



California Commission on Aging

AGEWATCH

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State & Federal budgets released: mixed forecast for aging programs in 2014

The release of Governor Brown's proposed 2014-2015 budget coincided with passage of a federal budget bill this month. The \$155 billion state budget proposes to invest \$670 million for expanded Medi-Cal benefits tied to Health Care Reform, but primarily focuses on reducing state debt and investing in education.

Following years of drastic reductions in the safety net and long-term services and supports, advocates for the elderly and persons with disabilities expressed disappointment that none of the lost program dollars were re-stored in the Governor's proposal. The budget continues an 8% reduction in hours for In-Home Supportive Services along with imposing a new prohibition on overtime hours for IHSS workers. The budget also leaves in place the flat SSI/SSP grant levels which have been in use since the annual state SSI/SSP COLA was eliminated in 2009, as well as maintains a 10% Medi-Cal provider rate cut.

To view the Governor's proposed budget and accompanying documents, visit www.dof.ca.gov.

The passage of a federal appropriations bill this month prevents the chance of a government shutdown for the remainder of the federal fiscal year and sets discretionary spending levels throughout that time. The bill holds steady funding for most Older Americans Act programs, but appropriates an additional \$41million increase for senior nutrition programs. The bill also fully funds the SNAP program (formerly known as Food Stamps) at \$82 billion and increases by \$1 billion funding for Alzheimer's research and the BRAIN initiative, among other research programs at the National Institutes of Health.

A chart of final OAA funding is available on the National Council on Aging website at <http://www.ncoa.org/assets/files/pdf/public-policy--action/FY14-Request-v1.pdf>.

State Budget Information: Governor's Press Release, *Governor Brown Proposes 2014-15 Budget*, 1.9.2014; California Healthline, *Brown's Budget Proposal Would Allocate \$670M to Medi-Cal*, Thursday, January 9, 2014; and California Budget Project, *Governor's Budget Proposal Prioritizes Paying Down Debt and Saving for a Rainy Day. Takes Only a Modest Step Toward Reinvesting in California's Future*, January 13, 2014.

Federal Budget information: House Appropriations Committee Summary, *Bill halts new funding and slices into existing funds for ObamaCare, targets investments to disease prevention and research*; Senate Committee on Appropriations, *Summary: Fiscal Year 2014 Omnibus Appropriations Bill*, January 13, 2014



Brown's Budget Threatens Vulnerable Seniors

Guest Editorial

by Gary Passmore, Vice President and Legislative Advocate of
The Congress of California Seniors

The state fiscal outlook for 2014 is brighter than it's been in several years but there are still big challenges facing California seniors and the programs they depend on. One that is of great concern to the Congress of California Seniors (CCS) is a recommendation by Governor Brown to prevent homecare workers from receiving overtime pay.

A few words of background are in order. For some years, California law has protected workers from exploitation by requiring employers to pay overtime for hours worked above 40 per week. Homecare providers have been exempted under a provision called the companionship rule because many providers live with the people they care for, and many are family members. In the fall of 2013, the Obama administration issued a regulation lifting the companionship rule for homecare workers to make them eligible for overtime pay. The Congress of California Seniors supported that regulation and looked forward to seeing homecare workers receiving extra pay for overtime, like all other workers.



Now the Brown administration has developed a scheme to avoid the cost of paying overtime by requiring that IHSS workers be limited to no more than 40 hours of work. It is a proposal that is unfair to hard working, low wage workers and could create chaos for many IHSS recipients. First, because many workers live with their clients, the Brown budget proposal will reduce family income putting both caregiver and client at risk of losing their housing or losing essential income to support the household. It will force thousands of IHSS caregivers deeper into poverty. Further, it will force families who have been caring for their loved ones for decades to bring someone new into the home to provide the residual hours of care...people who don't know the client or their needs. Finally, it will be a challenge to find trained people willing to work for low wages for just a few hours per week. Turn-over for care giving is already too high because of low wages and few benefits.

One of the sad ironies of the proposal is that those who will suffer most are those in greatest need...frail people who require the maximum level of assistance to live at home. And a disproportionate number of caregivers are women...and women of color.

CCS will be working with advocates for seniors and people with disabilities, as well as advocates for caregivers, to have the Legislature reject the Governor's ill-conceived plan and pass a budget that respects caregivers and protects those in need.

Well-being of working family caregivers focus of new AARP report

The impact of numerous responsibilities on working family caregivers is the focus of a new report from the AARP Public Policy Institute and the United Hospital Fund (UHF). On top of their workplace obligations, working caregivers are tasked with such complex caregiving duties as medication management, wound care, tracking glucose levels and blood pressure readings -- often with little or no training or support. The report, *Employed Family Caregivers Providing Complex Chronic Care*, highlights an urgent need for employers to recognize that their employees who are family caregivers are managing complex responsibilities both at home and on the job.

The second report on caregivers by UHF and AARP, the new report is the first to examine the stress levels brought on by the responsibilities of full- or part-time employment combined with high levels of care-related responsibilities at home. The new report finds that nearly half of all employed family caregivers perform medical/nursing tasks, and 61 percent report feeling stressed over the range of responsibilities.

To read the full report, visit <http://www.uhfnyc.org/news/880950>.

Information from ACL News & Info, *New Report Raises Concerns about the Well Being of Employed Family Caregivers*. Tuesday, December 17.

Poverty levels still prevalent; overlooked in older adult population

Release of the State and Federal budgets also coincided with the 50th anniversary of the nation's "War on Poverty," responsible for creating many of the safety net programs that have significantly reduced poverty levels nationwide.

According to the National Senior Citizens Law Center (NSCLC), the national conversation about ending poverty often overlooks the fact that more than 6.45 million seniors nationwide remain in poverty today, with 20 percent of California's seniors living in poverty when measured with the government's Supplemental Poverty Measure.

NSCLC believes that number is growing as costs rise at the same time that many critical programs either stagnate or are cut. NSCLC believes safety net programs can continue to provide support for older adults if they are protected during economic downturns and kept current with the economic realities of senior's lives.

To read the NSCLC commentary, *Where We Stand: Seniors Remain on Frontlines in War on Poverty*, visit <http://www.nsclc.org/index.php/where-we-stand-seniors-remain-on-frontlines-in-war-on-poverty>.

Excerpted from NSCLC Helps, *Where We Stand: Seniors Remain on Frontlines in War on Poverty*, January 8, 2014

State	Below 100% of the poverty threshold			Below 200% of the poverty threshold		
	Official poverty measure	Supplemental poverty measure	Percentage point difference	Official poverty measure	Supplemental poverty measure	Percentage point difference
United States	9%	15%	6%*	34%	48%	14%*
Alaska	10%	15%	5%*	31%	47%	16%*
Alabama	9%	12%	3%	39%	45%	6%
Arkansas	12%	15%	3%	44%	50%	7%
Arizona	9%	15%	6%*	31%	42%	12%*
California	8%	20%	12%*	33%	56%	23%*
Colorado	7%	15%	8%*	28%	42%	15%*
Connecticut	6%	13%	6%*	26%	46%	20%*
DC	16%	26%	10%*	37%	59%	22%*
Delaware	8%	15%	7%*	29%	46%	17%*
Florida	9%	17%	9%*	33%	51%	18%*
Georgia	12%	18%	6%*	42%	54%	11%*
Hawaii	8%	19%	11%*	30%	55%	25%*
Iowa	6%	8%	2%	33%	41%	8%
Idaho	8%	15%	6%*	32%	43%	11%*

Kaiser Family Foundation, *A State-by-State Snapshot of Poverty Among Seniors: Findings From Analysis of the Supplemental Poverty Measure*, May 20, 2013. <http://kff.org/report-section/supplemental-poverty-measure-appendices/>

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**Policy brief examines readiness of dual-eligibles
for transition to managed care**

A new policy brief from the UCLA Center for Health Policy Research examines the readiness of California's low-income elderly to transition from fee-for-service care to managed care coverage under the state's Coordinated Care Initiative pilot program, Cal MediConnect. In January, the program begins this transition for 450,000 "dual eligible" seniors who are covered by both Medicare and Medi-Cal in the eight pilot counties.

The results of the Center's study are detailed in the brief *Disconnected?: Challenges of Communicating Cal MediConnect to Low-Income Older Californians*, and include findings of confusion and concern about what the changes mean for the elders' health and well-being.

To read the full report, go to <http://healthpolicy.ucla.edu/publications/Documents/PDF/homepolicynote-jan2014.pdf>.

UCLA Center for Health Policy Research Health Policy News, Cal MediConnect - are California seniors ready?, January 15, 2014

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Upcoming Events

February 6, Los Angeles Call to Action 2014, Presented by Elder Financial Protection Network (EFPN) <http://www.elderfinancialprotection.org/call-to-action-2014-los-angeles/#register>

February 25 - 26, Triple-A Council of California, Sacramento. www.4tacc.org

March 4 - 6, LeadingAge California, Policy & Leadership Summit *Empowering Leaders for Action*, Sacramento. <http://online.aging.org/PUBLIC/Core/Events>

March 18-19, California Commission on Aging meeting, Los Angeles Hotel, Los Angeles. www.ccoa.ca.gov.

June 2, California Commission on Aging Symposium, *The Future of Aging*, Monterey, additional information TBA

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