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Friday Updates *March 4, 2011*

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From the Administration

Administration on Aging

Administration on Aging Affordable Care Act Webinar

February 23, 2011

On February 23, 2011, AoA presented the third in a series of Affordable Care Act (ACA) webinars entitled "Care Transitions: Building the Business Case." Care Transitions is a set of services and practices aimed at reducing avoidable hospital readmissions for high-risk Medicare beneficiaries. The webinar series was designed to provide the Aging Network (namely Area Agencies on Aging or AAAs) with the necessary tools to develop care transitions programs, and this webinar provided suggestions about how best to

anticipate change, create a strategic plan, leverage resources and prepare to take advantage of future related ACA care transition opportunities.

Webinar presenter Costas Miskis, Regional Administrator at AoA, relayed the importance of increased flexibility within the Aging Network, allowing AAAs to use resources creatively, focus on services that can be delivered to a wider range of consumers (people with disabilities), and anticipate tough competition from providers outside the Aging Network. Miskis explained that while AAAs traditionally rely on finite resources (i.e. grants which provide a fixed funding for a fixed period of time), they must begin to allow room for scaling up.

Presenter Bob Logan, Deputy for Regional Operations of AoA, reviewed several business principles and practices that are necessary for successful planning and implementation of care transition services: participating in data-driven strategic planning, crafting both a strategic vision and a business plan, identifying the target consumer base and future competitors, researching all costs, and not being afraid to make a profit.

Presenter Ken Wilson, Director of Program Operations for the Council on Aging of Southwestern Ohio, discussed creating the cost structure for care transitions. Until CMS releases guidance, each AAA will complete market research in their geographic area and define a possible billable unit including costs. Additionally, Mr. Wilson indicated that it is important that the unit price be greater than the actual cost of services, and at or below what the market is willing to pay. Wilson also discussed reorganization of resources to fund care transitions employees during the start-up phase.

The presenters also stressed the importance of partnerships with hospitals, which can assist with funding, strategic business planning and coordination of shared electronic health records; foundations, which often can help with strategic planning; and universities which bring additional health care expertise (research), health economics (research, cost models), funding (grant writing) and credibility.

For the slides, transcripts, participant questions and audio recordings from all three of AoA's care transitions webinars go to: http://www.aoa.gov/Aging_Statistics/Health_care_reform.aspx

Department of Health and Human Services

2010 National Healthcare Quality & Disparities Reports

February 28, 2011

The Agency for Healthcare Research and Quality (AHRQ) published two reports, the *National Healthcare Quality Report* (NHQR) and the *National Healthcare Disparities Report* (NHDR). These reports present the latest findings on the effectiveness of care, patient safety, patient centeredness of care, timeliness, and efficiency of care. They track specific quality measures throughout the healthcare system and summarize this care among racial, ethnic, and income groups to determine the disparities in care. The findings show that while overall healthcare quality grew in 2010, racial and ethnic disparities still “persist at unacceptably high levels.” Click here to read the [National Healthcare Quality Report](#) and the [National Healthcare Disparities Report](#).

Special Open Door Forum: HHS and HUD Community Living Partnership to Expand Housing Options for People with Disabilities Including Older Adults

On Tuesday, March 01, 2011, the U.S. Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD) hosted a Special Open Door Forum on the HHS and HUD partnership that was developed in response to the President's Year of Community Living proclamation and HHS Secretary Sebelius' Community Living Initiative (CLI). Panelists included Fred Karnas, Senior Advisor to HUD Secretary Donovan; and Kathryn King, Project Officer for the Center for Medicaid, CHIP and Survey & Certification with the Centers for Medicare & Medicaid Services. Information about the Community Living Initiative can be found at the HHS Office on Disability's website by clicking [here](#).

The call focused on HUD-HHS efforts in facilitating sustainable partnerships between housing and health and human service agencies at the federal, state, and local levels. Specifically, the call highlighted both HUD-HHS's interagency workgroup on Community Living and the release of [HUD's new Category I & II Housing Vouchers](#) aimed at linking housing with services and supports. Click [here](#) to access the presentation materials.

Of note to NASUAD members, the presenters discussed affordable and accessible housing as it relates to the Money Follows the Person (MFP) Rebalancing Demonstration. Acknowledging that affordable and accessible housing is a principal barrier to transitioning people from institutions to the community, the presenters highlighted ways HUD and HHS are partnering to address MFP-related obstacles: 1) maintaining an [MFP Technical Assistance Center](#); 2) integrating Housing and Service Resource Coordinators in MFP demonstrations to broker collaboration; 3) setting aside 1,000 Category II vouchers, those targeting non-elderly individuals with disabilities currently living in institutions but who could move into the community with assistance; and 4) funding five pilot projects under MFP to test capacity building skills to access housing resources for MFP participants (Capacity Building Initiative). New Editions is the primary contractor for the Capacity Building Initiative contract and its website can be viewed [here](#). The five pilot sites will be selected based upon five factors: 1) geographic diversity; 2) category II Vouchers awarded (or not awarded if a relationship between MFP/Partnering Resource Agency and local Public Housing Authority (PHA) is evidenced); 3) demonstrated need for relationship building support between MFP program and local PHA; 4) diversity in populations proposed for transition; and 5) number of transitions proposed. NASUAD is working with CMS to obtain further details regarding these initiatives, including release dates, and we will disseminate information as it becomes available. A number of comments from the floor welcomed HUD's allocation of 1,000 vouchers for people currently living in institutions, yet many noted that more vouchers needed to be allocated to meet the growing demand for non-elderly individuals with disabilities transitioning from institutions to the community.

Also, of note, the HUD-HHS collaboration is in the process of developing a comprehensive policy around affordable housing with supportive services for older adults. As part of this development, a special project was commissioned in September 2010 to investigate promising practices, and in the coming years, HUD plans, in consultation with HHS, to test how housing, long term supports and services, and medical care can be coordinated to support older adults in affordable housing to age-in-place in the community, improve their health and functional status, and avoid unnecessary hospitalization and reduce healthcare expenditures. Details regarding the publication and possible pilot sites are yet to be released. NASUAD will continue to monitor these developments and provide updates.

A copy of the slide presentation and background materials can be found [here](#). Also, for questions concerning the CLI and its initiatives you may email community.living@hhs.gov. An audio recording and

transcript of the call will be made within the month at CMS's Special Open Door Forum website – click [here](#) to access.

HHS Releases Report on the Early Retiree Reinsurance Program

March 2, 2011

On March 2, HHS released a new study, *Report on Implementation and Operation of the Early Retiree Reinsurance Program During Calendar Year 2010*, which provides information on the impact and functionality of the Affordable Care Act's (ACA) Early Retiree Reinsurance Program (ERRP) throughout 2010. Established by Section 1102 of the ACA, the ERRP is designed to provide reimbursements to participating employment-based health plans for a portion of the costs of providing health coverage to early retirees and their families, thereby helping this population maintain access to quality, affordable health coverage. According to the report, as of December 31, 2010, over 5,000 employers were approved for participation in ERRP, and the program had issued over \$535 million in reimbursements. The full report, which also contains new information about how ERRP-participating plans are working to generate cost savings for people with chronic and high-cost conditions, is available here: <http://www.healthcare.gov/center/reports/retirement03022011a.pdf>.

Centers for Medicare and Medicaid Services

CMCS Informational Bulletin

February 26, 2011

The Center for Medicaid, CHIP, and Survey & Certification released several recent development in rules, grants, and guidance including: Community First Choice proposed rule, Money Follows the Person Grants, Medicaid Prevention Grants, and Maintenance of Effort State Medicaid Director's letter and Qs and As.

Community First Choice: CMCS released a proposed rule regarding the Community First Choice Option, which will go into effect October 1, 2011. This rule includes enhanced federal match for "person-centered" home and community based services (HCBS). This falls under section 2401 of the Affordable Care Act to provide the opportunity for states to cover HCBS for individuals considered eligible by the State plan. [The proposed rule can be found here](#). Comments are due on April 26, 2011.

Money Follows the Person: CMCS released a new round of Money Follows the Person (MFP) grants to 13 states, in addition to the previous 29 states and the District of Columbia already operating MFP programs. The MFP program was extended by the Affordable Care Act Section 2403 through 2016. The program will provide more than \$621 million to the new round of grantees through 2016, and is expected to help 25,000 individuals move back into their communities.

Medicaid Prevention Grants: CMCS announces the invitation for states to participate in the Medicaid Incentives for Prevention of Chronic Diseases Program, under section 4108 of the Affordable Care Act. This program will test the effectiveness of a program which provides incentives to Medicaid beneficiaries to participate in prevention programs to address at least one of the following: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or improving the management of diabetes. There is no required state match for this funding; \$100 million was appropriated for this program under section 4108 of the ACA. There is a 3 year commitment for implementation of this program, including state-level evaluation and reporting. The Office of the Governor or the State Medicaid Agency may apply for this opportunity, but only one

application per state will be accepted. The applications must be submitted through <http://www.grants.gov>, and further information and requirements may be found [here](#). A teleconference will be held March 8, 2011 from 2:30-4:30 EST and may be accessed by calling (800)837-1935, and using the Conference ID 2314. The closing date for applications is May 2, 2011.

Affordable Care Act Maintenance of Effort: CMCS released a letter to State Medicaid Directors with guidance on the “maintenance of effort” (MOE) provisions in the Affordable Care Act of 2010. This letter addresses the MOE provisions for Medicaid and CHIP, and is part of CMCS’ ongoing effort to provide states with guidance on the Affordable Care Act. [The letter may be found here](#).

Virtual Meetings and Webinars: CMS is hosting a series of “virtual meetings” to share information with States about ways to improve care and lower costs of Medicaid. The last two meetings may be found here: [“Improving Care and Lowering Costs in Medicaid”](#) and [“The Power of Integrated Care: Implementing Health Homes in Medicaid”](#). If you have any questions about these meetings, please contact medicaidmeetings@cms.hhs.gov.

From Congress

Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation

March 2, 2011

On March 2, 2011 the U.S. Senate Special Committee on Aging held a hearing entitled, “Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation,” which explored nationwide trends in physical, mental and financial abuse of seniors with top experts and advocates. The Chairman of the Committee, Senator Kohl, as well as Senators Wyden, Blumenthal, Collins, and Manchin were present. The hearing coincided with the release of a Government Accountability Office (GAO) report entitled [“Elder Justice: Stronger Federal Leadership Could Enhance National Response to Elder Abuse”](#). The report details the prevalence and impact of elder abuse in the U.S., the responsibilities of state Adult Protected Services (APS) programs, and details federal funding and involvement in this area.

As a victim of elder abuse, actor Mickey Rooney testified in front of the Committee, sharing his story of being financially exploited by a family member. He gave a passionate speech about the loss of control he felt and how this exploitation hurt him. He asked Senators to help others who could not help themselves.

In addition to Mr. Rooney, a panel of witnesses included: Kay Brown, the director of Education, Workforce and Income Security at GAO; Kathleen Quinn, the executive director of the National Adult Protective Services Association (NAPSA); Mark Lachs, the director of Geriatrics at New York Presbyterian Health System and the Co-Chief of the Division of Geriatric Medicine and Gerontology at the Weill Medical College of Cornell University; Bonnie Brandl, the director of the National Clearinghouse on Abuse in Later Life (NCALL), and Marie-Therese Connolly, the director of Life Long Justice (LLJ).

Ms. Brown discussed the findings from the GAO report and commented on the issues state APS programs face, including growing requests, shrinking funding, and the need for better data collecting services. On the federal level, there have been small-scale activities, but the need for nation-wide reporting and data collection is necessary. She suggested that the Department of Health and Human Services begin collecting data on a nation-wide level and pointed out the need for strong national leadership.

Ms. Quinn also commented on the costs elder abuse adds to programs like Medicare. She said that state APS offices are understaffed, underfunded, and overworked. She believes a national resource center would benefit the states, as NAPSA is currently the only national association dealing with elder abuse.

Dr. Lachs discussed the findings of a recent New York State survey on elder abuse to show just how much abuse our system is missing. He recommended two ways to combat elder abuse: multidisciplinary elder abuse teams as a national model for dealing with elder abuse, and more research to determine the actual extent of abuse throughout the country.

Ms. Brandl also discussed the need for more multidisciplinary training and direct response teams. The Violence Against Women Act is also up for reauthorization this year, and contains some legislation on abuse later in life.

Ms. Connolly discussed the lack of attention given to elder abuse, compared with that to child abuse or domestic abuse. She said that an Elder Justice Office in the Justice Department could be a low cost, high impact way to effectively respond to or prevent elder abuse.

Senator Wyden asked the panel members what long-term solutions they felt would best address this issue. They suggested using multidisciplinary teams and centers to find and help victims of elder abuse. They also said that isolation is a large factor in abuse, so programs such as home delivered meals or chore services can serve to leave older adults less isolated; and therefore, less likely to be abused, or more likely to seek help. The panel reiterated the need for more federal leadership, and better financing for such a position, as well as better support for state APS offices.

This hearing was the beginning of a conversation on elder abuse and elder justice that will continue in the Committee. The need for support, training, and nation-wide research and reporting was made clear. We will continue to follow this issue and will inform our members on any developments.

Congress Clears Two-Week Spending Measure

March 2, 2011

Since Congress has yet to pass a budget for FY11, the federal government has been operating under a series of Continuing Resolutions (CR) since October 1, 2010, when the current fiscal year began. On Wednesday, two days before the most recent CR (PL 111-322) was set to expire, President Obama signed into law the House-passed spending measure (H J Res 44) that was cleared by the Senate earlier that day. The two-week CR (112-4) will keep the federal government operational through March 18, affording leaders in both chambers two weeks to negotiate a longer-term spending deal to fund the government for the remainder of FY11.

Competing Analysis on the Cost of the Medicaid Expansion under the ACA

March 1, 2011

Republican members of the House Fred Upton (R-MI), Chairman of the House Energy and Commerce Committee, and Ranking Member Orrin Hatch (R-UT), released a report on the financial impact of the Medicaid expansions in the Affordable Care Act, estimating that the ACA will cost state taxpayers at least \$118 billion over the next 12 years. The analysis, released March 1, is available here:

http://hatch.senate.gov/public/index.cfm?FuseAction=PressReleases.Detail&PressRelease_id=71fdcf59-1b78-be3e-e049-48b168b4d98e&Month=3&Year=2011.

In response, on March 2, Rep. Henry Waxman (D-CA), Ranking Member of the House Energy and Commerce Committee, released a competing analysis, noting that the non-partisan Congressional Budget Office (CBO) recently re-estimated the impact of the Medicaid expansions in the ACA, finding that states will pay \$60 billion of the total cost of Medicaid and CHIP coverage in the ACA over the period of 2012 through 2021. The analysis is available here:

<http://democrats.energycommerce.house.gov/index.php?q=news/democratic-analysis-highlights-major-flaws-in-upton-hatch-report-on-medicaid-expansion>

NASUAD will continue to monitor the variance in the Medicaid estimated impact methodologies throughout the FY11 and FY12 budget cycles.

From the White House

Remarks by the President and the Vice President to the National Governors Association

February 28, 2011

On February 28, President Obama spoke to the National Governors Association. He outlined the ideas addressed in his State of the Union Address: innovation, education, and health care reform. He defended the Affordable Care Act, and reiterated the flexibility it will provide for states. He also expressed his interest in improving the legislation; he said, “I am not open to re-fighting the battles of the last two years, or undoing the progress that we’ve made. But I am willing to work with anyone ... to make this law even better; to make care even better; to make it more affordable and fix what needs fixing.” [The remarks can be found here.](#)

Fact Sheet: The Affordable Care Act: Supporting Innovation, Empowering States

February 28, 2011

The White House also released a fact sheet on the Affordable Care Act, which highlighted the State Innovation Waiver. The Waiver allows states the flexibility to implement policies other than those in ACA as long as they “provide coverage that is at least as comprehensive as the coverage offered through Exchanges – a new competitive, private health insurance marketplace”, “make coverage at least as affordable as it would have been through the Exchanges”, “provide coverage to at least as many residents as the Affordable Care Act would have provided” and “do not increase the Federal deficit”. This waiver was set to go into effect in 2017, but Obama expressed his support in moving it to 2014 as requested by Senators Ron Wyden, Scott Brown, and Mary Landrieu. [The fact sheet can be found here.](#)

From DC

Medicaid Block Grants

Seeking cost saving measures for their state budgets, 27 Governors have proposed restructuring Medicaid to utilize block grants, which are fixed, upfront federal funding allocations to be used over a predetermined period of time. Whereas states currently split Medicaid costs with the federal government on a per-claim basis and are required to follow specific federal Medicaid rules, under the block grant proposal funding likely would be 100 percent federal. States would manage coverage and benefits to the block grant amount. Proponents of block grants hold that a block grant system would give states more autonomy to tailor federal Medicaid spending to the specific demonstrated needs of their states with fewer federal requirements.

The Obama administration does not favor block grants and has suggested that states are currently able to bring down Medicaid costs by working with the Department of Health and Human Services (HHS) to take advantage of the existing flexibility within the Medicaid program. At President Obama's request, during the National Governor's Association Meeting on February 28, 2011, the Governors formed a bipartisan group to work with Secretary Kathleen Sebelius on ways to both lower costs and improve care within the Medicaid program.

Proponents of block grants, such as Douglas Holtz-Eakin of the American Action Foundation, indicate that Medicaid block grants would help states "gain the financial and regulatory autonomy necessary to carry out meaningful Medicaid reform that addresses state-specific needs," and "unilaterally modify benefits, competitively contract, and pay for performance." For the American Action Foundation's full report go to: <http://thehill.com/images/stories/blogs/eakin%20medicaid.pdf>

Proponents of the current Medicaid funding structure, such as Representative Henry Waxman, Chairman of the Committee on Energy and Commerce, cite several reasons for their opposition to funding Medicaid through block grants. They believe block grants would leave states without adequate funding, remove the federal commitment to being a full partner, result in loss of coverage for the most vulnerable, and exacerbate unfair distributions of dollars among States. For more information, visit: http://democrats.energycommerce.house.gov/sites/default/files/image_uploads/Waxman%20Opening.pdf, or contact Sara Tribe striben@nasuad.org.

Obama Indicates Support for State Waivers from ACA

Speaking to the National Governors Association (NGA), President Obama on Monday indicated his support for a bipartisan congressional proposal (S 248) to move up the date when states would be permitted to opt out of the Affordable Care Act (ACA), including the individual mandate, provided that states wishing to do so have in place alternative structures to accomplish the goals of the ACA. The measure, sponsored by Senators Ron Wyden (D-Or.), Mary Landrieu (D-La.), and Scott Brown (R-Mass.), would allow states to seek waivers from the law sooner than 2017, which is now the earliest date under which they can operate systems that differ from those established by the ACA. A White House-released fact sheet further detailing the President's support for the measure is available here: <http://www.cq.com/pdf/govdoc-3820472>

Long Term Quality Alliance

Highlights Best Practices for Care Transitions and Avoiding Unnecessary Hospitalizations

February 24, 2011

Washington, D.C. – The Long Term Quality Alliance (LTQA) today released a summary of its Innovative Communities Summit held in Washington D.C. in late 2010. The report, "Innovative Communities: Breaking Down Barriers for the Good of Older Consumers and Their Family Caregivers," features case studies of how three communities in the United States are working together to improve care transitions and reduce avoidable hospitalizations. The report lays out steps the LTQA should take to encourage and promote creation of comparable multi-sector innovative communities that would involve local providers as well as consumers and caregivers.

The summit, held at Georgetown University on December 10 and made possible by a grant from The SCAN Foundation, drew more than 150 people from around the United States representing a variety of organizations working to improve care transitions for people needing long-term services and supports. Community delegations of three-to-five people were invited to attend the summit to explore the possibility of participating in a multi-year project to give innovative communities the support and assistance they need to create and strengthen multi-sector cooperatives for improving transitions and reducing hospitalization rates.

The meeting participants included leaders from federal and state government, advocacy and service organizations serving older consumers, individuals with disabilities and their caregivers, national, state and local professional associations, aging networks, hospitals and health systems, and organizations that provide acute care, long-term services and supports, housing and home and community based services.

“While action on the national level is certainly integral to health care reform, LTQA is convinced that the real and sustainable health reform victories will take place at the local level, in cities and towns across the country,” says LTQA Chair Mary Naylor, Ph.D., FAAN, R.N. Naylor says that health reform is doomed to fail “unless all of these local stakeholders pool their collective energy, break down the silos in which they operate, and work together to devise and implement strategies and interventions that advance and improve care.”

The report showcases how three innovative programs are working to reduce re-hospitalization rates and improve care transitions: North Carolina’s Community Connections project in Chapel Hill; Vermont’s Seniors Aging Safely at Home in Burlington; and Michigan’s Detroit Community Action to Reduce Hospitalizations in Farmington.

“These programs serve as examples for strengthening the continuum of care, including ways to prevent unnecessary hospitalization and improved transitions between medical and social settings, with the goal of creating a more person-centered, efficient system that empowers aging with dignity in the place of the consumer’s choice,” said Bruce Chernof, MD, president and CEO of The SCAN Foundation.

It also highlights what participants envision for a more collaborative future for those who provide care and services to older people. The ideal health system of tomorrow fosters consumer empowerment, promotes team-based approaches to care, encourages a philosophy of equal partnership, features a leader who can build bridges among partners and is deeply committed to the good of the community, and sets up a system that fosters cross-collaborations and flexible funding streams.

Click on the link to view the report on this important summit: [“Innovative Communities: Breaking Down Barriers for the Good of Older Consumers and Their Family Caregivers.”](#)

LeadingAge

Affordable Housing for Seniors 101

LeadingAge (formerly American Association of Homes and Services for the Aging), held an informative call on **Affordable Housing 101: Everything You Need to Know About the Programs that Serve Low Income Seniors**. The call featured LeadingAge staff; Nancy Libson, Director of Housing Policy; Colleen

Bloom, Associate Director for Housing Operations; and Alayna Waldrum, Legislative Representative. The presenters provided a general overview of housing programs for seniors; these included Project-based Section 8 (also, known as Housing Assistance Payments (HAP)), PRAC (project rental assistance contracts), Section 202, Section 515, Section 236, Public Housing, Rent Supplement, and Low Income Housing Tax Credit (LIHTC). [Please click here to view the PowerPoint presentation.](#)

Of note to NASUAD members, the presenters provided an overview of Section 202, housing for the elderly, and the different evolutionary stages the program has experienced. The Section 202 is the only HUD program that currently provides housing exclusively for elderly residents. Importantly, the year that the Section 202 building was constructed determines the eligibility and operational rules. The presenters noted that the history of the Section 202 program can be divided into three distinct phases based primarily on changes to its financing structure and the income eligibility of tenants. From 1959 to 1974, the program provided housing units affordable to moderate-income elderly households and households with an adult member with a disability by extending low-interest construction loans to nonprofit developers. Between 1974 and 1990, the program continued to extend loans to developers, but added project-based Section 8 rental assistance to subsidize tenant rents so that developers could afford to rent units to low-income elderly and disabled households (those with incomes at or below 80% of area median income) or, beginning in 1981, very low-income households (those with incomes at or below 50% of area median income). Finally, beginning in 1990, HUD replaced the Section 202 loan program with capital grants and a different form of rental assistance referred to as PRAC (project rental assistance contracts). These units are available to very low-income elderly households. LeadingAge provided a detailed breakdown of the different characteristics and eligibility rules for stage of the Section 202 program – [click here to access.](#)

Also, the presenters highlighted policy issues with affordable housing for seniors: (1) preserving affordable housing for seniors – many affordable housing properties are opting out of programs at the end of their contractual obligation; (2) funding for ongoing rental and operational subsidies – variable annual federal appropriations make it difficult for providers to plan their program; (3) funding for development of new projects – the President’s Fiscal Year 2012 budget allocates funding for 2,000 new units, yet in a recent AARP report, it revealed that for every housing unit that becomes available, at least ten seniors were waiting; (4) housing with services to support community living for seniors -- residents are aging and their needs are becoming more demanding; (5) promoting allocation of tax credits – LIHTC program has suffered during the recession and fewer investors have been purchasing tax credits.

If you have questions or concerns regarding the presentation or affordable housing for seniors, please do not hesitate to contact [Rex O’Rourke](#).

From NASUAD

Engaging Volunteers in the Aging Network: A National Resource Center Update

March 4, 2011

NASUAD, in collaboration with n4a, the AARP Foundation, Senior Service America Incorporated (SSAI), and the University of Michigan, with the support of AoA, is working to create an online National Resource Center to provide assistance to state and local agencies in developing and improving their volunteer activities. This collaboration has an additional focus of successfully engaging aging baby boomers in volunteerism.

During these difficult economic times, many states are looking to increase their volunteer corps in order to provide additional services or to fill gaps created both by budget cuts and a rapidly growing population of older adults and people with disabilities. Anticipating the simultaneous growth over the next decade of the population of possible baby boomer volunteers (young, 65-75 year old retirees with a willingness to volunteer), the National Resource Center aims to help state and local entities expand the capacity and reach of the National Aging Network through engaging baby boomers as volunteers. This includes understanding the skills, preferences and strengths of this generation in comparison to past generations, and utilizing best practices in growing and improving volunteer programs.

NASUAD is working with our partners to assess the “state of volunteerism” within the Aging Network. We are currently completing an environmental scan, including surveying state Ombudsman, SHIP, SMP, and ADRC directors to better understand the strengths and challenges of volunteerism within the Network. Another assessment product will be sent to the State Unit Directors. We will use the data provided by these state agencies and organizations to help share best practices with the goal of growing and improving volunteer programs across the United States. Once our scan is complete and the data compiled, NASUAD will distribute a white paper detailing the results and will use these findings and recommendations in materials for the National Resource Center.

Looking forward, we have two meetings planned: one with the Civic Engagement Resource Center Advisory Board later in March, and a larger Thought Leaders Meeting in May. In these meetings, the group hopes to develop plans for moving forward with the Center and increasing the capacity of the Network for greater volunteerism. We are pleased to announce that two of our members, Dennis Streets of North Carolina and Lance Robertson of Oklahoma, will serve on the Advisory Board, offering input from the state level.

We will keep you updated as this exciting project progresses.

From the States

Florida Court Stays ACA Ruling

March 3, 2011

On March 3, Judge Roger Vinson of the of the U.S. District Court for the Northern District of Florida responded to the Department of Justice’s (DOJ) request that he clarify the court’s January 31 ruling in *Florida v. United States Department of Health and Human Services*, striking down the Patient Protection and Affordable Care Act (PL 111-148). In complying with DOJ’s request, Judge Vinson, writing for the court, cited the process by which the court found the individual mandate to be both unconstitutional and unseverable, as well as his intent for the declaratory judgment to have “immediate injunction-like effect” and be adhered to by the federal government. The order clarifying the ruling was released earlier today, March 3, and is available here:

<http://www.flnd.uscourts.gov/announcements/documents/310cv91doc167.pdf>. DOJ will now have seven days to file an appeal with the Court of Appeals for the Eleventh Circuit before the stay is lifted and the January 31 judgment is reinstated.

National Home and Community Based Services Conference

September 11-14, 2011
Washington, DC



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