

CCoA
California Commission on Aging

AGEWATCH

CMS to Limit Enrollment in Dual Eligible Pilot Programs

The Center for Medicare and Medicaid (CMS) has announced that it will limit enrollment in a national pilot project for dual eligible beneficiaries to fewer than 2 million beneficiaries nationwide, cutting by almost half the number of enrollees states have proposed in their pilot applications.

As reported in the online journal *Modern Healthcare*, “Melanie Bella, director of the Medicare-Medicaid Coordination Office at the CMS, addressed the expected size of the pilot program on July 18 at a Senate Aging Committee hearing on the controversy that has arisen around it.” Bella testified that the current target is 2 million enrollees, but “that doesn’t mean that we will approve up to 2 million.”

The CMS announcement came in response to the sheer scale of the pilot as originally proposed and stakeholder concerns regarding the agency’s ability to track and regulate impacts on the fragile dual-eligible population. The agency will limit enrollment through denial of applications that include “disallowed elements” such as “state-proposed “lock-out” periods,” that would prevent enrollees from returning to fee-for-service Medicare and Medicaid.

To read the full article, go to <http://www.modernhealthcare.com/article/20120718/NEWS/307189965/#>.
Excerpted from Modern Healthcare, July 18, 2012. CMS won’t expand dual eligibles pilot program.

NEW NATIONAL PLAN TO FIGHT ALZHEIMER’S RELEASED

Health and Human Services Secretary Kathleen Sebelius has announced the release of an ambitious National Plan to Fight Alzheimer’s Disease. The Secretary called for additional specific actions, including the funding of two major clinical trials, jumpstarted by the National Institutes of Health’s infusion of additional FY 2012 funds directed at Alzheimer’s disease; the development of new high-quality, up-to-date training and information for our nation’s clinicians; and a new public education campaign and website to help families and caregivers find the services and support they need. To help accelerate this urgent work, the President’s proposed FY 2013 budget provides a \$100 million increase for efforts to combat Alzheimer’s disease. To read the National Plan to Address Alzheimer’s Disease, visit <http://aspe.hhs.gov/daltcp/napa/NatlPlan.pdf>.

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AGE WATCH 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.
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L.A. Department of Aging Wins *n4a* *Aging Innovations and Achievement Award*

The City of Los Angeles Department of Aging (LADOA) earlier this month was awarded the *n4A* Aging Innovations and Achievement First Place Award for its innovative program to reduce social isolation, increase fitness and track the health status of older adults. Developed in partnership with Microsoft, the Exergamers Wellness Club, uses Microsoft technologies to record health information in a format that providers can review and monitor for health indicators such as diabetes, depression, memory function and more.

Announced July 8, 2012 at the *n4a* Annual Conference and Tradeshow in Denver, the *n4A* Aging Innovations and Achievement Awards recognize Area Agencies on Aging (AAAs) and Title VI Native American aging programs that are innovative and reflect sound management practices. The 10 Innovations and Achievement Award winners were chosen to demonstrate that despite significant economic challenges, these programs have utilized resources and developed innovative partnerships. These programs exemplify creative strategies that the Aging Network can emulate to serve older adults, persons with disabilities and caregivers in communities across the country. Also among the top 10 award winners are the Caregiving Webinar Series of Aging & Independence Services of San Diego, CA and Project CARE (Caring Actions Responding to Elders) from the LADAO. *Excerpted from 2012 n4A Aging Innovations and Achievement Awards, National Institute on Aging press release, July 8, 2012, http://www.n4a.org/pdf/2012_AIA_National_News_Release_-_lthd.pdf.*



House Appropriations Bill Would Block Funds for Health Reform Law

A House bill to eliminate funding for provisions of the Affordable Care Act was released in the House Labor-HHS-Education Committee on Tuesday. The legislation, as described by California Healthline this week, would eliminate:

- “\$3 billion for the Consumer Operated and Oriented Plan program;
- \$1.6 billion for the Center for Medicare & Medicaid Innovation at CMS;
- \$1 billion for the Prevention and Public Health Fund;
- \$300 million for community health centers; and
- \$150 million for the Patient-Centered Outcomes Research Trust Fund.”

The bill also would defund the ACA’s Independent Payment Advisory Board and the Center for Consumer Information and Insurance Oversight at HHS, reducing overall ACA spending by \$123 billion over five years. Additional provisions in the bill include:

- \$30.6 billion would be given to NIH, which is equivalent to the current funding level;
- \$16.4 billion would be directed to the Administration for Children and Families;
- \$5.75 billion would be provided to CDC, which is small increase from the current funding level;
- \$3.5 billion would be sent to CMS, which is \$409 million less than the current funding level; and
- \$3.1 billion would be directed to the Substance Abuse and Mental Health Services Administration.”

Analysts predict controversy over cuts to social programs will prevent the legislation’s passage on the House Floor.

*Excerpted from California Healthline, July 18, 2012, **House Appropriations Bill would Block Funds for Health Reform.***

AoA Issues FAQ on the OAA Definition of “Greatest Social Need”

The Older Americans Act encourages the Aging Network to target services to those of greatest economic or social need. Greatest social need is defined in the Act as follows:

“24) The term “greatest social need” means the need caused by non-economic factors, which include—

(A) physical and mental disabilities;

(B) language barriers; and

(C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—

(i) restricts the ability of an individual to perform normal daily tasks; or

(ii) threatens the capacity of the individual to live independently.”

In response to questions received by the Administration for Community Living Administration on Aging (AoA) concerning populations that might be included under “(C) cultural, social or geographical isolation,” AoA has issued an FAQ to assist in answering this question. The FAQ explains that the definition of greatest social need does not exclude isolated populations other than racial and ethnic minorities and may include, depending on the planning and service area, religious minorities, individuals isolated due to sexual orientation or gender identity or other special populations.

The FAQ can be found on the AoA website in the section on the Older Americans Act under “targeting” at http://www.aoa.gov/AoARoot/AoA_Programs/OAA/resources/Faqs.aspx#English

Reprinted from **ACL News and Info July 16, 2012, Administration for Community Living**

The National Alzheimer’s Call Center

The Administration for Community Living (ACL) funds a number of resource centers designed to provide information to consumers and technical assistance to professionals on a variety of topics.



Through the National Alzheimer’s Call Center, ACL funds the operation of a national information and **counseling service for persons with Alzheimer’s disease**, their family members and informal caregivers. **The National Alzheimer’s Call Center is available to people in all US States and territories, 24 hours a day, 7 days a week, 365 days a year.** The Call Center provides expert advice, care consultation and information and referrals nationwide, at the national and local levels, **regarding Alzheimer’s disease and related dementias.** Trained professional customer service staff and masters degree social workers are available at all

times.

Operated via a grant to the **Alzheimer’s Association**, **persons with Alzheimer’s disease and related dementias**, their family members and informal caregivers can access the Center 24/7 at 1-800-272-3900 or find information, planning tools, message boards and more at <http://www.alz.org> If you would like to know more about the Resource Centers that the ACL funds, you can find information at: http://www.aoa.gov/AoARoot/Resource_Centers/Index.aspx

Reprinted from **ACL News and Info July 16, 2012, Administration for Community Living**

Deficit Reduction Plans Threaten to Cut Social Security, Medicare & Medicaid Update: Summer 2012

Unless Congress acts before the end of the year, automatic cuts in federal spending are scheduled to occur in January 2013 via a process known as “sequestration.” Both Social Security and Medicaid are protected from these automatic cuts, while Medicare fees to providers can be cut by two percent. Medicare recipients’ benefits would not be cut by sequestration. Some in Congress are working to stop the cuts by passing an alternative deficit reduction plan. While nobody knows for sure what this plan will look like, many in Congress have started looking back at proposals included in the deficit reduction plans of Bowles-Simpson, Rivlin-Domenici and the House Republican budget.

The Bowles-Simpson report was put together by the co-chairs of the 2010 National Fiscal Commission, former White House Chief of Staff Erskine Bowles and former Republican Senator Alan Simpson. It did not receive the necessary support of 14 members of the commission that would have made it an official commission report.

Rivlin-Domenici refers to a report issued by two members of the Fiscal Commission, former director of Congressional Budget Office Alice Rivlin and former Republican Senator Pete Domenici.

House Budget refers to the budget resolution, introduced by Representative Paul Ryan (R-WI), passed in the House in March, 2012, by a 228-191 vote.

Each of the three proposals’ impacts on Social Security, Medicare and Medicaid are summarized below.

Social Security	<i>Bowles-Simpson</i>	<i>Rivlin-Domenici</i>	<i>House Budget</i>
Raise the Retirement Age	Yes, to 69	No	Silent ¹
Raise the Early Retirement Age	Yes, to 64	No	Silent ¹
Cut the COLA (Chained CPI)	Yes	Yes	Silent ¹
Cut Basic Benefits	Yes	Yes	Silent ¹
Medicare	<i>Bowles-Simpson</i>	<i>Rivlin-Domenici</i>	<i>House Budget</i>
End Traditional Medicare	Yes	Yes	Yes
Increase Out of Pocket Costs	Yes	Yes	Yes
Privatize Medicare Over Time	Yes	Yes	Yes
Repeal the Affordable Care Act	No	No	Yes
Raise Eligibility Age to 67	Yes	No	Yes
Medicaid	<i>Bowles-Simpson</i>	<i>Rivlin-Domenici</i>	<i>House Budget</i>
Cut Medicaid Funding	Yes	Yes	Yes

¹ The House budget, H. Con. Res. 112, is intentionally vague on its plans for Social Security. It simply calls for a “bipartisan path forward” and for the establishment of a fast-track procedure that would force cuts to the program. One could expect any Social Security reforms to mirror those that Rep. Paul Ryan (R-WI) included in his “Roadmap for America’s Future,” which called for ways to privatize Social Security, raise the retirement age, cut the COLA and cut benefits overall. For more, please visit, bit.ly/JQbEUH and <http://socialsecurity-works.org/wp-content/uploads/2010/10/RyansRoadmapforAmericaRuinsSS.pdf>

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Bureau seeks info on elder financial abuse

The Consumer Financial Protection Bureau is seeking information from the field on **elder financial exploitation**. It's looking for details on senior financial advisor certifications and advice, financial literacy efforts, power of attorney and guardian abuse, affinity frauds, and financial exploitation of older veterans. The deadline to respond is Aug. 17. To provide input, go to <https://www.federalregister.gov/articles/2012/06/19/2012-14854/request-for-information-regarding-senior-financial-exploitation>

National Council on Aging NCOA Week, July 3, 2012

ACL Webinar Series on the Affordable Care Act

The Administration for Community Living (ACL) series of webinars on the Patient Protection and Affordable Care Act of 2010 (ACA) continues next week, focusing on the ACA's managed long-term services and supports (LTSS). **Titled "Managed Long-Term Services and Supports: Engaging in the Stakeholder Process (Part 2)," the webinar will feature** Mary Lou Breslin, Senior Policy Advisor, Disability Rights Education and Defense Fund, Georgia Burke, Directing Attorney, National Senior Citizens Law Center, and Silvia Yee, Senior Staff Attorney, Disability Rights Education and Defense Fund, reviewing the ACA LTSS provisions. The webinar is scheduled for Tuesday, July 24 at 11:00 a.m. -- 12:30 p.m. PST.

To register for the online event:

<https://aoa-events.webex.com/aoa-events/onstage/g.php?d=663237084&t=a>

The webinar will also be recorded and posted on the AoA web site http://www.aoa.gov/Aging_Statistics/Health_care_reform.aspx#webinar soon after the webinar.

Excerpted from ACL News and Info, July 16, 2012.

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Upcoming Events

- August 8-9, 2012 Triple-A Council of California., Sacramento, CA. www.4tacc.org for information.
- September 11-13, 2012 International Conference on Aging in the Americas National, International, and Comparative Studies of Hispanic Aging and Related Methodological Challenges, University of Southern California, Los Angeles. (213) 740-1887 or uscroybal@usc.edu for information.
- September 18, 2012, The SCAN Foundation's 2012 Summit on Long-Term Services and Supports, Sacramento. www.thescanfoundation.org.
- September 18-19, 2012, California Commission on Aging, Sacramento. www.ccoa.ca.gov for information.

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