

November 18, 2011

In this Issue:

- [NASUAD Launches Online Training Course for I&R/A Professionals](#)
- [Health Care Innovation Challenge Funding Available](#)
- [Medicare Expands Coverage of Cardiovascular Disease Prevention Services](#)
- [CMCS Informational Bulletin: Enforcement Discretion Regarding Compliance with New HIPAA Standards](#)
- [Social Security Announces Expanded Spanish Language Online Services](#)
- [Census Bureau Releases Comprehensive Analysis of Fast-Growing 90-and-Older Population](#)
- [GAO Report on Medicaid Formula](#)
- [Senate designates November 16 as the "National Information and Referral Services Day"](#)
- [OAA Reauthorization Legislative Update](#)
- [FY12 Appropriations Update](#)
- [Super Committee Deadline Approaching](#)
- [DC Appellate Court Upholds the Affordable Care Act](#)
- [Supreme Court to Review ACA](#)
- [More than 40 Leading Alzheimer's Organizations Call for Dramatic New Strategy to Stop Alzheimer's Disease](#)
- [AARP Reports on Heating Costs for Older Consumers](#)
- [AARP Report: Protecting Older Investors](#)
- [2011 National Energy Assistance Survey](#)
- [Grant: Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers](#)

NASUAD LAUNCHES ONLINE TRAINING COURSE FOR I&R/A PROFESSIONALS

NASUAD has launched a new online training course, "[Basic Training for Aging I&R/A Professionals](#)." The course features four modules that aim to enhance the services provided by Aging Information and Referral/ Assistance (I&R/A) professionals by advancing their knowledge, skills, and work-related competences. The course is also carefully designed to help prepare I&R/A professionals to obtain a certification in CIRS-A ([Certified Information and Referral Specialist-Aging](#)).

Participants in the course will learn about the historical expansion of the Aging Network and the development of Aging I&R/A; an overview of the broad array of health, social, and long-term services and supports for seniors and individuals with disabilities; tools and strategies to provide culturally appropriate services; and the fundamental phases of the I&R/A process with a focus on learning how to support the decision making of seniors, individuals with disabilities, and their caregivers.

This new online training platform offers video tutorials, concise written materials, voice narrated PowerPoints, and online quizzes that allow participants to demonstrate their understanding of each module's learning objectives. Participants that successfully complete the course, scoring 75 percent or greater in the quizzes, will receive a *Certificate of Completion*. Additional learning modules will be added in the future.

The [Basic Training for Aging I&R/A Professionals](#) is free and can be assessed by clicking [here](#), or by going to NASUAD's [National I&R Support Center](#) webpage [here](#).

For a [Step-by-step Guide to Logon and Create an Online Training Account](#), click [here](#). You may also view an instructional video about the course by clicking [here](#).

FROM THE ADMINISTRATION

Department of Health and Human Services

Health Care Innovation Challenge Funding Available

November 14, 2011

On Monday, the U.S. Department of Health and Human Services announced a new funding opportunity through the Affordable Care Act: the *Health Care Innovation Challenge*. Up to \$1 billion will be awarded to innovative projects across the country that test creative ways to deliver high quality medical care and save money. Awards ranging from \$1 million to \$30 million for three years will be granted in March to applicants who will implement compelling new ideas to deliver better health, improved care, and lower costs to people enrolled in Medicare, Medicaid, and the Children's Health Insurance Program.

Applications are open to providers, payers, local government, community-based organizations, and public-private partnerships and multi-payer approaches. More information can be found [here](#).

Centers for Medicare and Medicaid Services

Medicare Expands Coverage of Cardiovascular Disease Prevention Services

November 8, 2011

The Centers for Medicare and Medicaid Services (CMS) recently announced that Medicare is adding coverage for a number of preventive services to reduce cardiovascular disease. This new policy, the *Million Hearts Initiative*, part of the Affordable Care Act, is led jointly by CMS and the Centers for Disease Control and Prevention.

With this new policy, CMS will now cover one face-to-face visit each year to allow patients and their care providers to determine the best way to help prevent cardiovascular disease.

More information on the *Million Hearts Initiative* is available [here](#).

CMCS Informational Bulletin: Enforcement Discretion Regarding Compliance with New HIPAA Standards

November 17, 2011

On Thursday, the Centers for Medicare and Medicaid Services (CMS) Centers for Medicaid and CHIP Services (CMCS) released an informational bulletin about enforcement discretion regarding compliance with new HIPAA standards. CMS announced that it would not initiate any enforcement action for HIPAA covered entity non-compliance with the ASC X12 Version

5010, NCPDP Telecom D.0, or NCPDP Medicaid Subrogation 3.0 standards until 90 days after the January 1, 2012 compliance date.

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

Social Security Administration

Social Security Announces Expanded Spanish Language Online Services

November 15, 2011

On Tuesday, the U.S. Social Security Administration released an improved Spanish-language website: www.segurosocial.gov. This website hosts expanded Spanish-language resources, including the ability to apply online for retirement and Medicare benefits. Also available are information and publications written in Spanish, a Retirement Estimator that provides a personalized estimate of future Social Security benefits, and other materials.

Press releases are available in both [English](#) and [Spanish](#).

Census Bureau

Census Bureau Releases Comprehensive Analysis of Fast-Growing 90-and-Older Population

November 17, 2011

On Thursday, the U.S. Census Bureau released an analysis of the 90-and-older population. In the past three decades, this population has nearly tripled, reaching 1.9 million in 2010. In the next four decades, the population is projected to more than quadruple. This has important impacts for the health and social services field. The majority of people age 90 and older report having one or more disabilities and living alone or in a nursing home. Poverty rates are also higher for people in this age group than others.

The report, "[90+ in the United States: 2006-2008](#)", presents an overview of this age group and a comparative analysis of selected demographic and socio-economic differences between people 90 and older and their younger counterparts within the older population.

The report is available [here](#).

Government Accountability Office

GAO Report on Medicaid Formula

November 10, 2011

The Government Accountability Office (GAO) released a report which includes recommendations on modifying the Federal Medical Assistance Percentage (FMAP) to make it more responsive to state Medicaid programs needs during future economic downturns. Through both presenting and evaluating a prototype formula for a temporary increased FMAP, GAO recommends that Congress consider adopting an amended FMAP formula that is targeted for variable state needs and includes automatic increased federal assistance in response to national economic downturns. To view the report, click [here](#).

FROM CONGRESS

Senate designates November 16 as the “National Information and Referral Services Day”

November 15, 2011

On Tuesday, the U.S. Senate passed **S.RES.241** designating November 16, 2011 as “*National Information and Referral Services Day*” – you may view the Senate resolution by clicking [here](#). The resolution was sponsored by Senators Robert Menendez (D-NJ) and Patty Murray (D-WA). Additional resolution supporters (cosponsors) included Senators Richard Blumenthal (D-CT), Mike Johanns (R-NE), Ben Nelson (Democrat-NE) and Bernard Sanders (I-VT).

The intent of **S.Res.241** is to raise public awareness and recognize the critical importance of the Information & Referral/ Assistance field. The Alliance of Information and Referral Systems (AIRS), in conjunction with its public policy firm, have been working for the past four years to designate a day for National Information and Referral/ Assistance Services. A press release from AIRS announcing the passage of S.Res.241 may be viewed clicking [here](#).

OAA Reauthorization Legislative Update

On October 20, Senate HELP Committee member Al Franken (D-Minn.) introduced his OAA reauthorization bill, the **Home Care Consumer Bill of Rights Act** (S 1750). Included in the measure is a provision directing states to develop a Home Care Consumer Bill of Rights to protect seniors who receive services in their homes and communities, as well as language funding a voluntary Home Care Ombudsman Program to support states that choose to provide ombudsman services to older adults who receive home and community based services. The bill also calls for the identification and distribution of quality assurance standards relating to home and community based services. Senators Blumenthal (D-Conn.),

Casey (D-Penn.) and Whitehouse (D-R.I.), all members of the HELP Committee and the Senate Aging Committee, are cosponsors of this legislation.

On the same day, fellow Minnesota Senator Amy Klobuchar, along with Senate Aging Committee member Bill Nelson (D-Fl.), introduced a measure to amend the OAA, titled the **Guardian Accountability and Senior Protection Act** (S 1744). The purpose of the bill is to provide funding for state courts to assess and improve the handling of proceedings relating to adult guardianship and conservatorship, to authorize the Attorney General to carry out a pilot program for the conduct of background checks on individuals to be appointed as guardians or conservators, and to promote the widespread adoption of information technology to better monitor, report, and audit conservatorships of protected persons.

Most recently, on November 8, Senate Aging Committee Chairman Herb Kohl (D-Wisc.) and Sen. Barbara Mikulski (D-Md.), the second-ranking Democrat on the Senate HELP Committee's Primary Health and Aging Subcommittee, introduced the **Strengthening Services for America's Seniors Act** (S 1819). In part, the legislation seeks to amend the OAA by creating a voluntary program to help states assess family caregivers and provide these caregivers with referrals for supportive services. The bill would also address some of the existing limitations of the Long-Term Care Ombudsman Program and establish an Advisory Committee to assess, coordinate, and improve OAA legal assistance activities.

FY12 Appropriations Update

Thus far in the FY12 appropriations cycle, Congress has focused on trying to pass small groups of "minibus" spending bills in order to avoid a single "omnibus" measure at the end of the year. Yesterday, the House and Senate approved the first such package of fiscal 2012 spending bills, which President Obama signed into law earlier today. The minibus includes the Agriculture, Commerce-Justice-Science, and Transportation-HUD appropriations bills (HR 2112), as well as a continuing resolution (CR) to keep the government funded through December 16 at the current levels.

In total, the spending package will provide \$128.1 billion in discretionary funding, which is subject to the \$1.043 trillion cap established in the Budget Control Act (PL 112-25), as well as an additional \$2.3 billion for emergency relief activities that are excluded from the BCA's statutory spending limit. Of these amounts, Agriculture programs will receive \$19.8 billion in regular discretionary funding, a decrease of \$391 million from FY11; Commerce-Justice-Science will see \$52.7 billion, a reduction of \$387 million; and Transportation-HUD will get \$55.6 billion, an \$183 million increase over last year's funding level.

Leaders of both parties have expressed their intent to finish the FY12 appropriations cycle with new spending laws, and not repeat the fiscal 2011 experience, when most appropriations were settled through a CR (PL 112-36). However, the way forward after the first minibus is unclear, as the Senate's work on a second three-bill appropriations package (HR 2354) stalled earlier this week when several senators blocked Senate Majority Leader Harry Reid's (D-Nev.)

unanimous consent request to combine the three bills. The second minibus was to be built on the House-passed Energy-Water measure, and included the Senate's Financial Services and State-Foreign Operations.

Delays in moving forward with the second minibus may have increased the chance that Congress will combine the remaining spending bills, including the Labor-HHS measure that funds many critical aging and disability programs, into a nine-bill omnibus. If appropriators decide to move forward with a comprehensive year-end appropriations measure, they will need to move quickly to pull the omnibus together after the Thanksgiving recess. A House procedural rule requires a bill's text to be available three days before it comes to a vote, which means the measure might need to be posted by December 13 in order to be passed before the expiration of the pending CR that is contained in the first minibus.

Super Committee Deadline Approaching

The 12-member Joint Select Committee on Deficit Reduction, also known as the "Super Committee," is charged with identifying at least \$1.2 trillion in deficit reduction over ten years. The joint committee has within its purview the entire federal budget, including entitlement and discretionary spending, and changes to the tax code. These specific spending cuts are to be proposed by November 23, and the Committee's plan must be approved by at least seven of its 12 members to be voted on by the full Congress. The House and Senate would then hold up or down votes, with no amendments allowed, by December 23.

As the Thanksgiving deadline grows closer, the prospects for the Super Committee to produce a deficit reduction plan remain tenuous. Though no proposal introduced by either party has gained much traction, panel members continue to work to bridge their party-line differences. The stalemate revolves around the issues that have stunted bipartisan deficit reduction agreement throughout the past year, with Republicans and Democrats reportedly at odds over the inclusion and scale of revenue increases and reductions to entitlement programs.

In the event that the Super Committee fails to recommend, or Congress fails to enact, the necessary \$1.2 trillion in savings, then automatic, across-the-board (ATB) spending cuts would take effect in January 2013. Since these ATB cuts must equal the difference between what is enacted, if anything, and \$1.2 trillion, the Committee might approve a savings package that is smaller than this amount, which would reduce the size of the automatic cuts. Social Security and Medicaid would be excluded from these triggered cuts, as would Medicare benefits, though Medicare provider payments could be reduced by up to two percent. [Click here](#) for a list of all exempt programs.

FROM THE COURTS

DC Appellate Court Upholds the Affordable Care Act

November 8, 2011

In a 2-1 ruling, with Reagan and Carter appointees in the majority and a George W. Bush appointee dissenting, the DC Court of Appeals found that the Affordable Care Act (ACA) is constitutional. The lawsuit, *Seven-Sky v. Holder*, challenged the ACA's individual mandate provision and was on appeal from the D.C. District Court, where it was found constitutional.

In upholding the lower court's ruling, dissenting Judge Laurence Silberman found that Congress acted within its constitutional authority to regulate interstate commerce in requiring nearly all Americans to obtain health insurance or pay a penalty. Breaking with the other two presiding members of the three-judge panel, Judge Silberman concluded that the court lacks jurisdiction over the case, due to the application of the Anti-Injunction Act (26 USC 7421(a)), which prevents the validity of a tax from being legally challenged before it is imposed.

The D.C. Circuit Court is the fourth appeals panel to consider a lawsuit challenging the health reform law. The 6th Circuit upheld the law, the 11th Circuit struck the mandate, and the 4th Circuit ruled that the Anti-Injunction Act barred it from ruling on the mandate until at least 2014.

The decision is available [here](#).

Supreme Court to Review ACA

November 14, 2011

The U.S. Supreme Court announced that it will review the constitutionality of the ACA during its spring term. Over more than five hours of oral arguments, an historic amount of time in the court's modern history, the court will hear appeals from the 11th Circuit. The questions that the court will consider include the constitutionality of the individual mandate and its severability from the rest of the law, and whether the ACA's Medicaid expansion is an unconstitutional violation of the Spending Clause.

The Court will also consider the applicability of the Anti-Injunction Act to both public and private challenges to the individual mandate. This issue was first raised by the 4th Circuit Court in a claim brought by Liberty University in Lynchburg, Virginia. In dismissing the Liberty case, the 4th Circuit equated the ACA's individual mandate penalties to taxes and applied the the Anti-Injunction Act, which bars taxpayers from challenging taxes in court prior to actually paying the tax.

The Supreme Court has not established a hearing date or briefing schedule yet and it's ruling is not expected until June. The order granting certiorari is available [here](#).

FROM OTHER ORGANIZATIONS

Leaders Engaged on Alzheimer's Disease

More than 40 Leading Alzheimer's Organizations Call for Dramatic New Strategy to Stop Alzheimer's Disease

The National Alzheimer's Prevention Act (NAPA), signed into law by President Obama earlier this year, mandated the formation of a 22 member Advisory Council on Alzheimer's Research, Care, and Services to help HHS develop an integrated national plan to defeat Alzheimer's disease. Among the 12 non-federal members of the Advisory Council are George Vradenburg and Eric Hall, co-conveners of Leaders Engaged on Alzheimer's Disease (LEAD), a network of nationally renowned experts, advocacy groups, and others, including NASUAD, who are involved in the Alzheimer's community.

Earlier this month, LEAD submitted its recommendations to the Advisory Council, in a report titled "The Path Ahead: A Framework for a Transformative National Plan to Defeat Alzheimer's Disease." The recommendations were developed by LEAD members and Alzheimer's researchers, clinicians and advocates in four areas: research, clinical care, long-term care support and services, and drug discovery and development.

To significantly advance progress in Alzheimer's research, care and prevention, the LEAD report proposes to triple the amount of funding for Alzheimer's disease research; create incentives to drive investment in new Alzheimer's disease therapies; reduce health care costs and improve quality of care by implementing proven models of care, establish a dedicated fund for public-private investments in new therapies that can reduce Medicare and Medicaid spending; and build a healthcare workforce skilled in the care of people with the disease.

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

AARP

AARP Reports on Heating Costs for Older Consumers

The AARP Public Policy Institute released the *Winter Heating Costs Report*, a report on the impact of the cost of winter heating on older consumers. The report analyzes data from the 2005 Residential Energy Consumption Survey and the October 2011 Short-Term Energy Outlook report. The analysis shows that winter heating costs are likely to be a greater burden on older low-income households than other older households.

AARP PPI also released *A Snapshot of 2009 Utility Expenditures by Older Consumers*, which identifies trends in consumer spending on utilities and shows how these expenditures vary among consumers by age, income, household size, and geographic location.

The Winter Heating Costs Report can be found [here](#).

The *Snapshot of 2009 Utility Expenditures by Older Consumers* can be found [here](#).

AARP Report: Protecting Older Investors

The AARP Public Policy Institute released a report, *Protecting Older Investors: The Challenge of Diminished Capacity*. This report shares AARP research findings about current financial services industry practices and protocols to address diminished capacity and gaps in knowledge, training, and strategies to protect older investors. The report also includes recommendations for stakeholders and policy makers.

The report is available [here](#).

National Energy Assistance Directors' Association

2011 National Energy Assistance Survey

The National Energy Assistance Directors' Association (NEADA), which represents the state directors of the Low-Income Home Energy Assistance Program (LIHEAP) released the results of a 2011 survey of LIHEAP-recipient households, which captures the changes and in energy affordability, the impact of high energy costs on low-income households, as well as the importance of LIHEAP benefits.

The report found, in part, that LIHEAP recipient households are among the poorest in the nation, **as sixty-one percent reported** incomes at or below the poverty line. They are also among the most vulnerable; nearly 90 percent of recipient households comprised of at least one person who is age 60 or older, age 18 or younger, or disabled, for whom a loss of heat in the winter or cooling in the summer could have serious health and safety implications. While the average LIHEAP benefit is modest, covering about half the cost of home heating, or \$417 per year, nearly two-thirds of households reported that they would have kept their homes at unsafe or unhealthy temperatures if it had not been for LIHEAP.

The rising cost of utility bills is an extreme burden for this population, with 52 percent reporting that their energy bills were more difficult to pay than in the previous years. As a result, LIHEAP households faced difficult choices in the face of high energy costs; 37 percent went without medical or dental care, and 34 percent did not fill a prescription or took less than their full dose of prescribed medication.

The survey, which provides a comprehensive demographic picture of LIHEAP recipients, is available [here](#).

GRANT OPPORTUNITIES

Grant Title: Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers

Agency Issuing Grant: CMS

Eligible Applicants: State governments

Close Date: 2/28/12

Funding Opportunity Number: CMS-1A1-12-002

CDDFA Number: 93.506

Description: CMS is inviting proposals from all States and U.S. territories to be considered for inclusion in this National Background Check Program. Only States that did not apply during the initial or second solicitation should apply during this solicitation. CMS is conducting a nationwide program that will identify efficient, effective and economical procedures for long term care facilities and providers to conduct background checks on prospective direct patient/resident access employees. Eligible facilities and providers include skilled nursing facilities, nursing facilities, home health agencies, hospice care providers, long-term care hospitals, personal care service providers, adult day care providers, residential care providers, assisted living facilities, intermediate care facilities for the intellectually disabled (ICFs/ID) and other entities that provide long-term care services, as specified by each participating State.

[Click here for more info on this funding opportunity](#)

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



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