

## Progress Made on Elder Abuse Bills

Seven of seventeen bills designed to prevent vulnerable adult abuse and strengthen existing abuse laws and penalties were reported out of the state Senate committee on Families, Seniors and Human Services and now proceed to the full Senate. The remaining bills will be considered in upcoming committee hearings. Governor Rick Snyder has stated his support for several of the bills (454-468) in his recent health and wellness message.

The Area Agency on Aging 1-B thanks the organizations in Region 1-B which have submitted letters or testimony in support of the bills or provided case examples of abuse, including The Senior Citizens Advisory Council of OLHSA—A Community Action Agency, the Monroe County Elder Justice Task Force, SAVE (Serving Adults who are Vulnerable and/or Elderly) Oakland, SAVE Livingston and Oakland Family Services. Continued advocacy is needed as these bills progress through the Senate and continue on to the House of Representatives. Senators can be reached at (517) 373-2400 and Representatives at (517) 373-0135. Contact Ann Langford at (248) 262-1282 or [alangford@aaa1b.com](mailto:alangford@aaa1b.com) for additional information on the bills and to stay abreast of scheduled committee hearings.

### **The following bills have been approved by the Senate committee and reported to the full Senate or are currently under consideration by the committee:**

454 – allows videotape testimony in court—*reported*

455, 465 & 468 – creates stricter penalties and sentencing guidelines for severe financial abuse—*reported*

456 & 460 – financial institutions must provide written summary of joint account holder rights—*under consideration*

457 – counties may establish elder death review team to investigate questionable deaths—*reported*

458 – increases protections of consumers who purchase variable annuity products—*under consideration*

459 – allows stricter penalties for fraudulent signatures and other severe financial abuse—*reported*

461 – increases safeguards to protect wards from unscrupulous guardians—*under consideration*

462 – nursing home employees can report suspected abuse to Department of Human Services without repercussion from employer—*under consideration*

463 – banks to offer employee training on detecting suspected financial exploitation—*under consideration*

464 – develops state model for coordinated and consistent investigation of alleged vulnerable adult abuse by involved agencies—*under consideration*

466 – Senior Alert – similar to Amber Alert – to coordinate missing-person notification—*reported*

467 – creates stricter penalties for severe financial abuse—*under consideration*

4721– provides for information sharing between Department of Human Services and law enforcement agencies—*reported*

Senate Bill 92 which strengthens protections for individuals who sign over their Power of Attorney, has passed the full Senate, was introduced in the House and has been referred to its Judiciary Committee. Advocates are encouraged to contact committee Chairman Rep. John Walsh at (517) 373-3920 and request that this bill receive a hearing.

## Federal Aging Programs FY 2012 Funding Update

Federal funding for critical Older Americans Act (OAA) programs in FY 2012 have been protected at current levels by the Senate Appropriations Committee. Even better, the Committee approved significant investments in healthy aging programs, including large increases to falls prevention and Chronic Disease Self-Management Program (CDSMP) funding. The news is not all good, however. The Senate bill provides nearly \$30 million less than current funding for the elderly housing program, HUD Section 202. Current funding already reflects a 51% cut from the previous year.

Additional highlights of the proposal, which will have to be reconciled with a House version include:

- Most of the OAA programs, including the Senior Community Service Employment Program (SCSEP), senior nutrition and supportive services are spared from cuts.
- Falls prevention research increases \$1 million to \$3 million. An additional \$7 million is appropriated for falls prevention activities. Together, this represents a five-fold increase from FY 2011.
- Evidence-based Chronic Disease Self-Management Program (CDSMP) is allocated \$10 million.
- Senior Corps funding is held level at \$208 million. This program helps Americans over the age of 55 to mentor, provide companionship or contribute skills and expertise to community projects and organizations.
- Reverse Mortgage counseling funding has been reinstated. After being eliminated in FY 2011, the Senate bill restores \$60 million to the program.
- Two programs created by healthcare reform are not funded in FY 2012: The Elder Justice Act programs and the CLASS long-term care insurance program.
- Low-Income Home Energy Assistance Program (LIHEAP) stands to take a cut of \$1.1 billion from last year, which represents a 29% decrease since FY 2010.
- Alzheimer's Disease Demonstration Projects funding is cut 64% from \$11 million to \$4 million.
- Lifespan Respite Care funding returns to the FY 2010 funding level of \$2 million, after receiving \$10 million last year.

### ***Busy Season in Washington: Continuing Resolution and the SuperCommittee***

While Congress works to finalize a FY 2012 funding package, a short-term continuing resolution has been approved to keep the federal government operating when the new fiscal year begins October 1.

Also, the Joint Congressional SuperCommittee tasked with coming up with at least \$1.2 trillion in budget savings over 10 years has met at least eight times and report progress, although is not revealing substantive details. There is a real possibility that the SuperCommittee will decide to make long term cuts in funding for OAA programs and other critical programs that support older adults: Medicare, Medicaid and Social Security. It has until November 23, 2011 to make recommendations; otherwise across-the-board cuts worth \$1.2 trillion over 10 years will take place in 2013, divided evenly between military and domestic programs, but exempting entitlements like Social Security, Medicare and Medicaid.

## Michigan's Plan to Integrate Care for Medicare/Medicaid Participants State Seeks Input via Questionnaire



Michigan's Department of Community Health (MDCH) is currently developing a plan to transform the way medical services are administered for the approximately 220,000 individuals who participate in both Medicare and Medicaid.

Currently, these individuals navigate both complex programs each with different covered services, payment structures and regulations. Most of Michigan's MI Choice consumers are dually-eligible.

In an effort to improve the quality of health care for dually-eligible individuals, achieve administrative efficiencies and lower state-funded health care spending, the state plans to develop a system that delivers Medicare and Medicaid services in an integrated way, most likely through a managed care model. The proposed model will cover inpatient and outpatient acute care, nursing home care, behavioral health services, hospice, home health care, durable medical equipment prescription drugs and home-and community-based long-term care support services. All dually-eligible Medicare/Medicaid individuals will be automatically moved into the new system with the choice to opt-out.

The state must send its plan to the federal Centers for Medicare and Medicaid Services (CMS) by April 2012. If approved by CMS, it is yet unclear when implementation will take place. Officials who are developing the plan will consider the recommendations of all stakeholders – consumers, providers of services, potential contracting entities and advocates. At this point, no decisions have been made on the structure and benefits of the new model.

Recently, the MDCH conducted public forums throughout the state to gather feedback and it is now reaching out to stakeholders who would like to submit their comments in writing. Advocates and consumers are now invited to **complete a questionnaire**, titled *Request for Input – Questions for all Interested Parties*. The questionnaire can be found online at <https://janus.pscinc.com/dualeligibles/>. Once on the website, look for "Click Here to respond to the RFI online."

**The questionnaire must be submitted to the MDCH by 5:00 pm  
on October 7, 2011.**

A paper copy of the questionnaire with supporting information can be mailed to you by contacting Ann Langford at (248) 262-1282. **In addition, MDCH also has an e-mail box available for persons who wish to submit comments and questions: [IntegratedCare@michigan.gov](mailto:IntegratedCare@michigan.gov)**

## CLASS Act Stalls

The plan to develop a voluntary government administered long-term care insurance program, titled Community Living Assistance Services and Supports program (CLASS) has stalled as the Senate Appropriations Committee removed the \$120 million the Obama Administration requested to design and market it in 2012. The CLASS program, part of healthcare reform, would enable individuals to pay a monthly premium and be eligible to receive a lifetime cash benefit (approximately \$75/day) to help them pay for long-term care services and supports. CLASS had been in the development phase and a plan of benefits was due to Congress by October 2012. It is unclear why CLASS has been tabled, but its leading advocacy group, *Advance CLASS* continues to push for implementation. The Department of Health and Human Services (HHS) has reduced staff in its Office of CLASS, yet reports that “it is an open question whether the program will be implemented. A CLASS program will only be implemented if it is fiscally solvent, self-sustaining and consistent with the statute.”

## Michigan Scores Above-Average

### Results of 2011 Long-Term Services and Supports Scorecard

Michigan ranks 31 out of 51 in a national report measuring the performance of states' Long-Term Services and Supports (LTSS) systems that provide assistance to older adults and adults with disabilities. Designed to help states improve the performance of their LTSS systems, AARP's Public Policy Institute, The Commonwealth Fund and The SCAN Foundation developed *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers (Scorecard)*. It examines four key dimensions of each state's LTSS system performance: (1) Affordability and access (2) Choice of setting and provider (3) Quality of life and quality of care (4) Support for family caregivers. Report authors intend for the *Scorecard* to impel dialogue among key stakeholders so that lagging states can learn from top performers and all states can target improvements where they are most needed. If Michigan improved its performance to the level of the highest-performing state, Minnesota:



- 22,905 more low or moderate income (<250% of poverty) adults age 21+ with activity of daily living disabilities would be covered by Medicaid.
- 321 more users of Medicaid LTSS would first receive services in home and community based settings instead of nursing homes.
- 3,771 nursing home residents with low care needs would instead be able to receive LTSS in the community.
- 3,052 unnecessary hospitalizations of people in nursing homes would be avoided.

Michigan scored second place in percent of new Medicaid LTSS users first receiving services in the community. However the state scored 41st in the percent of Medicaid and state-funded LTSS spending going to home and community-based services for older persons and adults with physical disabilities. The full report is available at <http://www.longtermscorecard.org/>. If you wish a paper copy of the Executive Summary or the Michigan Fact Sheet, contact Ann Langford at (248)262-1282.