

FROM THE HILL

Appropriations

November began with the Senate focusing on a measure to extend unemployment compensation. The next issue the Senate is poised to take up is appropriations. The FY 2010 Commerce-Justice-Science Appropriations bill, which provides \$64.9 billion in funding, is scheduled for another cloture vote this week. The chamber had expected to complete debate on that measure last month, but it was blocked by the minority. The Senate may also address the \$133.9 Military Construction-VA spending measure this week.

To date, Congress has sent President Obama five of the 12 annual spending bills, including the Interior measure. The Interior Appropriations bill included a continuing resolution to fund the remaining bills at FY 2009 levels through December 18th. It is not likely that the Labor Health and Human Services (LHHS) Appropriations bill will be completed in regular order, but will instead be rolled into a mini-omnibus bill. NASUA has worked to garner support for an amendment to increase funding for the Older Americans Act, but the opportunity will be lost if LHHS is passed in an Omnibus bill. •

Health Care Reform

On October 29, House Speaker Nancy Pelosi presented the “Affordable Health Care for America Act” (H.R. 3962), which includes a government insurance option, Medicaid expansion and immediately begins to close the doughnut hole on Medicare Part D. The bill also includes a 6-month extension (through June 2011) of the enhanced FMAP provided through the Recovery Act. A House floor vote on an amended version of H.R. 3962, referred to as the Manager’s amendment, is expected on Saturday, November 7; the bill will need a minimum of 218 votes to pass.

The bill combines features from the three versions of “America’s Affordable Health Choices Act of 2009”

(H.R. 3200) which was introduced on July 14, 2009. By July 17th the House Ways and Means Committee and the Education and Labor Committee approved that bill and on July 31st it had passed through the Energy and Commerce Committee. Since July the three committees have been working closely with House leadership and Members to prepare the current legislation for the House floor. Senate Majority Leader Reid has been combining the Finance and Health Education Labor and Pension (HELP) Committees’ bills into one. He is waiting for the Congressional Budget Office cost estimates before piecing together a final package to be scored again and then moved to the floor. The provisions of the combined Senate bill have not yet been released and while lawmakers aim to bring health reform to the floor as soon as possible, debate is not likely to begin for at least two more weeks.

Project 2020.

Provisions related to *Project 2020* were included in health reform by committees in both chambers. The House of Representatives and Senate HELP Committee both included dollars for prevention programs in their respective health reform bills, but funding was limited to the CDC, state and local health departments, and programs authorized by the Public Health Service Act. NASUA has urged leaders to change the language in the final House and Senate proposals to make these prevention dollars available through the Administration on Aging to the Aging Services Network and programs authorized by the Older Americans Act.

ADRCs.

The Senate Finance Committee included \$50 million over five years for Aging and Disability Resource Centers (ADRCs). NASUA has expressed strong support for retaining this section of the Senate Finance Committee’s proposal as Senate Majority Leader Reid decides which pieces to include in the merge with the HELP Committee’s bill. NASUA is still urging Senators to support an amendment from Senator Cantwell that mirrors her *Project 2020* legislation (S. 1257) exactly.

Elder Justice.

The Elder Justice Act (EJA) was included in health reform by the Senate Finance Committee, but not by the Senate HELP Committee or the House of Representatives. As a member of the Elder Justice Coalition, NASUA is urging Senate Majority Leader Reid to keep the EJA in the final health reform bill as he merges that chamber's proposals. NASUA also urged House Speaker Pelosi and House Rules Committee Chairwoman Slaughter to include the Elder Justice Act in the Manager's amendment in the House. For more details on Elder Justice advocacy, go to: <http://www.elderjusticecoalition.com/toolkit.htm>. •

Project 2020 Advocacy

Project 2020 (S. 1257/HR 2852) would make improvements to health reform first by increasing funding for ADRCs, which are equipped to help CLASS Act beneficiaries by connecting them to the services this benefit will pay for. The second section of *Project 2020* provides funding for the Aging Service Network's health promotion and disease prevention programs, which are based on 26 CDC-recommended models that have been proven to keep seniors healthier, reduce the incidence of hospitalization, and as a result, save Medicare dollars. The third part of *Project 2020* compliments the Money Follows the Person program included in health reform, and is a direct way to control costs to Medicaid by delaying or diverting people from spend down.

NASUA urges advocates to contact their Senators as well as Senator Maria Cantwell to express support for her *Project 2020* amendment to health reform. To find your Senators' contact information, use the attached spreadsheet (there are three tabs) or the following link: http://senate.gov/general/contact_information/senators_cfm.cfm NASUA also urges advocates to **contact Senate Majority Leader Harry Reid** to urge him to retain ADRC funding and the Elder Justice Act in the final Senate bill as he combines the Senate bills into one. •

NASUA News

The Newsletter of the National Association of State Units on Aging

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IN WASHINGTON

The Guided Care Model

In April and again in August 2009, the National Health Policy Forum sponsored site visits to explore the Johns Hopkins University's research and demonstration program on Guided Care.

Guided Care is a patient-centered medical home model that uses an interdisciplinary approach to coordinating health care for older people with multiple chronic conditions. Guided Care nurses located in primary care practices work with Medicare patients on a long-term basis, coordinate their care among various providers, provide transitional care, and assist patients with self-management skills.

Site visit participants learned about the complexities of caring for frail Medicare patients, some of whom see multiple physicians and other health care providers on a continuous basis. Guided Care nurses, physicians, and patients discussed with the site visit participants the impact of the program on medical practice and individual patients and the research results of the Guided Care approach on cost and quality outcomes.

To view report: http://www.nhpf.org/library/site-visits/SV_Baltimore09.pdf. •

Legislative Review Examines Senate Finance Committee Health Reform Proposal

In September, the Engelberg Center for Health Care Reform released a report titled *Bending the Curve: Effective Steps to Address Long-Term Spending Growth*, which was developed by a group of leading experts in health care and economics. The report seeks to develop a set of steps to slow long-term growth in health care spending, addressing a priority articulated by leaders in Congress.

The report offers a high-level review of the legislation introduced by Senate Finance Committee Chairman Max Baucus, including a side-by-side summary of key provisions of the *Bending the Curve* report and those in the Baucus proposal. The Legislative Review explores:

- aspects of the Baucus proposal that have the greatest potential to slow long-term spending growth;
- areas not directly included in the proposal that should be addressed; and
- other aspects of the plan where modifications could increase the effectiveness of the overall reform package.

The full report can be downloaded online. To view the report: http://www.brookings.edu/reports/2009/0929_btc_senate_finance.aspx. •



Social Security Administration Reduces Backlog of Disability Cases

On September 30th Michael J. Astrue, Commissioner of Social Security, announced that for the first time in ten years the agency ended the year with fewer disability hearings pending than in the prior year. At the start of FY 2009 the agency had 760,813 hearings pending and by the end of the year they had reduced the cases by over 37,000 to 722,822, improving the average processing time from 514 days in FY 2008 to 491 days in FY 2009.

This success is part of an overall reduction plan at the agency which included hiring 147 new Administrative Law Judges (ALJs) and 850 support staff in FY 2009. In FY 2010 the agency plans to hire another 226 ALJs and support staff. The agency also opened three new National Hearing Centers across the country to assist the most backlogged offices: Albuquerque, NM; Baltimore, MD; and Chicago, IL. Fourteen more hearing offices and four satellite offices will open by the end of next year.

For more information: www.socialsecurity.gov/appeals. •

A Note on “Meaningful Use” of Electronic Health Records

Dr. David Blumenthal, National Coordinator for Health Information Technology, explained recently that CMS intends to give a definition of “meaningful use” as it relates to doctors’ and hospitals’ use of health information technology for the purposes of receiving Medicare and Medicaid incentive payments. A definition will be published by December 31, 2009 and available for public comment by early 2010.

For more information concerning “meaningful use”: <http://healthit.hhs.gov/portal/server.pt?open=512&objID=1325&parentname=CommunityPage&parentid=1&mode=2>

For more information about HITECH grants programs: <http://healthit.hhs.gov/portal/server.pt?open=512&objID=1310&mode=2&cached=true> •

HHS to Create a National Resource Center for LGBT Elders

On October 21st, HHS Secretary Kathleen Sebelius announced plans to establish the country’s first national resource center for older lesbian, gay, bisexual and transgender (LGBT) individuals. The Resource Center aims to support communities across the country in their efforts to better understand the unique needs and concerns of the LGBT population, while providing them services and supports. The LGBT Center will give

information, assistance and resources to both mainstream and LGBT focused aging services providers at the state and local level and work to educate the LGBT community about the importance of planning ahead for future long term care needs.

The Administration on Aging will award a single Resource Center grant at up to \$300,000 per year, pending availability of funds. Eligible entities will include public-private nonprofit organizations with experience working on LGBT issues on a national level.

To view the program announcement: <http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx>. •

ANNOUNCEMENTS

Cindy Padilla appointed as Principal Deputy Assistant Secretary for Aging

Assistant Secretary for Aging Kathy Greenlee announced on October 22, 2009 the appointment of Cindy Padilla as Principal Deputy Assistant Secretary for Aging. Padilla is currently New Mexico’s Aging and Long Term Care Services Department Secretary and a member of the National Association of State Units on Aging (NASUA). She will begin her work at the Administration on Aging on November 16, 2009.

Padilla has served as Governor Bill Richardson’s Secretary of the Aging and Long-Term Services Department (ALTSD) in New Mexico since February 2008. Prior to serving in ALTSD, Cindy served as Deputy Secretary for the New Mexico Environment Department (NMED). Before that, she was a Division Director with the NMED and was also the Solid Waste Division Bureau Chief for NMED between 2002 and 2005. Cindy has 20 years of experience in program management, environmental education, public outreach, marketing and grants management.

To view the press release: <http://nasua.org/>. •



Irene Collins Named NASUA Board President

NASUA would like to welcome Irene B. Collins, Commissioner of the Alabama Department of Senior Services (ADSS), as President of our Board of



Directors effective September 23, 2009. Prior to assuming her new role, President Collins served for several years on the NASUA Board.

Collins serves on Governor Bob Riley's cabinet as the Commissioner of the Alabama Department of Senior Services. Under her leadership, the state has focused on improving home and community based services. In this effort, Mrs. Collins restructured the ADSS Long-Term Care Division and worked with the Alabama Legislature to increase the number of Medicaid Waiver clients.

Commissioner Collins serves on the Governor's Workforce Development Council, is the Alabama chairwoman of the United WE Ride initiative, and was selected as one of thirty people in the nation to serve on the FEMA National Advisory Council. She also currently serves as a member of the Board of Directors for the National Association of Nutrition and Aging Services Program and as a member of the National Governors Association Policy Academy for Civic Engagement.

Under the tutelage of Collins, the Department of Senior Services received the 2007 Rosalynn Carter Leadership in Caregiving Award for the REACH Intervention Project. Commissioner Collins recently served as a second author on a REACH translation paper that was published in the February 2009 issue of *The Gerontologist*. Alabama's REACH project was also highlighted in *The Journal of the Society for Clinical Trials* in 2006. •

New Staff at NASUA

NASUA would like to welcome three new staff members to our team: Deborah Merrill, Senior Policy Advisor; Lindsey Copeland, Policy Associate; and Kelsey Walter, Research Assistant. Please see their biographical information below:

Deborah Merrill

Deborah Merrill has joined us as the Senior Policy Advisor responsible for our LTC Ombudsman Resource Center. She has pursued her interest in Aging issues for many years and most recently served as Interagency Liaison for the Kansas Health Policy Authority, the single state Medicaid agency, with primary responsibility for Aging programs. Prior to joining the Kansas Health Policy Authority, Deborah held the position of Assistant to the Secretary/Policy Analyst in the Kansas Department on Aging. For 10 years, she worked for the Kansas Office of the State Long-Term Care Ombudsman where she served as Volunteer Coordinator, Regional Ombudsman, and eventually Deputy and Acting State Long Term Care Ombudsman. She is a graduate of Missouri State University.

Lindsey Copeland

Lindsey Copeland joins NASUA as a Policy Associate, her primary areas of focus is the management of state agencies through the state planning process and on providing technical assistance to the states. She brings with her strong policy and legislative experience at the state government level. Copeland spent several years with the Virginia Department of Labor and Industry's Labor and Employment Law Division, where she represented employees throughout the Commonwealth in their payment of wage, child labor and minimum wage claims. She was also employed with the Virginia Indigent Defense Commission, where she assisted the Virginia General Assembly in the creation and streamlining of Virginia's court appointed counsel program. Most recently, Copeland was with the Government Relations and Contracts Division of LexisNexis, where she worked with other attorneys in developing relationships with state government officials, and in the subsequent acquisition, execution and fulfillment of exclusive publication contracts as a direct result of these relationships. She holds a BA in English and Political Science from Hollins University, and a JD from the University of Richmond.

Kelsey Walter

Kelsey Walter joins NASUA as the Research Assistant and is primarily responsible for communications, website management, and information and referral. Prior to joining NASUA, Kelsey worked as an intern at the National Health Policy Forum through the National Academy of Social Insurance's Somers Internship Program in Long Term Care. As a recent graduate from Augsburg College in Minneapolis, MN, with a Masters of Social Work, Kelsey was also the recipient of a Hartford Partnership Program for Aging Education Scholarship. While completing her last year of graduate school, Kelsey worked as a policy intern at the ElderCare Rights Alliance (ECRA). During her time with ECRA, she advocated for seniors at the Minnesota State Legislature and worked on her thesis project in an assisted living setting. While completing her undergraduate degree, Kelsey managed a group home for individuals with developmental disabilities for over two years. She holds a BA in English from South Dakota State University. •



HCBS Quality Training Forums

First call November 12, 2009

Second call January 14, 2010

A series of phone calls on the second Thursday of every other month from 2:00pm, EST until 3:30pm.

Call-in number: 1-877-384-0533

Passcode: 16286219

For more information:

<http://www.nationalqualityenterprise.net/> •

Invitation to Participate in United We Ride National Dialogue

The Federal Interagency Coordinating Council on Access and Mobility (CCAM) invites you to participate in the United We Ride National Dialogue. This groundbreaking, web-based interactive dialogue is designed to allow a broader range of opinions and ideas to inform future policies, the CCAM Strategic Plan and to strengthen the CCAM's relationship with its vast array of partners and stakeholders, including state, local, and tribal governments, transportation agencies, human service agencies, healthcare providers, employment specialists, educators, and consumers.

As part of a Federal effort to gather innovative ideas about transportation access for people with disabilities, older adults and persons of limited income, State Unit on Aging Directors and their staff have been invited to participate to participate in an online dialogue that will occur between November 2nd and November 13th.

For more information: www.UWRdialogue.org. •

NEW RESOURCES AVAILABLE

New Report Available: H1N1 Effect on States

On October 1, the Trust for America's Health released a report containing projections of how the H1N1 flu may affect state budgets in the coming year. The report projects that 15 states are in danger of not having sufficient hospital beds for the projected number of H1N1 flu victims based on estimates from the FluSurge model developed by the U.S. Centers for Disease Control and Prevention (CDC). The report offers a state by state analysis of the current situation, as well as offering insight into H1N1 outbreak concerns the country faces this fall related to vaccines, antiviral medication, health care, and special needs of at-risk communities.

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In the weeks ahead, the federal government will provide millions of free vaccine doses to state health agencies, who will then transfer the doses to about 90,000 distribution centers nationwide. The first batch of vaccines, expected next week, will be reserved for health care workers. Afterwards, health officials will focus their efforts on children, pregnant women and young adults with pre-existing conditions, all groups that are the most vulnerable to the H1N1 flu. The logistical burden will fall to the states to distribute the vaccines and educate the public.

To view the report: <http://healthyamericans.org/reports/h1n1/>. •

New Issue Brief Available on Retaining Benefits

In August, the National Center for Benefits Outreach and Enrollment released an issue brief outlining simple steps agencies can take to help seniors retain their benefits. The brief explains that improving retention rates is critical to achieving high program participation rates. Keeping eligible seniors enrolled in appropriate benefits programs is more cost efficient than the disenrollment/reenrollment rollercoaster of procedures.

Key factors in helping seniors retain their benefits revolve around simplicity in the recertification process. Steps that agencies could take to simplify the renewal process include: eliminating resource tests, conducting administrative reviews to verify continued eligibility, and providing immediate screening when beneficiaries lose eligibility for one benefit if other similar benefits are available.

To view the issue brief: http://www.centerforbenefits.org/NCBOE_issue_brief_retaining_benefits.pdf •

New Figures Show Rise in Life Expectancy

On August 19th, The National Center on Health Statistics (NCHS), CDC, released new figures on life expectancy in the US. In 2007 life expectancy in the US at birth was almost 78 years (both sexes and all races combined). This is an increase from 77.7 years in 2006. These figures also show an increase of 0.1 years in life expectancy for persons aged 65 from 18.5 additional years in 2006 to 18.6 additional years in 2007. (See Table 6, pp. 27-28 in the full report.)

Significant differences in life expectancy remain between the sexes and races. However, in recent years both men and Black persons (male and female) have shown increases in life expectancy. NCHS reports that these increases are due to decreases in the mortality rates for several leading causes of death including heart disease, cancer and stroke.

For FASTSTATS: <http://www.cdc.gov/nchs/fastats/lifexpct.htm>.

To view the full report: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_01.pdf. •

EPA Aging Initiative: Growing Smarter, Living Healthier

In an effort in line with the Obama Administration's Community Living Initiative, the Environmental Protection Agency (EPA) has developed a guidebook titled *Growing Smarter, Living Healthier: A Guide to Smart Growth and Active Aging*. The consumer guidebook addresses housing, transportation, staying active and healthy by utilizing and developing sustainable community resources. This guidebook is intended for older adults who are interested in how our communities work and how they might help them become more 'age-friendly.' The report is available for download and use by state and local agencies.

For more information: <http://www.epa.gov/aging/bhc/guide/index.html>. •

New Report Available: Examining Rate Setting for Medicaid Managed Long-Term Care

On September 16, the Hilltop Institute released the second report in a series (authored by Anthony M Tucker, PhD, and Karen E. Johnson, MS) that explores the cross-payer effects of providing Medicaid long-term supports and services on Medicare acute care resource use. Patterns of Medicaid eligibility, as well as resource use under both Medicare and Medicaid, are examined. This report examines overall patterns of resource use in further detail.

To view the report: http://www.hilltopinstitute.org/publication_view.cfm?pubID=199&st=tbl_Publications.

To view the first report titled *A Framework for State-Level Analysis of Duals: Interweaving Medicare and Medicaid Data*: http://www.hilltopinstitute.org/publication_view.cfm?pubID=169&st=tbl_Publications. •

FDA Launches New Hearing Aids Website

On Tuesday, October 20, the FDA launched a new website on hearing aids, which is found at:

The website contains basic information about hearing aids including hearing loss, the different types and styles of hearing aids, benefits and safety issues, hearing aids and cell phones, how to obtain hearing aids, other products



and devices to improve hearing, a checklist of steps to remember and consider before purchasing one, and other resources. The site also addresses the importance of knowing the difference between an actual hearing aid, which is regulated by FDA to ensure safety and effectiveness for use in hearing impaired individuals, and a personal sound amplification device which is not a medical device.

To access website: <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/HearingAids>. •

AoA Fact Sheet: American Indian and Native Alaskan Elderly

November is American Indian and Alaska Native Heritage month. The first American Indian Day was celebrated in May 1916 in New York. In 1990, President George H.W. Bush signed a joint congressional resolution designating November 1990 as "National American Indian Heritage Month." To celebrate the Census Bureau released a "Facts and Figures" report describing this group and the Administration on Aging has released a smaller fact sheet focusing on the elderly of this population.

To view the AoA fact sheet: http://www.aoa.gov/AoARoot/Aging_Statistics/Minority_Aging/Facts-on-AINA-Elderly2008-plain_format.aspx. •

Medicare Open Enrollment Begins November 15

Medicare's Annual Open Enrollment is from November 15 – December 31, 2009. Each year plans change what they cost and what they cover. During this open enrollment, people with Medicare can add, drop or change their prescription drug coverage. They can also select a health plan for their 2010 coverage.

The CMS open enrollment website offers tools for states to use in LIS outreach and state fact sheets as well as consumer materials for download. The *My Medicare Matters* website offers comprehensive guide to the 2010 plans, and guides consumers through the enrollment process.

For more information: CMS Open enrollment website: <http://www.cms.hhs.gov/center/openenrollment.asp>

My Medicare Matters website: <http://www.my medicarematters.org/> •

OMBUDSMAN CORNER

Arkansas State Ombudsman is Awarded Cernoria Johnson Memorial Advocacy Award

At the 2009 NCCNHR Conference in Washington, DC, Kathie Gately, Arkansas State Long-Term Care Ombudsman was presented with the Cernoria Johnson Memorial Advocacy Award. Cernoria McGowan Johnson (1909-1990) was appointed in 1974 to set up the national program of Nursing Home Ombudsman, a task that she accomplished within a span of about three years. The award in her honor is presented each year to someone whose work has had national impact or is a model for national excellence and who exemplifies accomplishment in his or her chosen field.

Kathie Gately was one of the pioneers in developing Social Work programs in facilities in the mid-1980s. During that time she was the first in the nation to obtain both optometric and audiology treatment for residents in facilities, emphasizing treatments for those who due to their physical or medical condition were unable to seek services outside the facility. She also enabled enrollment of mentally challenged adults living in facilities in local school programs and facilitated university admissions and financial assistance for disabled facility residents. Kathie has always been a strong advocate for the implementation of holistic care, and when sharing her experience with others as a learning tool, she says, "I was culture change before culture change was cool."

To learn more about the Arkansas Ombudsman Program: <http://www.arombudsman.com/>. •

I & R CORNER

H1N1 Flu Guide Now Available

The National Aging I&R Support Center is pleased to share a new resource. The U.S. Department of Health and Human Services Center for Faith Based and Neighborhood Partnerships has developed and released a new resource for community and faith based organizations, *H1N1 Flu: A Guide for Community and Faith Based Organizations*. The guide offers specific facts, recommendations, and actions steps that community groups can take to during the flu season. Specifically, the guide includes information on:

- Communicating important details about the flu;
- Supporting vaccination efforts; and
- Linking vulnerable and hard to reach populations to vital information and resources.

The guide can enhance I&R efforts to inform and educate communities, faith-based organizations as well as individuals during this year's flu season. Consider using the guide to enhance I&R service delivery. Some suggestions include:

- Using the guide to train I&R Specialists;
- Develop talking points for telephone conversations;
- Including new flu-related resources in the database;
- Creating telephone hold messages;
- Designing a flu season education and promotion plan; and
- Disseminating the guide to local I&R programs, community partners and organizations.

Print copies are available upon request at partnership@bhs.gov or the guide can be downloaded at the link below. For more information: <http://www.bhs.gov/fbci/>. •

IN THE STATES

Mississippi Health First Collaborative

October 29, 2009 the Centers for Medicare & Medicaid Services (CMS) announced a statewide effort to improve care for patients with diabetes across Mississippi. Patients participating in the program will receive diabetes self-management training in their communities instead of in hospitals or other tradition health care settings. Members of the Collaborative will motivate and educated diabetes patients to self-manage their diabetes and work to avoid many complications of the diagnosis.

For more information: http://www.igh.org/index.php?option=com_content&view=article&id=222:ms-health-first&catid=105:articles&Itemid=259. •



Membership Meeting Highlights

The 45th NASUA Membership Meeting provided member the chance to ask questions of the new Assistant Secretary for Aging, Kathy Greenlee; discuss various topics with the Administration on Aging; meet with CMS officials concerning the Medicaid waiver program; learn about various innovations in HCBS planning and development; learn about n4a's national survey; become updated on federal policy and *Project 2020*; and hear from fellow members about how they are managing during tight fiscal times.



Above: Washington insiders Bob Blancato and Dennis Smith debate health reform at the plenary session Point Counter Point: Two views on National Health Reform.



Left: The Colorado Plenary titled The Consumer HCBS Experience featured a panel of state leaders and consumers. From left to right: Fern Osborne, Jason Reiger, Ian Watlington, Grant Gilliland, Sue Williamson and Jeanette Hensley.



Above: HCBS Conference Keynote Speaker Assistant Secretary of Aging Kathy Greenlee with the NASUA Executive Committee. From left to right: Charles Johnson, Irene Collins, Assistant Secretary Kathy Greenlee, Kathy Leitch, Patricia Polansky, Carol Sala and James Toews.

Below: Keynote speaker Assistant Secretary for Aging Kathy Greenlee receives a standing ovation after her motivational address.



Opening Plenary: Strengthening the Foundation of Community Based Services

Irene Collins, NASUA President, introduced the keynote speaker, Kathy Greenlee, Assistant Secretary for Aging, Administration on Aging, Department of Health and Human Services. Greenlee spoke about the Obama Administration’s “Year of Community Living” which was recently launched to mark the 10th anniversary of the Supreme Court Olmstead v. L.C. decision. This ruling supported community living options for people with disabilities to ensure the elimination of discrimination under the Americans with Disabilities Act. Other topics included key initiatives that will help strengthen the foundation of home and community based services and supports across the nation. Greenlee reiterated her commitment to culture change in nursing facilities, elder justice and the Ombudsman program.

Meeting and Discussion with AoA

This session provided an opportunity for states to engage with AoA Deputy Assistant Secretary for Policy and Programs Edwin L.Walker. Topics discussed included the

Olmstead Decision, Medicare Insurance Trust Fund, ARRA funding and reporting requirements, 2011 OAA Reauthorization, and new AoA directions and initiatives.

Meeting and Discussion with CMS

This session provided states with an opportunity to ask questions about the Medicaid waiver program of key CMS officials: Suzanne R. Bosstick, Director, Division of Community and Institutional Services and Mary P. Sowers, Technical Director for HCBS Waivers, Division of Community and Institutional Services. Topics discussed included newly filled and open positions at CMS, Medicaid state plan options, waiver programs, strategic plan in disabled and elderly, Money Follows the Person, expansion and balancing of HCBS programs, how CHIP-PRA impact the waiver program, targeted case management, and other opportunities for state units on aging.

Data Integration in HCBS Program Development

With vast amounts of data available to state policymakers, there is amazing potential to pull individual level

information together to form a complete picture of a program population. “Data integration” can play an important role in creating capable and efficient HCBS programs. In addition to providing a wealth of demographic and health status information for program building, the correct data sources can also help predict service use, forecast appropriate individual budgets, and estimate potential program cost savings.

Ian Stockwell of The Hilltop Institute provided a brief overview of data sources currently available in most states, including MMIS, MDS, Medicare, PARIS, and state agency program data (such as housing and transportation). Next, he focused on the potential of new web based information systems, and provided a case study of a system currently in use. Finally, he discussed possible metrics and benchmarks, along with some “best practices” on how to combine disparate datasets.

Results of the n4a Annual Survey

Lynn Kellogg, President, n4a Board of Directors presented on the n4a annual survey. In 2008, n4a partnered with Scripps Gerontology Center to conduct a survey of all area agencies on aging (AAAs) and Title VI Native American aging programs in the nation. The survey was conducted in two parts, and AAAs and Title VI programs were surveyed separately. The survey is designed to assess AAA and Title VI involvement in services and programs that assist older adults to age successfully at home and in their communities with maximum choice and dignity. Key findings of the survey include shifts from agency driven to consumer driven systems; growth in business partnerships between AAAs and complementary interests; a focus on Livable Communities, civic engagement, evidence-based interventions and person centered thinking; a growth in the economic sector that caters to the needs of the aged & disabled populations; and enhanced nursing home diversion programs.

To view survey summaries: http://www.n4a.org/pdf/n4aNationalSummary_001.pdf; <http://www.n4a.org/pdf/TitleVISummary.pdf>.

Managing in a Budget Crisis

The current economic crisis continues to force many state aging directors to grapple with difficult decisions for budget cuts and reductions in services. Not since the late eighties has the economy looked as sluggish. The most challenging times in the economy increase demand for state planning, budgeting, and monitoring for services that are delivered at the community level on everything from providing assistance with heating bills to providing home delivered meals as well as all types of home health supports. The following speakers gave examples

of how their states are managing in these tight economic times:

- James Toews from Oregon discussed the effects of the budget crisis on an already well balanced system. Home and Community based services are being cut, so individuals not needing a nursing level of care will be in danger of ending up in nursing homes because they will not have access to services.
- Sharon Gire from Michigan explained that in previous years, they had been able to avoid most service cuts by taking administrative cuts (with the exception of a small line item, of staff funding for some of the senior centers). Unfortunately, this year was bad financially that it was not possible to avoid major service cuts. For 2009, the original request from the Executive Office was for a 6.42% reduction (out of a GF appropriation of about \$34 million). They made the decision to recommend across the board reductions, unlike previous years when they had recommended protecting nutrition. Unfortunately, state revenue projections showed an even larger shortfall than early in the year and the final budget reductions were over 14%. In preparation for last year’s budget, they recommended enhancement of the nutrition line, including a rationale for Medicaid cost savings. They did not have a solid enough case to achieve this. They will try again this year to make a case for in-home services to remain at current levels using the POMP study done in other states.
- Carol Sala from Nevada is now overseeing the office of disability as well, so her budget and purview have both increased significantly. In Nevada, the overall state budget cuts have been drastic, so they have had to furlough employees to protect jobs and avoid layoffs.
- Krista Boston provided an overview of how Minnesota engaged in policy reform initiatives that resulted in savings to the state budget. It allowed for LTC reform in key areas and also met the requirements to cut programs. A report about the rebalancing of long-term care in Minnesota is available on the “members only” section of the NASUA website.
- Charles Johnson from Illinois reported using furloughs and program cuts to save jobs and keep programs from being eliminated.
- Gloria Lawlah from Maryland reported that they are in a deficit, so the state is seeking to increase revenues by expanding gaming. Lawlah is also committed to keeping staff morale up regardless of furloughs by volunteering on furlough days.



State Innovations and Design Strategies

The economic crisis has had a profound effect on states and their continuing ability to provide services and supports to older adults and individuals with disabilities. One surprising trend, however, is that many state units on aging directors are using this crisis as an opportunity to push for the further development of home and community based services. Nearly half of the states indicated they are trying to encourage more home and community based services and supports during this economic crisis. Many state unit leaders point to documented evidence that shows serving individuals in their homes and communities can save the state money while at the same time providing seniors and individuals with disabilities with a higher quality of life.

The following states discussed some of the creative solutions and strategies they are employing to innovate in difficult times:

- Kimberly Toryanski from Idaho reported using technology such as teleconferencing to improve communication with AAAs, and collocating aging offices with disability offices to save on operating costs.
- Lance Robertson from Oklahoma discussed the state's innovative Aging Advocacy Leadership Academy, a program that has successfully engaged the private sector to underwrite and creates a cadre of trained aging advocates each year.
- Kathleen Otte from New Hampshire reported using GIS mapping technology to illustrate the services delivered and the dollars paid to provide client services throughout the State. This technology will also be utilized to identify service gaps and overlaps. Department of Health and Human Services Commissioner Nicholas Toumpas will conduct regional meetings that will use GIS mapping as a visual tool to inform consumers, providers and legislators where services may be impacted by budget shortfalls as well as increased demand for services.
- Brenda Campbell from Missouri explained that their biggest highlights have to do with automation. Under a federal grant, Missouri will be rolling out a new electronic system for receiving and processing referrals for home and community based care. Under another automation initiative using dedicated state information technology funds, "Case Compass" will be available to nearly 1500 users across the state to standardize Missouri's management of Adult Protective Services, Medicaid quality oversight and provider contracts. The biggest challenge in the state continued to be coping with a growing need and dwindling resources. The state saw a 43% increase in hotlines between FY 06 and FY 09 while staffing and state resources to meet these needs continued to decline.
- Dennis Streets from North Carolina reported investing in senior centers, finding ways to use seniors for volunteer activities, growing momentum around their public policy research center and saving money using community care networks.
- Diana Scully from Maine reported finding support from new grants and funding sources to help offset budget cuts and building new community and professional partners to help extend services throughout the state. Maine implemented five evidence-based healthy aging programs, as well as the evidence-based Savvy Caregiver program for caregivers of family members with dementia. Scully noted that there may be an opportunity to tap into a sustainable funding stream for at least a few of these programs through the health insurance program for Maine State employees.
- Pamela Giannini from Connecticut found new and innovative ways to reach out to older people and their caregivers as well as those with disabilities to make sure they had the information they need concerning benefits and access to counseling programs. Connecticut did this in two major ways. They were successful in receiving Nursing Home Diversion Grants in FFY2008 and FFY2009 and were able to create two Aging and Disability Resource Centers in the South Central and Western Areas of the state. Connecticut utilized innovative approaches with caregiver support funding and state respite care dollars to support individuals in their homes with a "cash and counseling" support model. Connecticut also used the internet in more ways to reach out to the families of older people. Please visit their website: <http://www.ct.gov/agingservices/site/default.asp> and click on the "Choices at Home" icon in the bottom right corner to view training videos on the cash and counseling service model. Connecticut will also be attempting to reinvent what they do by making the most of the programs they presently have and leveraging them with opportunities offered at the federal level. Their goal is to provide all Connecticut residents with information about what is available so that they can make the best choices for themselves and their families.
- Jay Bulot from Louisiana concentrated on evidence-based programming and research through the universities. They also looked at ways to reduce the number of AAAs; instead, funding them through non-profit organizations.
- Cindy Padilla from New Mexico reported building new partnerships with the Environment Department, Office on Faith Based Services and the University of New Mexico providing an online learning tool to help strengthen no-profit board capacity and to find new and innovative funding sources.

Investing in Home- & Community-Based Infrastructure: Altering Marketplace Dynamics to Balance the Long-Term Living System

Mike Hall from the state of Pennsylvania discussed their efforts to rebalance their long term care system, which heavily favored nursing homes. Pennsylvania has been spending more on nursing homes than other larger states, so the hope is to rebalance towards a larger and improved home and community based system. Efforts to increase home and community based services include adding 1600 new HCBS waiver slots, modernizing senior centers and improving meals available.

The Alaska Project: An Innovative and Comprehensive Strategic Plan for Providing Long Term Care Services

Steve Lutzky of HCBS Strategies informed members about results of a report commissioned by the Alaska Department of Health and Social Services that included recommendations for reforming the state's infrastructure for providing long term services and supports for individuals with disabilities of all ages. The report is based on input from consumer focused groups, stakeholders, and community forums. A model was present-

ed for analyzing core business processes and discussing various opportunities and challenges of various Medicaid funding authorities.

Federal Policy and Project 2020 Updates

Peggie Rice, Director of Policy and Legislative Affairs at NASUA, updated the membership on the legislative status of *Project 2020* and what members can do to assist NASUA and n4a in their advocacy. The goal of *Project 2020* is to provide the resources to implement consumer centered, cost effective long term service and support strategies authorized in the 2006 reauthorization of the Older Americans Act. Rice gave an overview of the latest in health care reform and answered member questions about the process and content of the initiative. Rice also gave a brief update on the Elder Justice Act and NASUA's efforts with the Elder Justice Coalition. She discussed NASUA's current efforts to advocate for an increase in Older Americans Act appropriations in concert with the Leadership Council of Aging Organizations.

To view presentations from the membership meeting: http://www.nasua.org/members_only/members_only.html

Only NASUA members may access this page. Contact kwalter@nasua.org for sign in information. •

Upcoming Events

2009 Public Benefits and Guardianship Institute/ Introduction to Elder and Special Needs Law

November 5–8, 2009

Hyatt Regency Jersey City

Jersey City, New Jersey

For more information:

<http://www.naela.org/events.aspx?Internal=true>

Gerontological Society of America

November 18–22, 2009

Hilton Atlanta

Atlanta, Georgia

For more information: www.geron.org

46th Annual NASUA Membership Meeting

June 27–29, 2010

The Westin Hotel, Washington, DC

For more information contact Kim Fletcher

via email at: kfletcher@nasua.org

Or go to our website: <http://nasua.org/>

26th National Home and Community Based Services Conference

September 26–29, 2010

The Hilton Hotel, Atlanta, GA

For more information contact Kim Fletcher

via email at: kfletcher@nasua.org

Or go to our website: <http://nasua.org/>

The National Association of State Units on Aging

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