

March 2, 2012

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HEALTH REFORM LAW PROVIDES COVERAGE FOR NEARLY 50,000 AMERICANS WITH PRE-EXISTING CONDITIONS

February 23, 2012

Last week, the U.S. Department of Health and Human Services announced that the new health care law's [Pre-Existing Condition Insurance Plan](#) (PCIP) is providing insurance to nearly 50,000 people with high-risk pre-existing conditions nationwide.

A new [report](#) shows how PCIP is helping people with pre-existing conditions who have been denied insurance coverage and are ineligible for Medicare. Until 2014, when insurers will have to cover all Americans with pre-existing conditions, the PCIP program will continue to provide people who enroll with affordable insurance coverage.

The analysis of PCIP demographics and enrollment trends show the program has worked quickly to connect Americans in need of medical care with the health insurance they need. Already, PCIP is helping 50,000 people with medical conditions access the health care they need but have been unable to afford without health insurance. Americans seeking health insurance through PCIP have serious health care needs:

- **Delayed or Deferred Care:** To qualify for PCIP, applicants must have been uninsured for a minimum of six months prior to applying for coverage, which means that PCIP may attract individuals who have been recently diagnosed with a severe illness or condition that requires immediate care or treatment.
- **Serious, Expensive Illnesses:** In general, the top five diagnoses or procedures in terms of cost tend to include cancers, ischemic heart disease, degenerative bone diseases, organ failure requiring a transplant, and hemophilia. These illnesses are prevalent among PCIP enrollees.
- **Higher Risk Populations:** Older Americans are at greater risk of having health conditions and needing care. The largest segment of PCIP enrollees is age 55 and older, which is likely attributable to people who are retired or no longer working, do not have access to employer-sponsored health insurance, and have not yet reached the age when they can enroll in Medicare.

The full report is available [here](#).

FROM THE ADMINISTRATION

Administration on Aging

New Evidence-Based Requirement for OAA Health Promotion Services

While the Aging Network has been moving towards evidence-based disease prevention and health promotion programs for the past several years, the FY-2012 Congressional appropriations now require that Older Americans Act (OAA) Title IID funding be used only for programs and activities which have been demonstrated to be evidence-based.

For more information on the new requirement, visit the AoA [OAA Title IID webpage](#).

AoA Releases Profile of Older Americans: 2011

Each year, AoA compiles a summary of the latest statistics on individuals 65 years or older across 15 topical areas including income, poverty, employment, health, disability, and caregiving. This report has now been updated to reflect the most recent year for which data is available, 2010. Highlights from the 2011 report include:

- The older population (65+) numbered 40.4 million in 2010, an increase of 5.4 million or 15.3% since 2000.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 31% during this decade.
- Over one in every eight, or 13.1%, of the population is an older American.
- About 29% (11.3 million) of non-institutionalized older persons live alone (8.1 million women, 3.2 million men).
- Almost half of older women (47%) age 75+ live alone.
- The median income of older persons in 2010 was \$25,704 for males and \$15,072 for females. Median money income (after adjusting for inflation) of all households headed by older people fell 1.5% (not statistically significant) from 2009 to 2010. Households containing families headed by persons 65+ reported a median income in 2010 of \$45,763.
- The major sources of income as reported by older persons in 2009 were Social Security (reported by 87% of older persons), income from assets (reported by 53%), private pensions (reported by 28%), government employee pensions (reported by 14%), and earnings (reported by 26%).

To view this new report, please visit AoA's web page [here](#).

2012 Administration on Aging SMP Funding Opportunity

The Administration on Aging is announcing a funding opportunity for Senior Medicare Patrol Program (SMP) projects for the next three years. The eligible states/ territories are: Alabama, California, Connecticut, Guam, Hawaii, Illinois, Indiana, Iowa, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Virgin Islands, Wisconsin, and Wyoming.

SMP projects recruit retired professionals as volunteer resources to Medicare beneficiaries, their families and caregivers about how to prevent, detect and report health care fraud, error and abuse in the Medicare program. The application deadline is 11:59 pm March 19, 2012.

For more information on the Senior Medicare Patrol Program (SMP) and to review the program announcement, click [here](#).

Centers for Medicare and Medicaid Services

New Hampshire First to Get New Health Care Law Funds to Help Seniors and People with Disabilities Live in their Communities

March 2, 2012

The Centers for Medicare & Medicaid Services (CMS) announced today that New Hampshire will be the first state in the country to receive new Medicaid grant dollars— \$26.5 million over three years— provided by the Affordable Care Act to keep people out of institutions and living productive lives in their communities. A total of \$3 billion is available to states under the Affordable Care Act's Balancing Incentive Program.

While Federal Medicaid law requires states to pay for institutional care for the elderly or persons with disabilities who may need assistance with activities of daily life, home or community-based long-term supports are optional. All states, however, operate home or community-based optional programs in Medicaid but demand frequently exceeds the State's available resources.

The new grant program is part of an ongoing effort by CMS and States to expand home and community-based services and supports. The Administration strongly supports a shift from institutional care to community services and supports for those with long-term needs. While most Medicaid dollars for long-term services and supports still go to institutions, the national percentage of Medicaid spending on home and community based services has more than doubled from 20 percent in 1995 to 43 percent in 2009.

States are eligible for these grants, in the form of higher Medicaid matching payments, if they currently spend less than 50 percent of their total long-term care costs on community-based options. The enhanced Medicaid payments must be spent increasing the availability of long-term community-based services and supports. The New Hampshire Department of Health and Human Services Balancing Incentive Program, in partnership with community organizations throughout the State, plans to further develop the systems of community-based care that serve seniors and individuals with behavioral health needs, physical disabilities, and intellectual disabilities.

New Hampshire's grant funds will run from April 1, 2012 through September 30, 2015.

Department of Justice

DOJ Fellowship on Financial Fraud and Abuse

The U.S. Department of Justice (DOJ) Office for Victims of Crime (OVC) released a solicitation for a fellowship on financial fraud and abuse with a major focus on elder financial exploitation and the connections between financial abuse and other types of abuse. This program furthers the Department's mission by supporting a fellowship position to assist OVC in its mission to advance victims' rights and services through training, technical assistance, and public awareness activities.

More information can be found [here](#).

If you have questions about the solicitation, contact Meg Morrow at the Office for Victims of Crime; her e-mail is meg.morrow@usdoj.gov

Agency for Healthcare Research and Quality

New Issue of Health Care Innovations Exchange Focuses on Caregiver Support

The Agency for Healthcare Research and Quality (AHRQ) released the February 29 issue of the Health Care Innovations Exchange. This issue focuses on caregivers. The featured Innovations describe three programs that use group and/ or individual sessions to provide education, coaching and/ or support to patients with dementia and/ or their caregivers. The featured QualityTools provide resources for health care professionals to address the many challenges that caregivers face. More innovations related to caregiver support are available on the [Innovations Exchange Web Site](#), which contains more than 675 searchable innovations and 1,575 searchable QualityTools.

The issue is available [here](#).

New issues of the Innovations Exchange are published biweekly on Wednesdays. Please contact us at info@innovations.ahrq.gov with any questions or comments.

FROM CONGRESS

Senate Hearing on the Dental Crisis in America

On February 29, the Health Education Labor & Pensions (HELP) Subcommittee on Primary Health and Aging held a hearing, "Dental Crisis in America: The Need to Expand Access." Witnesses highlighted the numerous barriers and problems Americans of all ages face in accessing dental health care, including the lack of coverage for older Americans and the problems low-income children face in finding Medicaid providers.

Chairman Bernie Sanders (I-VT) released a [new report](#) at the hearing, which found, in part, that more than 47 million people live in places where it is difficult to access such care, more than 130 million Americans do not have dental insurance, and one quarter of adults ages 65 or older have lost all of their teeth.

To view the hearing and learn more about the overall lack of access that millions of Americans, both low-income and middle class face when they have an oral health problem, please see the Subcommittee's website [here](#).

Sen. Gillibrand Unveils OAA Reauthorization Priorities

Earlier this week, Sen. Kirsten Gillibrand (D-NY), a member of the Senate Special Committee on Aging, released her priorities for the reauthorization of the Older Americans Act (OAA). These priorities include providing better aging-in-place opportunities so more seniors can get the care they need in their own homes instead of moving to costly nursing homes, providing more effective financial literacy services, improving nutrition, and preventing elder abuse.

To view these priorities in more detail, click [here](#).

FROM OTHER ORGANIZATIONS

AARP

Webinar on “On the Verge” Report Available Online

AARP made available the archived version of a [webinar](#) conducted live on February 14 on the release of “[On the Verge: The Transformation of Long-Term Services and Supports](#).” In this webinar, experts from the AARP Public Policy Institute, Health Management Associates, and the National Association of States United for Aging and Disabilities discuss findings from their new report. Specifically, they discuss LTSS Transformations in the States, Medicaid LTSS Transformations, and State Aging and Disability Agency Budgets and Reforms.

The webinar can be found [here](#).

Hilltop Institute

Hilltop Institute Releases Brief on Hospital Community Benefits after the ACA

The Hilltop Institute's Hospital Community Benefit Program has just released its third issue brief, “[Hospital Community Benefits after the ACA: Partnerships for Community Health Improvement](#).” The brief discusses a variety of options for collaboration in assessment, planning, priority setting, and implementation of health improvement initiatives; provides examples of diverse models already in place; and examines their impact on the communities in which they occur. It is the third in a series, funded by the Robert Wood Johnson Foundation and the Kresge Foundation, to be published over three years.

The first issue brief, “[Hospital Community Benefits after the ACA: The Emerging Federal Framework](#)”, provided historical background on federal hospital community benefit policy; outlined the new requirements described in the Affordable Care Act (ACA); and identified new challenges and opportunities for state and federal decision makers.

The second brief, “[Hospital Community Benefits after the ACA: Building on State Experience](#)”, took a closer look at three aspects of community benefits affected by the ACA §9007, “Additional Requirements for Nonprofit Hospitals”—community health needs assessment;

hospital financial assistance and billing and collection policies; and community benefit reporting and oversight strategies-and considered each of these issues against a backdrop of federal and state experience and practice.

Hilltop's Hospital Community Benefit Program is the central resource created specifically for state and local policymakers who seek to ensure that tax-exempt hospital community benefit activities are responsive to pressing community health needs. The program provides tools for state and local policymakers who would encourage nonprofit hospitals and other stakeholders to adopt collaborative, effective activities and programs to improve community health. Martha H. Somerville, JD, MPH, directs the program, which is funded for three years through the generous sponsorship of the Robert Wood Johnson Foundation (www.rwjf.org) and the Kresge Foundation (www.kresge.org).

Hilltop's publications are all available online [here](#).

ARCH

ARCH Releases Volunteer Respite Manual

ARCH released “[Volunteer Respite Manual: Creating Valuable Options for Family Caregivers](#)”, a manual developed by Easter Seals in collaboration with ARCH under its cooperative agreement with the Administration on Aging. The purpose of the manual is to help community-based programs assess their individual needs, to help them plan and implement volunteer respite programs, and to assist state Lifespan Respite programs as they address the requirements of the program to build respite capacity through volunteer training and recruitment. Interspersed throughout the document are additional resources for reading further on that topic, highlights of national volunteer respite initiatives, and examples of local volunteer respite programs. It is our hope that as state Lifespan Respite programs develop statewide systems of coordinated and accessible respite services, they will use this guide to help them directly or through their subcontracts with faith- or community-based organizations to pursue respite expansion by using volunteers in an array of respite care options for families.

Topics covered include: Program planning and operations; volunteer recruitment, training and management; evaluation guidance; suggested policies and procedures; liability and insurance; and marketing. Specific training curricula are not included but suggested content for training and orientation, as well as many training resources are included. The Appendices include a comprehensive collection of sample administrative tools including volunteer applications, service and confidentiality agreements, job descriptions, reporting forms, policies and procedures, evaluation tools, and more.

The manual can be accessed [here](#).

ADRC TA Exchange

ADRC LGBT Survey Results

The ADRC TA Exchange recently conducted a survey on behalf of the National Resource Center on LGBT Aging, which aimed to increase the Center's understanding of the extent to which ADRCs have worked to ensure their services are "LGBT-friendly", engaged in special LGBT outreach activities, and worked to identify community organizations and service providers in their resource databases that are notably "LGBT-friendly".

Thirty organizations from at least 15 different states responded. From the responses it can be seen that ADRCs are still at the beginnings of specifically serving LGBT individuals. Organizations were asked: "Has your ADRC engaged in any special marketing or outreach activities designed to reach lesbian, gay, bisexual and transgender (LGBT) older adults?" The majority had not, but some of the ADRCs that had not were planning to do so. Responses were similar when ADRCs responded about special services or supports for LGBT adults. However, the majority of responding sites either had or planned to train staff to better serve LGBT adults. Additionally, the majority of sites felt staff would be able to recommend aging services providers who are "LGBT-friendly" if asked.

The full summary of the [LGBT ADRC Survey Results](#) are available on the ADRC-TAE website.

National Association of State Head Injury Administrators

NASHIA Annual Congressional Brain Injury Task Force Awareness Day: March 21, 2012

The National Association of State Head Injury Administrators (NASHIA) is holding their annual Congressional Brain Injury Task Force (CBITF) Awareness Day, on Wednesday, March 21, 2012, on Capitol Hill in Washington, DC. The Briefing theme is "The Impact of Traumatic Brain Injury: Anytime, Anyone, Any Age", featuring individuals with TBI and family members, as well as an overview of TBI in America provided by the National Center for Injury Control and Prevention and promising research provided by Kessler Institute for Rehabilitation (tentative). Martha Roherty, Executive Director of NASUD, will also be speaking. Sponsored by the CBITF, this day provides an excellent opportunity for networking, information sharing and learning about key national issues affecting brain injury.

Brain Injury Awareness Day on Capitol Hill sponsored by the Congressional Brain Injury Task Force

Schedule:

- Brain Injury Awareness Fair, 10:00 am- 2:00 pm, 1st Floor Foyer of the Rayburn House Office Building
- Congressional Briefing: "The Impact of Traumatic Brain Injury: Any Time, Anyone, Any Age," 2:30- 4:00 pm, US Capitol Visitor Center -- Congressional Meeting Room North
- Congressional Reception: Celebrating Brain Injury Awareness Month, 5:00- 8:00 pm, Rayburn Room B-354, Rayburn House Office Building

Experience Works

Experience Works Searches for America's Outstanding Oldest Worker

Experience Works, the nation's largest organization serving older workers through the Senior Community Service Employment Program (SCSEP), announces its search for America's Outstanding Oldest Worker for 2012. The annual recognition, now in its 14th year, is part of a national effort to raise awareness of the contributions older individuals make in today's workplace and provide inspiration to older workers seeking employment.

Nominees must be 100 years of age or older and working at least 20 hours each week in paid employment. The nomination form is available at www.experienceworks.org. Deadline for nominations is April 15, 2012.

The American Geriatrics Society

The American Geriatrics Society Releases Updated Beers Criteria List of Potentially Inappropriate Medication for Older Adults

The American Geriatrics Society (AGS) and an interdisciplinary panel of 11 experts in geriatric care and pharmacotherapy released an updated version of the previous Beers Criteria list of Potentially Inappropriate Medication for Older Adults, using a comprehensive, systematic review and grading of the evidence on drug-related problems and adverse drug events (ADEs) in older adults.

Potentially inappropriate medications (PIMs) continue to be prescribed and used as first-line treatment for the most vulnerable of older adults, despite evidence of poor outcomes from the use of PIMs in older adults. PIMs now form an integral part of policy and practice and are incorporated into several quality measures.

Fifty-three medications or medication classes encompass the final updated Criteria, which are divided into three categories:

- Potentially inappropriate medications and classes to avoid in older adults;
- Potentially inappropriate medications and classes to avoid in older adults with certain diseases and syndromes that the drugs listed can exacerbate; and
- Medications to be used with caution in older adults.

This update has much strength, including the use of an evidence-based approach using the Institute of Medicine standards and the development of a partnership to regularly update the Criteria. Thoughtful application of the Criteria will allow for (a) closer monitoring of drug use, (b) application of real-time e-prescribing and interventions to decrease ADEs in older adults, and (c) better patient outcomes.

The report is available [here](#).

GRANT OPPORTUNITIES

Telehealth Network Grant Program

Agency Issuing Grant: Health Resources & Services Administration

Eligible Applicants: Nonprofits having a 501 (C)(3) status

Close Date: April 13, 2012

Funding Opportunity Number: HRSA-12-092

CDFA Number: 93.211 -- Telehealth Programs

Grant Amount: \$250,000 (14 grants for total funding of \$3,500,000)

Description: The primary objective of the Telehealth Network Grant Program (TNGP) is to demonstrate how telehealth programs and networks can improve access to quality health care services in rural and underserved communities. Grants made under this authority will demonstrate how telehealth networks improve healthcare services for medically underserved populations in urban, rural, and frontier communities.

For more info on this funding opportunity [click here](#).

Applicants must apply for this grant through www.grants.gov

Telehealth Resource Center Grant Program

Agency Issuing Grant: Health Resources & Services Administration

Eligible Applicants: Nonprofits having a 501 (C)(3) status

Close Date: April 20, 2012

Funding Opportunity Number: HRSA-12-097

CDFA Number: 93.211 -- Telehealth Programs

Grant Amount: 5 awards for total funding of \$1,625,000

Description: The purpose of the Telehealth Resource Center Grant Program (TRCGP) is to support the establishment and development of Telehealth Resource Centers (TRCs). The TRCGP expects to create centers of excellence that expedite and customize the provision of telehealth technical assistance across the country, while at the same time working together to make available a wide range of expertise that might not be available in any one region. The TRCs provide technical assistance to health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations. The program seeks entities with proven successful records in providing technical assistance in the development of sustainable telehealth programs.

For more info on this funding opportunity [click here](#).

Applicants must apply for this grant through www.grants.gov



UPCOMING EVENTS

NOTICE THE DATE CHANGE: 2012 National Home and Community Based Services Conference

**Monday,
September 10th
through Thursday,
September 13th,**

Crystal City, VA
(Minutes outside
Washington, DC).



NASDDDS 2012 Mid-Year Conference & Directors Forum

Sacramento, California, June 6-8, 2012

Directors Forum, Wednesday, June 6

Pre-Conference Session, Thursday, June 7(8:00 AM-9:00 AM) National Core Indicators

Conference Sessions, Thursday, June 7(9:00 AM-4:45 PM) & Friday, June 8 (9:00 AM-3:00 PM)

Archived Friday Updates are available on NASUAD's website [here](#).