The California Commission on Aging and the California Collaborative for Long-Term Services and Supports will jointly host an informational briefing on June 7, 2012 to address issues surrounding California’s implementation of Medi-Cal managed care in the state’s 28 rural counties. The event is scheduled from 1:00 p.m. to 4:00 p.m. in Room 112 at the State Capitol.

As proposed in the Governor’s FY 2012-13 Budget, the Coordinated Care Initiative (CCI), will “enhance health outcomes and beneficiary satisfaction for Medi-Cal beneficiaries, while achieving substantial savings from rebalancing service delivery away from institutional care and into the home and community.” The proposed budget and the implementing trailer bill language call for a three year strategy that would, among other things, expand the provision of Medi-Cal benefits through managed care health plans in counties in which Medi-Cal benefits are currently provided on a fee-for-service basis. The 28 counties currently operating on a fee-for-service basis are rural with a unique set of constraints, including a dearth of healthcare providers, a sparse and widely-scattered population, poor transportation, rugged geography, and inclement weather.

The briefing is intended to encourage stakeholder participation in a preliminary discussion of issues to help shape the expansion of CCI to current fee-for-service California counties. Presentations from expert panelists with knowledge of rural service delivery and policy will be followed by a public comment period.

The June 7 briefing will be open to the public.

AGEWATCH is an occasional publication of the California Commission on Aging (CCoA) intended to inform, educate, and advocate. The CCoA is an independent state agency established in 1973 to serve as the principal state advocate on behalf of older Californians. The CCoA office is located at 1300 National Drive, Suite 173, Sacramento, CA 95834. (916) 419-7591

www.ccoa.ca.gov
**Majority of state’s Medi-Cal caregivers live in poverty or near-poverty**

As California moves toward broadening access to home and community based care, a new study finds that a “majority of the state’s Medi-Cal caregivers earn poverty or near-poverty wages.”

The study from the UCLA Center for Health Policy Research found that 57% of paid Medi-Cal caregivers are very low income, often lacking health insurance and access to adequate food. An estimated 6 million caregivers in California provide much-needed services for a family member, friend or other individual with a long-term illness or disability. Of these caregivers, about 450,000 are paid for the services they provide, and two-thirds of them — approximately 290,000 — are paid Medi-Cal caregivers.

"Paid caregivers do a lot but get paid very little," said Geoffrey Hoffman, the study’s lead author. "They play a critical and complex role caring for our aging or disabled parents, grandparents, friends and neighbors yet can earn only a little more than minimum wage.”

With recent state budget cuts, the situation for caregivers is already more precarious, and it could worsen now that the state’s Adult Day Health Care (ADHC) program has transitioned into a different program and further cuts are made to In-Home Supportive Services (IHSS), Hoffman noted.

The full report, "Hidden in Plain Sight: California’s Paid Medi-Cal Caregivers Are Vulnerable" can be found at [http://www.healthpolicy.ucla.edu/Newsroom.aspx](http://www.healthpolicy.ucla.edu/Newsroom.aspx).

**“Age of Champions”**

Highlights the Ability and Determination of Senior Olympians

The award-winning documentary *Age of Champions* will be shown in a special screening on May 21st, 2012 in Sacramento, hosted by Speaker of the Assembly John Perez. The free screening, which is open to anyone with advanced reservations, will be at 6:45 p.m. at the Crest Theatre 1301 K Street and is made possible by grants from The SCAN Foundation, The California Endowment, Kaiser Permanente, and The California Wellness Foundation.

*Age of Champions* is the story of five competitors who sprint, leap, and swim for gold at the National Senior Olympics. The film features a 100-year-old tennis champion, 86-year-old pole vaulter, and rough-and-tumble basketball grandmothers as they triumph over the limitations of age. The film premiered to a standing ovation at the prestigious Silverdocs Film Festival and has since shown at more than 500 venues around the world. The *Washington Post* called the film "infectiously inspiring" and its characters have been featured in major media outlets including ABC, CBS, PBS, and NPR. A nationwide airing on public television is scheduled for 2013.

Producer Keith Ochwat is promoting the film through a national "Host a Screening" campaign to bring the film to communities across the country. An *Age of Champions* Screening Kit is available for senior, health, and fitness organizations to use in sharing the film with their members and to promote the message of lifelong health and wellness. According to the *Age of Champions* website, “Sharing the film with your community is a powerful way to inspire your members, engage your staff, and support your organization’s mission. More than 500 senior, health and fitness organizations are already using the film to enrich their programs and promote the message of lifelong health and wellness.”

To reserve a seat, learn more about the film, watch the trailer or host a screening, visit [www.ageofchampions.org](http://www.ageofchampions.org).

Information from the *Age of Champions* website.
May is Older Americans Month

Older Americans Month is celebrated each May to honor and recognize older Americans for the contributions they make to our families, communities and society. To assist the nation’s aging services network and other groups plan for activities during the month of May or throughout the year, the Administration on Aging (AoA) issues a theme for Older Americans Month. This year's theme “Never Too Old to Play” encourages older Americans to stay engaged, active and involved in their own lives and in their communities. To host a Day of Play during Older Americans Month, visit OlderAmericansMonth.org, where you can access useful resources and tools to help you plan and promote events and activities honoring older Americans. You can also use the site to announce your activity or share great stories about your event with the Nation.

Information provided by the Administration on Aging

Affordable Care Act Prescription Drug Savings Data Released

A new release from the Centers for Medicare & Medicaid Services (CMS) reports significant prescription drug savings for seniors and persons with disabilities following passage of the Affordable Care Act (ACA). During the first three months of 2012, over 220,000 Medicare recipients saved an average of $837 each on prescription drugs purchased after they hit the “donut hole,” resulting in a total savings of $184.5 million.

The free preventive services made available through the ACA benefited 8.9 million recipients this year alone, including more than 560,000 who have taken advantage of the new Annual Wellness Visit. In 2011, over 32.5 million people in traditional Medicare received one or more preventive benefit free of charge, with no deductible or co-pay required. Prior to 2011, people on Medicare paid a share of cost for many preventive benefits like cancer screenings and smoking cessation counseling.

“The Affordable Care Act is helping millions on Medicare save billions of dollars on care and prescription drugs,” said CMS Acting Administrator Marilyn Tavenner. The Affordable Care Act gives people on Medicare the relief they need from medical costs and more resources to stay healthy.”

People with Medicare who hit the donut hole in 2010 received a one-time $250 rebate. In 2011, people with Medicare began receiving a 50 percent discount on covered brand name drugs and 7 percent coverage of generic drugs in the donut hole. This year, the coverage for generic drugs in the coverage gap has risen to 14 percent. This coverage will continue to increase over time until 2020, when the coverage gap will be closed.

For more information on how the Affordable Care Act closes the donut hole, please visit: http://www.healthcare.gov/law/features/65-older/drug-discounts/index.html.

Excerpted from CMS Office of Public Affairs press release AFFORDABLE CARE ACT SAVED PEOPLE ON MEDICARE OVER $3.4 BILLION ON PRESCRIPTION DRUGS, April 30, 2012
The topic of “Home Telehealth” and how it is used are questions addressed by a newly-published white paper from AgeTech California (AgeTech).

With the increasing focus on home and community-based care for the aging and persons with disabilities, as well as the need to improve hospital-to-home care transitions, the AgeTech white paper describes the numerous uses and benefits of providing health monitoring, medication management and information through telecommunications. The paper outlines home telehealth applications adopted by the states of Colorado, Pennsylvania, New York, South Carolina and South Dakota. In California, the Telehealth Advancement Act of 2011 allows private health plans and Medi-Cal programs to adopt telehealth mechanisms to improve the health of individuals needing care at home.

A partnership of Aging Services of California and the California Association for Health Services at Home (CAHSAH), AgeTech California was established to advance the use of assistive and care technologies by aging services and home care providers throughout California. To learn more about AgeTech or to read the White Paper, go to www.agetechca.org.

Upcoming Events


May 21, 2012 -- free documentary screening of Age of Champions, 6:45 p.m. at the Crest Theatre, 1301 K Street, Sacramento. Information and reservations at www.ageofchampions.org.

June 7-8, California Commission on Aging meeting, Sacramento Hyatt. www.ccoa.ca.gov for agendas.

June 7, 2012 -- Informational briefing: If managed care won’t work in Rural California, what will? address issues surrounding California’s implementation of Medi-Cal managed care in the state’s 28 rural counties. From 1:00 p.m. to 4:00 p.m. in Room 112 at the State Capitol.