TAKING A STAND AGAINST ELDER ABUSE

By Kathy Greenlee, Assistant Secretary for Aging at the Department of Health and Human Services on June 13, 2011

June 15th, 2011 marks the 6th Annual World Elder Abuse Awareness Day. This is an important opportunity for Americans and people around the world to recommit ourselves to ending elder abuse, neglect, and exploitation.

Elder abuse, like domestic violence and child abuse, is a public health crisis that crosses all socio-economic lines. Millions of older Americans are abused, neglected, or exploited each year – often by someone they know – and an estimated 84 percent of these incidents are not reported.

Elder abuse and exploitation is an issue that must be addressed. As Americans enjoy longer lives and the senior population continues to grow, abuse will likely grow with it. And, sadly, during hard economic times the prevalence of financial exploitation increases.

One way this administration is committed to fighting elder abuse is through the Elder Justice Act, which was signed into law by President Obama last year. The Elder Justice Act provides the first-ever authorization of Federal resources for adult protective services demonstrations to test the best methods of identifying, responding to, and preventing elder abuse, neglect, and exploitation. In fact, the President’s 2012 Budget proposes $16.5 million in first-time funding for this purpose.

In addition to resources, ending elder abuse is critically dependent on the partnership of government agencies, law enforcement, adult protective services professionals, health and human services providers, faith-based organizations, and business and community leaders. All of these entities play a crucial role in providing education, outreach, and support to the community, bringing offenders to justice for their crimes, and
protecting and empowering victims and their loved ones. These many organizations work tirelessly to help prevent elder abuse, and throughout the year there are many observances, such as World Elder Abuse Awareness Day, that allow each of us the opportunity to honor older individuals and draw attention to the problem of elder abuse, neglect, and exploitation.

On this World Elder Abuse Awareness Day, I encourage agencies, organizations, and individuals across the world to recognize this underreported issue and raise awareness about the mistreatment of seniors. Let this be a renewal of a life-long commitment to ending elder abuse in the United States, and around the world, as we strive to create communities that safeguard and protect elders.

Click here to learn more about this day and how you can “Join Us in the Fight Against Elder Abuse.”

FROM THE ADMINISTRATION

Department of Health and Human Services

Advisory Council on Alzheimer’s Research, Care, and Services
The U.S. Department of Health and Human Services (HHS) established the Advisory Council on Alzheimer’s Research, Care, and Services on May 23, 2011. The Council will meet quarterly to discuss programs that impact people with Alzheimer’s disease and related dementias and their caregivers and will make recommendations to reduce the financial impact and to improve the health outcomes of people with Alzheimer’s disease and related dementias.

The Council will consist of 22 members, including at least ten from Federal agencies and 12 non-federal members. Nominations are being accepted for non-federal members who meet one of the following categories:

- Alzheimer’s patient advocates
- Alzheimer’s caregivers
- Health care providers
- Representatives of State health departments
- Researchers with Alzheimer’s-related expertise in basic, translational, clinical, or drug development science
- Voluntary health association representatives

The deadline for nominations is June 30, 2011. Nominations should include the nominee’s contact information (current mailing address, e-mail address, and telephone number) and a current curriculum vitae or resume and may be submitted by e-mail or USPS mail to Helen Lamont at: Helen.lamont@hhs.gov or Helen Lamont, Ph.D Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services  
Room 424E Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

For more information about the Advisory Council, click here.

**National Prevention Strategy**  
*June 16, 2011*

The National Prevention, Health Promotion, and Public Health Council announced the release of the National Prevention and Health Promotion Strategy, which is a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. This strategy suggests actions that the federal government and other parties can take to achieve four broad goals and seven specific priorities to reduce the leading causes of death in the United States. It is the product of an 18 member task force created by the Affordable Care Act and chaired by Surgeon General Regina Benjamin. Members include nine cabinet secretaries. The four main goals pertain to healthy and safe community environments, clinical and community preventive services, empowered people, and the elimination of health disparities. The seven targeted priorities are tobacco free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury and violence free living, reproductive and sexual health, and mental and emotional well-being.

To learn more, click here.

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**Administration on Aging**

**Webinar on the Affordable Care Act**

On Tuesday, June 21, the Administration on Aging will hold the next of a series of webinars focused on the Patient Protection and Affordable Care Act and its impact on the aging network. This webinar is called *Utilizing Patient-Centered Technologies to Support Care Transitions* and will explore the role of technology in care transitions processes. It will also provide an overview of the Tech4Impact program, which encourages Aging & Disability Resource Centers to expand the use of technology to support existing care transitions initiatives.

Comments and suggestions on this and other webinars in the series are welcome.

The webinar will be held on Tuesday, June 21 from 2:00 to 2:30 PM EST.

You can register here.
Centers for Medicare and Medicaid Services

Community Mental Health Centers
June 16, 2011
The Centers for Medicare and Medicaid Services (CMS) issued a proposed rule on Thursday that is designed to improve the quality and safety of treatment for more than 25,000 Medicare beneficiaries who receive care at Community Mental Health Centers (CMHC) each year. The proposed rule would establish conditions of participation for CMHCs and includes health and safety standards. The new conditions focus on a client-centered, outcome-oriented approach.

The new standards include steps CMHCs would be required to take to protect clients. These include qualifications for employees and contractors; notifying clients of their rights; convening treatment teams to develop active treatment plans; creating a Quality Assessment and Performance Improvement program; and setting organization, governance, administration of services, and partial hospitalization services requirements.

CMS will accept public comments on the proposed rule until August 16. To submit comments, visit http://www.regulations.gov and search for “CMS-3202-P”. The rule can be found here.

CMCS Info Bulletin: State Option to Cover Low income Individuals with Tuberculosis
June 16, 2011
On Thursday, the Center for Medicaid, CHIP & Survey & Certification (CMCS) released an Informational Bulletin: State Option to Cover Low income Individuals with Tuberculosis. It reminds States about their option to extend Medicaid eligibility to low-income individuals infected with tuberculosis and receive Federal financial participation. This provision was enacted in the Omnibus Budget Reconciliation Act of 1993, when tuberculosis was making a resurgence around the country. In 2010, the Centers for Disease Control and Prevention (CDC) reported 11,181 cases of tuberculosis in the U.S. Tuberculosis is transmitted through the air, making it easily spread if untreated. Medicaid coverage would allow individuals to receive treatment to improve their lives and also to prevent the spread of the disease.

The CDC provides Federal funding to State and local health departments for tuberculosis diagnosis, case management, contact investigations, surveillance, education, and outreach, but provides little support for treatment or prescription drugs. CMS and the CDC are encouraging States to consider this opportunity to work with public health agencies and achieve the common goal of eliminating tuberculosis.

The Informational Bulletin can be found here.
New Technology to Help Fight Medicare Fraud

June 17, 2011

On the heels of the White House launch of the Campaign to Cut Waste - an administration wide initiative to crack down on waste, fraud and abuse, the Centers for Medicare & Medicaid Services (CMS) announced today that starting July 1, it will begin using innovative predictive modeling technology to fight Medicare fraud. Similar to technology used by credit card companies, predictive modeling helps identify potentially fraudulent Medicare claims on a nationwide basis, and help stop fraudulent claims before they are paid. This initiative builds on the new anti-fraud tools and resources provided by the Affordable Care Act that are helping move CMS beyond its former “pay & chase” recovery operations to an approach that focuses on preventing fraud and abuse before payment is made.

More information on the predictive modeling and HHS’ effort to detect fraud and abuse are available here.

FROM CONGRESS

Senate Hearing: Senior Hunger and the Older Americans Act

The U.S. Senate Committee on Health, Education, Labor, and Pensions Primary Health and Aging Subcommittee will hold a hearing, Senior Hunger and the Older Americans Act, on June 21, at 10:00 AM EST in the Dirksen Senate Office Building, Room 430. The hearing will focus on the increase in senior hunger, the health effects of malnutrition, and the related cost to our health care system. Speakers will include Kathy Greenlee, Assistant Secretary of the Administration on Aging; Robert Blancato, Executive Director of the National Association of Nutrition and Aging Services Program; Ken Gordon, Executive Director of the Area Agency on Aging for Northeastern Vermont; Mary Jane Koren, Vice President of Picker/Commonwealth Fund Long-Term Quality Improvement Program; and Kay Brown, Director of Education, Workforce, and Income Security for the Government Accountability Office.

Click here for more information.

FROM OTHER ORGANIZATIONS

AARP

Advancing Health in Rural America: Maximizing Nursing’s Impact

June 13, 2011

On June 13, AARP in collaboration with the National Rural Health Association and the Robert Wood Johnson Foundation, hosted an AARP Solutions Forum on rural health and nursing solutions. The forum convened policy experts, thought leaders and key stakeholders to review current and future
action toward improving health care in rural America. A shortage of providers in rural areas generally limits access to primary and preventive services, reduces consumer choice and can raise costs. Speakers and panelists representing both state and federal perspectives discussed problems facing rural health care, best practices, cutting-edge rural health models, nursing-based solutions, and policy implications for state and federal policymakers.

Panelists elaborated on Action Coalitions which are formed to advance the Future of Nursing: Campaign for Action, a broad national effort to ensure that all Americans have access to high quality, patient-centered health care. Action Coalitions are convened to effect long-term sustainable change at the local, state and regional levels and are comprised of groups of stakeholders from diverse sectors including: health care, insurance, consumers, business, government, foundation, academic and health systems. With technical assistance from AARP’s Center to Champion Nursing in America, The Campaign for action is working toward garnering support for nurses to play a larger, more important role in transforming the health care workforce. By 2012 it is expected that Action Coalitions will be active in all 50 states.

The recent Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health was also reviewed. This report advocates for nurses to: practice to the full extent of their education and training; achieve higher levels of education through improved and seamless academic system; be full partners with physicians and other health care professionals in redesigning health care in the US; and participate in workforce planning and policy making which requires better data collection an improved information infrastructure.

Click here to view a webcast of the Rural Health and Nursing Solutions Forum

Medicaid and CHIP Payment and Access Commission

Report to the Congress: The Evolution of Managed Care in Medicaid
June 15, 2011

The Medicaid and CHIP Payment and Access Commission (MACPAC) released its June 2011 Report to the Congress: The Evolution of Managed Care in Medicaid on Wednesday. This report is divided into two sections: the first describes the use of managed care in Medicaid, populations enrolled, plan arrangements, payment, access, and accountability; the second provides Medicaid and CHIP program statistics, with national and state-level information on Medicaid enrollees, spending, and the use of managed care.

The report can be found here.
National Committee for the Prevention of Elder Abuse

World Elder Abuse Awareness Day Materials and News
The National Committee for the Prevention of Elder Abuse (NCPEA) announced the release of their World Elder Abuse Awareness Day song and Youtube video. These materials are available for everyone to share and use as a way to spread awareness about elder abuse. The website, http://www.preventelderabuse.org has been updated to include broad news from the field and activities related to elder abuse awareness. To post any news, email Jeff Beam, NCPEA Communications Manager, at jbeam@preventelderabuse.org.

To view the video and song, and for more information, click here.

Technical Assistance Collaborative, Inc. and Consortium for Citizens with Disabilities

Priced Out in 2010: The Housing Crisis for People with Disabilities
June 20, 2011
On June 20, the Consortium for Citizens with Disabilities (CCD) will release a study: Priced Out in 2010: The Housing Crisis for People with Disabilities. This study reveals that, on average, people with disabilities receiving Supplemental Social Security Income (SSI) have to pay 112 percent of their income to rent a modest one-bedroom apartment. SSI is a federal program that provides income to people with significant and long term disabilities who are unable to work. The average monthly SSI payment is $703 to cover all their basic needs. The study illustrates why vulnerable people with disabilities are forced to become homeless or live in institutional settings.

This study was funded by the Melville Charitable Trust. To obtain a copy of the study and for additional information, click here after June 20.

Transportation for America

Aging in Place, Stuck Without Options
Transportation for America released a study: Aging in Place, Stuck Without Options, which ranks metro areas by the percentage of seniors with poor access to public transportation, now and in coming years, and presents other data on aging and transportation. The study found that by 2015, more than 15.5 million Americans 65 and older will live in communities with poor or non-existent public transportation. The baby boom generation will age in suburbs with few transportation options beyond driving.
This report will be helpful for Congress, as it prepares to adopt a new long-term transportation authorization, to ensure that policies ensure that older Americans can remain mobile, active, and independent.

To view the report and metro are rankings, click here.

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**The Urban Institute**

**Enhancing the Employability and Well-Being of Low-Income Older Americans**
The Urban Institute is holding a forum on June 29 to discuss *Enhancing the Employability and Well-Being of Low-Income Older Americans*. The panelists include Joe Angelelli, Pennsylvania state director for PHI Policy Works; Holly Hudson, Senior Community Service and Employment director for First Tennessee Human Resource Agency; Demetra Nightingale, senior fellow at the Center on Labor, Human Services, and Population for the Urban Institute; Donna M. Smith, chief of client and community services for the Maryland Department of Aging; and Andrew Sum, professor of economics and director of the Center for Labor Market Studies at Northeastern University.

The forum will examine how cross-system partnerships, policies, and practices can improve low-income older Americans’ employment, civic engagement, well-being, and self-sufficiency. The event will be held on Wednesday, June 29, from 9:00 to 11:00 AM EST at the Urban Institute in Washington, DC. It will also be available online.

To register to attend, click here.

To watch the video webcast or a recording, click here.

For more information, click here.

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**The Commonwealth Fund**

**Medicaid Managed Care Plans Owned by For-Profits Have Higher Costs, Lower Quality**
June 15, 2011

A new Commonwealth Fund issue brief, *Assessing the Financial Health of Medicaid Managed Care Plans and the Quality of Patient Care They Provide*, compares for-profit plans with non-publicly traded plans owned by groups of health care providers, health systems, community health centers, or clinics. For-profit plans spend an average of 14 percent of premiums on administrative costs, while non-publicly traded plans spent about 10 percent. The for-profit plans also received lower scores for quality-of-care measures related to preventative care, treatment of chronic conditions, members’ access to care, and customer service than non-publicly traded plans.
The brief can be found here.

**How Pre-Existing Insurance Plans are Helping to Bridge the Coverage Gap**
*June 14, 2011*

The Commonwealth Fund released a new issue brief, *How Pre-Existing Insurance Plans Are Helping to Bridge the Coverage Gap*. This brief examines Pre-Existing Condition Insurance Plan (PCIP) enrollment trends, benefits and premiums, and out-of-pocket costs. The findings show that enrollment is more modest than many expected, with approximately 21,000 people enrolled as of April 30. The PCIP program is still important, because PCIPs have allowed thousands of people to get the care they need and prevented some conditions from worsening and progressing to disabilities.

The brief, which is part of the Realizing Health Reform’s Potential series, can be found here.

**The Association of Travel Instruction**

**Association of Travel Instruction Annual Conference**

The Association of Travel Instruction, whose members teach persons with disabilities and seniors how to use public transportation safely and independently, is pleased to announce that its Eleventh Annual Conference will be held from Thursday, August 11, to Sunday, August 14, at the Holiday Inn Historic District in Philadelphia, PA. This conference is recommended for travel trainers, mobility managers and other persons interested in greater use of public transit by all disabled individuals and seniors. Presentations include how to teach safe street crossings in crowded urban environments; current practices for effective travel training of seniors; and, preparing newly-hired travel trainers. For full conference information, including the Preliminary Agenda, please visit the ATI website at [http://www.travelinstruction.org](http://www.travelinstruction.org).

**FROM NASUAD**

**NASUAD and NAMD Submit Joint Comments on CMS HCBS Waiver Proposed Rule**
*June 14, 2011*

NASUAD and the National Association of Medicaid Directors (NAMD) submitted comments on the Proposed Rule to revise the regulations regarding the implementation of Medicaid HCBS waivers under Section 1915(c) of the Social Security Act, as published in the April 15, 2011 Federal Register. The comments are also available on NASUAD’s website here.

The general comments are:

**Combining Waiver Target Populations** – Our Associations appreciate CMS’ proposal to allow states to combine waiver populations. The notion of supporting whole families in their own homes is a concept that our organizations have long supported. However, we strongly
encourage CMS provide more guidance on the Agency’s expectations around service delivery and related documentation. Collectively, we also are concerned about quality measurement within a waiver serving populations with significantly different support preferences and needs, such as older adults and persons with intellectual and developmental disabilities (ID/DD). Current CMS quality requirements already are challenging. Additional complexity in quality improvement strategies could prove highly problematic and be a significant barrier to states interested in a combined population waiver.

Person Centered Planning – Again, states have long supported person centered planning and we appreciate CMS’ efforts to offer more guidance on such models. However, experience has shown that older adults have very different perspectives on person centered planning and self-direction compared to young adults. Additionally, older persons with dementia may not be appropriate for self-direction. We are concerned about the proposed rule language, which appears to require full participant direction, when such a service arrangement may not be preferable or appropriate for certain populations. Additionally, the proposed language is silent on the role of legal guardians.

HCBS Setting – While our associations understand that CMS’ guidance is intended to ensure HCBS settings truly are homes and are not “sign-flips” from small facilities to home-like, the proposed language is highly problematic. We believe that the language, as drafted, would reduce, and not expand, choice. Additionally, the assisted living framework could have serious implications for people who choose to live in assisted living settings. Specifically, the proposed language, which mirrors Money Follows the Person assisted living language, could eliminate most assisted living from Medicaid. A further concern is that assisted living is frequently the long-term services and supports point of entry for older adults who provide pay. If the proposed rule reduces the pool of Medicaid participating assisted living settings, many older adults who spend-down to Medicaid while in assisted living settings could face eviction. The unintended consequence of the proposed language could be an increase in long-term stay nursing home admissions.

Administrative Proposals – We understand CMS’ desire to improve federal-state communication and offer clear guidance on public comment. However, the changes in “substantive amendment” could prove problematic. Specifically, changing the effective date to the date of approval from the date of submission, and precluding retroactive application of the change(s), could present serious challenges to states in today’s budgetary environment, as well as for state agencies under legislative mandates to implement changes or budget initiatives. Additionally, clear guidance on public notice expectations is needed. While public input is an important part of any waiver development or modification effort, requirements for extensive public input periods could prove challenging for analogous reasons.

Specific comments and recommendations can also be found in the letter here.
UPCOMING EVENTS FROM OUR PARTNERS

The NASMHPD Annual 2011 Commissioners Meeting is being held Sunday, July 17 – Tuesday, July 19, 2011, at the Westin Alexandria, 400 Courthouse Square, Alexandria, Virginia 22314.

National Association of State Head Injury Administrators State of the States in Head Injury Meeting, October 3-6, 2011, Kansas City, MO.

National Association of Medicaid Directors Fall Conference, November 7-9, 2011, Washington, DC

Archived Friday Updates are available on NASUAD’s website here.