal government for the remainder of FY11. Although HR1 is unlikely to clear the Senate, or survive a presidential veto, its proposals are expected to remain relevant as Democrats and Republicans look to reduce spending in areas where there is bipartisan consensus, such as the overlapping recommendations contained in both

President Obama's FY12 budget request and HR1. Given the potential for these intersections to signal future reductions, NASUAD has analyzed HR 1, comparing its content, where possible, with the proposals outlined by the President in his FY12 budget request. Please find this supplementary analysis to NASUAD's previously-released Preliminary Analysis of the President's FY12 Budget Request, as well as NASUAD's FY12 Budget Table, which has been updated to incorporate HR1, [by following this link](#). With the current CR slated to expire on March 4, NASUAD will continue to monitor both the FY11 and FY12 budget cycles, updating our analysis with additional information as it becomes available.



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