

FEDERAL POLICY

Health Reform

On February 22, 2010, the President released his plan for health reform which builds on the Senate-passed bill with some modifications. On Thursday, February 25, the President held a televised bicameral bipartisan meeting at the Blair House to allow for further discussion on health reform ideas.

[Click here](#) to view the President's Proposal

[Click here](#) to learn more about Thursday's bicameral bipartisan meeting at the Blair House •

Relief to States on Payments to Medicare for Part D

On February 18, 2010, HHS Secretary Kathleen Sebelius announced \$4.3 billion in relief to states from the American Recovery and Reinvestment Act of 2009 (ARRA) through a temporary increase to federal medical assistance percentage payments (FMAP). This funding adjustment will lessen the amount states will have to pay the federal government to offset the cost of Medicare coverage for prescription drugs for state residents who are dually eligible for Medicare and Medicaid.

[Click here](#) to view the press release

In addition President Obama is asking Congress to extend the FMAP increase established in ARRA through June 30, 2011. Senate Majority Leader Reid and Senator Rockefeller recently introduced S. 3000 to extend the enhance FMAP provided by ARRA. NASUA sent both Senators a letter in support of this legislation.

[Click here](#) here to view NASUA's letter •

President's FY2011 Budget Released

On February 2, 2010, President Obama released his \$3.8 trillion FY2011 budget for all federal executive departments and independent agencies, which included \$1.625 billion for the Administration on Aging. The President's budget for FY2011 proposes a 7.403% increase of approximately \$108.7 million over his FY2010 budget request of \$1.513 billion. It also proposes a slightly smaller increase of 7.169% over the FY2010 enacted appropriation for the Administration on Aging, which is the amount the Administration on Aging actually received. The new budget also includes a six month extension of the enhanced FMAP for states. The overall budget includes an increase of 5.7% in funding over his FY2010 Budget and \$1.2 trillion in deficit reductions over ten years. The President outlined the following as priorities for seniors in his budget:

- Protect Social Security
- Protect and Improve Medicare
- Reduce Social Security Backlogs, Improve Customer Service, and Cut Waste
- Help Families Care for Aging Relatives at Home
- Provide Energy Assistance to Low-Income Families
- Increase Funding for Biomedical Research
- Improve the Safety of Medications and Medical Products
- Fight Waste and Abuse in Medicare and Medicaid
- Improve Retirement Security

Next Steps in Federal Budget Process

As Congress still enjoys the "power of the purse"—the primary role over federal revenue and spending policy—the President's budget is just a proposal, which is required as a result of legislation enacted by the Congress. The Congress must still go through the budget and appropriations process during which the federal agencies defend the numbers in the President's budget proposal. The Congress begins by developing a

budget resolution in the House and Senate Budget Committees, which, if passed, represents an agreement between the House and Senate on budget priorities, as well as a framework to guide all subsequent budgetary actions. With or without a budget resolution, the Congress must pass appropriations bills that must be signed into law by the President in order to fund the federal government.

[Click here](#) to view the President’s Budget

[Click here](#) to view NASUA’s Summary of the President’s Budget •

Submit your views on the Older Americans Act Reauthorization

In 2011 Congress will consider reauthorization and amendments to the Older Americans Act. In anticipation of this process, the Administration on Aging (AoA) and NASUA is soliciting input concerning the reauthorization. AoA has established three mechanisms for input:

- (1) **AoA-Convended Listening Forums**—Dallas, TX, February 18th, 2010; Alexandria, VA February 25th; San Francisco, CA, 2010 March 3, 2010
- (2) **OAA Reauthorization Input Events**
- (3) **Direct Input via the AoA Website or Mail.**

NASUA strongly encourages all states to provide their views. Besides the AoA-Convended Listening Forums, states may provide **direct input via the AoA Website**,

or submitting their testimony by downloading and mailing in the **AoA prepared form**. You **do not** need to attend your regional listening sessions to submit your views, and there is **no length requirement** for the testimony. Further information about providing your views about the OAA Reauthorization can be found at AoA’s website by [clicking here](#).

For those states that do decide to submit their views, we ask that you **forward us a copy of your testimony** so that we may better represent you. You may either email Martha Roherty at mroherty@nasua.org or Peggie Rice at price@nasua.org with your testimony, or alternatively fax it to us at (202) 898-2583.

We want to thank all the states and territories that have completed NASUA’s 2011 OAA Reauthorization Survey. For those states and territories that are yet to complete it, we ask that you do so as soon as possible by going to <http://www.surveymonkey.com/s/VDPB6N7> and following the directions.

Again, we appreciate and value your partnership as we move forward together. •

GRANT OPPORTUNITIES

Pension Counseling Grants

The Administration on Aging (AoA) will award grants for up to six Regional Pension Counseling & Information Projects and one Pension Counseling Technical Resource & Assistance Center. **The deadline for both applications is April 5, 2010.**

Each of the six Regional Pension Counseling & Information Projects will receive approximately \$200,000 from the Federal government for each program year up to three years. The counseling projects provide individuals who reside, have worked in, or have some other pension or employer connection to the regional service area with a range of services. [Click here](#) for more information on this funding opportunity.

The Pension Counseling Technical Resource & Assistance Center will receive approximately \$425,253 from the Federal government for each programming year up to three years. The Center should be structured to support the Pension Counseling and Information Programs’ grantees and others and should encourage coordination among the projects, State and Area Agencies on Aging, legal services providers, and other potential providers of pension assistance. [Click here](#) for more information on this grant. •

NASUA News

The Newsletter of the National Association of State Units on Aging

FEBRUARY 2010

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Project Lifesaver

Project Lifesaver International is a non-profit organization that helps rescue individuals who are prone to wander due to Alzheimer's disease, autism and other cognitive disorders. They recently received federal assistance from the U.S. Department of Justice to expand their program throughout the country. Under this grant, Project Lifesaver will provide funding to 100 agencies in greatest need to start the Project Lifesaver program in their communities, as well as make available stipends to existing Project Lifesaver agencies to provide free personal locator units/transmitters to 1,800 families unable to afford them. Potential agencies must fill out a one-page grant application and meet specific criteria in order to qualify for funding.

[Click here](#) for more information •

ANNOUNCEMENTS

Welcome John Thompson to NASUA

NASUA is pleased to welcome Dr. John M. Thompson to our team. John has the lead responsibility for running the National Information and Referral Support System and will provide technical assistance and support to states on information, referral and assistance. He will also provide assistance to states on the management and integration of I & R Services with Aging and Disability Resource Centers.

John most recently served as the Supervisory Public Health Analyst for the District of Columbia Aging and Disability Resource Center (ADRC). In his role, John established and executed the strategic plan; developed strategic partnerships with government agencies, service providers, and advocacy groups; and wrote grants and cooperative agreements. He also served as the "voice" of the DC ADRC by engaging in town hall meetings to address citizens' concerns and participate in radio and TV interviews to bring awareness to and advocate for his clients who experience barriers with accessing programs and services.

Prior to joining the District of Columbia government, John worked at the federal level for over five years as a Health Insurance Specialist with the Centers for Medicare & Medicaid Services.

He has also served in an executive leadership capacity as the Interim Assistant Administrator at Providence

Medford (Oregon) Medical Center and as Interim Director of Quality Management at Carolinas Healthcare System's Post Acute Care Services.

In addition to his industry experience, John is an adjunct professor and subject matter expert at several universities where he teaches and develops Master and Ph.D. level courses in health policy, ethics, organizational development, strategic management, health finance, and public health administration.

John holds a Ph.D. in Health Services from Walden University in Minneapolis, Minnesota; a Masters of Business Administration and a Masters of Arts in Health Services Management from Webster University in Columbia, South Carolina; and a Bachelor of Science in Biology with a Minor in Psychology from the University of South Carolina at Columbia. •

National Technical Assistance Resource Center for LGBT Elders

On February 10, 2010, HHS Secretary Kathleen Sebelius announced a \$900,000 award over three years to Services and Advocacy for GLBT Elders (SAGE) to establish the nation's first national resource center to assist communities across the nation in providing services and supports for older lesbian, gay, bisexual and transgender (LGBT) individuals. SAGE will partner with 10 other expert organizations to engage, empower and support mainstream aging providers, LGBT providers and LGBT older adults to ensure culturally appropriate supports and services are available to LGBT elders.

[Click here](#) to view the press release •

New Director of the Ageing Programme at The Atlantic Philanthropies

On January 15, 2010, Sharon King was appointed as Director of the Ageing Programme of The Atlantic Philanthropies, effective February 2, 2010. The Ageing Program supports effort to address the health and economic security of the most vulnerable older adults. Previously, King served as the President of the F.B. Heron Foundation. She currently serves as a Trustee of the Altman Foundation and as a member of the Council on Foundation's Global Philanthropy Committee. •

NEW RESOURCES AVAILABLE**Survey About One-Call Services in Your State**

Do you operate a one-call service? Do you have a single point of contact for customers on the web, or via telephone or other technology? Are you in the planning phase for developing a one-call service? Please share your experience and knowledge with others who are considering one-call services for their community by [clicking here](#).

The survey will remain open until **midnight on March 2**.

As part of a project funded by the Office of Disability Employment Policy and the Federal Transit Administration, The Community Transportation Association of America (CTAA) will use the survey results to prepare a guide to one-call services. They want to know how one-call services function in different communities and the variety of ways communities and regions can establish these services. •

Report: The MetLife Study of Working Caregivers and Employer Health Care Costs

On February 2, 2010, the MetLife Mature Market Institute with the National Alliance for Caregiving in conjunction with the University of Pittsburgh, Institute of Aging released this report documenting that caregiving employees' health problems can cost U.S. companies a potential \$13.4 billion annually. Employees who are caring for an aging relative or friend are more likely to report health problems such as depression, diabetes, hypertension or heart disease which translates to an estimated 8% annually in additional health care costs for employers.

The report suggests that employers should consider integrating their wellness and eldercare programs in order to better meet the health care needs of caregivers while reducing the associated costs. It also suggests that flexible hours, paid time off, and telecommuting could help reduce caregiver stress. •

Paper: Making the Case: Saving your State's Caregiver Support Programs

In December 2009, the National Center on Caregiving (NCC) at Family Caregiver Alliance (FCA) released this paper intended to give advocates, program administrators, service providers and caregivers

talking points to support their state's caregiver support programs during these tough economic times. It gives a background of the states' fiscal crisis, statistics on the fiscal and personal impact of caregiving, talking points to advocate for caregiver support, and a list of helpful resources on the subject. •

CMS Publications

The Centers for Medicare & Medicaid offers two recently revised publications to help inform eligible beneficiaries about the services and programs. *Programs that Can Help You Pay Your Medical Expenses* is a three-page fact sheet with information about federal and state programs for people with limited income and resources. This resource that can be used as a handout for spreading the word to beneficiaries about federal and state assistance programs, or as a general reference for the assistance programs available and where to go to apply for any particular one. *Are You a Hospital Inpatient or Outpatient?* is a six-page fact sheet that explains how hospital status (inpatient or outpatient) affects how much a person pays for hospital services and whether their stay in a skilled nursing facility will be covered. •

Reports: Use of Online Screening and Application Technology in the Aging Network

In January 2010, the National Center for Benefits Outreach and Enrollment (the Center) released three reports detailing the use of online screening and application tools to help seniors and younger adults with disabilities to enroll in public benefits. The report *NCOA-NASUA Survey of State Units on Aging on the Use of Online Screening and Application Technology*, was conducted by the Center in partnership with the National Association of State Units on Aging (NASUA). It presents the findings of an online survey of the 56 State Units on Aging (SUAs) that assessed the use of these online screening and application tools.

In addition, the Center also partnered with Area Agencies on Aging (AAAs) to produce another report, *NCOA-nAa Survey of Area Agencies on Aging on the Use of Online Screening and Application Technology*, which presents the results from an online survey sent to AAAs gauging the use of these tools. Finally, the Center produced a third report, *The Aging Services Network and the Use of Online Screening and Application Technology*, which summarizes the findings of the NASUA & AAA surveys. •



OMBUDSMAN CORNER

New Data Base for Comparing Nursing Homes

How do I choose a nursing home for myself or a loved one? This is a question many people ask every year. Unfortunately, many of those same individuals are not aware of resources to help them make these decisions. The Long-Term Care Ombudsman Program in each state can provide information and resources for their state and others. Recently new information sources have been developed to allow advocates and consumers to compare nursing homes in their area. For several years, consumers and advocates have had access to *Medicare's Nursing Home Compare* information system through Medicare.gov based on the survey data collected in each state. Now there is another tool to provide more comparison.

A new resource has been designed and launched at the Brown University Center for Gerontology and Healthcare Research. The new website, designed for nursing home researchers, will also be enthusiastically received by many consumer advocates looking for detailed data and more sophisticated comparison tools than provided on Nursing Home Compare. This information will have a trickle-down effect for consumers.

The interactive database, LTCfocus.org, combines information from several government sources—Medicare reimbursement claims, OSCAR (CMS's Online Survey, Certification and Reporting system), The MDS (Minimum Data Set), and Brown University's survey of state Medicaid policies.

This interactive website allows users to create charts, maps and tables to compare information about states, counties, or individual nursing homes. By choosing up to 5 variables, a user can compare all the nursing homes in a state or narrow the comparison. The range of variables includes: for-profit status, number of beds, percent Medicaid and Medicare beds, Alzheimer's units, occupancy rates, age ranges, gender and race of residents, direct care staffing (RN, LPN, CAN) acuity of care, certain MDS quality measures, source of admissions (hospital or home), and 30-day re-hospitalization rates.

In an increasingly technical world, consumers and the agencies they turn to for help now have another resource to gain valuable information on nursing homes. •

TASC CORNER

The TASC Planning Zone is intended to be available for all aspects of strategic planning. Thus, as the Administration on Aging (AoA) continues to award Aging and Disability Resource Center (ADRC) grants, NASUA continues to assist this process by making the TASC Planning Zone, and other resources, available to the grantees. With a

new directive from AoA now accompanying these funds that requires ADRC grantees to compose a strategic plan detailing their methods for achieving state wideeness, NASUA is working to enhance the value of the TASC Planning Zone to those working to develop ADRC plans.

In January, NASUA had the opportunity to share these resources with a recent ADRC grantee, Delaware's state unit on aging, at the Delaware ADRC Project Forum. The event represented the culmination of several years in grant and research work on the part of the Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). The meeting was moderated by Christina Bowen and Gilbert Thompson of the Lewin Group, who, in conjunction with the DSAAPD staff and Elizabeth Leef and Kevin Foley of AoA, brought together stakeholders, interested citizens, and government officials. The morning session was highlighted with several panels and presentations, including comments from Guy Perrotti, Director of DSAAPD, and remarks from Delaware's Health and Human Services Secretary Rita Landgraf. DSAAPD representatives Lisa Bond and Chris Oakes, both instrumental in Delaware's ADRC grant acquisition, presented attendees with a summary and status update of Delaware's ADRC project; they were followed by a panel of lead ADRC partners that Delaware plans to involve in their ADRC. During the afternoon portion of the Project Forum, participants were split into focus groups to brainstorm and discuss specific issues relating to the structure and implementation of Delaware's ADRC. After a discussion period, these small groups were able to present their findings to the larger group, encouraging more dialogue and brainstorming. The successful panels and workshops gave NASUA the opportunity to briefly introduce the audience to the technical assistance available on the TASC Planning Zone, and to highlight the applicability of the strategic planning resources to all aspects and stages of plan development. NASUA looks forward to providing Delaware, and others involved in strategic planning, with assistance and support as they begin this process.

To further familiarize strategic planners with the TASC Planning Zone, in addition to the Delaware visit, NASUA had the opportunity, in conjunction with AoA, to introduce planners to the various components of the TASC website via webinar. On January 27, NASUA and AoA presented an overview and explanation of AoA's FY 2011 Program Instructions, AoA's expectations for the newly required ADRC strategic plans, AoA's State Plan on Aging requirements, and NASUA's ability to assist in these endeavors via the TASC Planning Zone. [Click here](#) to view NASUA's PowerPoint presentation, which explains and details the resources available on the TASC site. •

SCSEP CORNER

On January 29, 2010, the U.S. Department of Labor announced \$225 million in additional funding for the Senior Community Service Employment Program (SCSEP) in fiscal year (FY) 2010. The Consolidate Appropriation Act of 2010 provided this extra money to SCSEP programs, most State and National grantees applied for and were granted the money. [Click here](#) to view the award amounts.

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The total FY 2010 funding for SCSEP was \$825 million which reflects the one-time funding of \$225 million. This funding was given to expand SCSEP's ability to serve older workers who face increasing challenges in re-entering the workforce during the economic downturn. This one-time funding is in addition to the already awarded \$118 million in Recovery Act funding given to State and National SCSEP grantees. •

MIPPA CORNER

Federal Guidance—Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

The Centers for Medicare and Medicaid Services (CMS) released important federal guidance regarding the implementation of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (P.L. 110-275). Specifically, this *State Medicaid Director Letter* provides guidance on the implementation of sections 1111-1118 of MIPPA and their impact on the Medicaid program; these provisions cover extension of the Qualifying Individual (QI) Program, application of Low Income Subsidy (LIS) resources test to Medicare Savings Program (MSP), eliminating barriers to enrollment, eliminating application of estate recovery to Medicare cost-sharing benefits, exemptions from income and resources for determining eligibility for LIS, and model application translation. Many of these provisions are intended to remove barriers to application for the Medicare Part D LIS and the MSP.

In NASUA's ongoing effort to inform its members, we shall highlight in this newsletter and on our website important guidance on the implementation of MIPPA and best practices by states. In this month we shall focus on **Better Coordinated Outreach with Social Security and its Transmittal of LIS Data for MSP Application to state Medicaid agencies**.

Pursuant to section 113 of MIPPA, starting January 1, 2010, the Social Security Administration (SSA) was required, with the consent of the applicant, to transmit information contained on a person's LIS application to state Medicaid office to start that individual's MSP application. The state Medicaid agency is required to act upon this information as if it were an applicant for MSP, even if the LIS application was denied by SSA. Also, at the time an applicant submits an application or requests information about LIS, the SSA is required to provide the applicant with information about LIS and MSP.

Due to statutory conflict, confusion surrounds the date of application for MSPs (compare sections 1935(a), date filed LIS, with section 1144(c), date of electronic transmission). Notwithstanding this conflict, CMS have indicated in SMDL#10-003 that states may use the date



SSA transmits the data from the LIS application as the beginning date; however, state must also treat the date the LIS application is filed with SSA as the date of application for MSP for purposes of establishing the effective date of eligibility for MSP benefits. In any event, pursuant to 42 CFR 435.911(a)(2), a state is required process the application within 45 days of receipt of the LIS data from SSA.

Prior to its transmission, the LIS data is verified by the SSA. For Medicaid purposes, CMS treats this data as verified, and according to CMS “states are not required to separately verify income and recourses that are reported by SSA on the MSP application file.” SMDL#10-003.

Also, states do not need a “wet” signature (application signed in person) for a valid MSP application. Therefore, if a state’s MSP *eligibility rules were identical*

to or more liberal than those for LIS, it could accept LIS data as a complete application for its MSP.

States practices vary on how they process LIS data transmitted from SSA. Certain states upon receipt of the data send formal applications to individuals in the mail. Other states treat the LIS data as a complete or near complete MSP application.

Given the complexity of this area and the varying state practices, NASUA is committed to working with states to develop best practices that capitalize on existing networks and maximize results. NASUA will be in contact with the states to discuss their experiences and how best to process LIS data. Until then, if you have any comments or would like to share your state’s experiences with LIS data transmittal, please contact Rex O’Rourke by email at rorourke@nasua.org or by phone at (202) 898-2578. •

Upcoming Events

Aging in America

NCOA-ASA Conference

March 15th – 19th, 2010

Chicago, IL

[Click here](#) for more information

I&R Training and Education Conference

Alliance of Information and Referral Systems (AIRS)

May 23rd – May 26th, 2010

Rochester, New York

[Click here](#) for more information

NASUA Older Americans Act Reauthorization Policy Forum

National Association of State Units on Aging

June 27th – June 29th, 2010

The Westin Hotel

Washington, DC

[Click here](#) for more information

26th National Home and Community Based Services Conference

National Association of State Units on Aging

September 26th – 29th, 2010

The Hilton Hotel

Atlanta, GA

[Click here](#) for more information

Informing Long-Term Care Choice (MDS 3.0 Section Q)

April 16, 2010

Baltimore, Maryland

Radisson Plaza Lord Baltimore

The training is intended to assist States, Local Agencies and Nursing Facilities by increasing their knowledge of Section Q (Return to Community Referral), and to understand the challenges and issues involved in implementing Section Q while preparing for the implementation of MDS 3.0 on October 1, 2010.

[Click here](#) to register



Save the date

November 16, 2010

[Click here](#) to sign up as a screening site for November 16, 2010

[Click here](#) for more information about National Memory Screening Day

The National Association of State Units on Aging

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