At Home
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Al Norman, Editor

Lawmakers Plug Away At FY 17 Budget

Speaker Robert DeLeo/MVES photo

As the month of June edged away, lawmakers on Beacon Hill waited for a report from the Joint Conference Committee on the FY 17 budget. With each passing day came new warnings of shrinking revenues.

On June 15th, House Speaker **Robert DeLeo** (D-Winthrop) told the *State House News:* "Anything and everything is going to be on the table and we'll see what happens."

Before the budget got to the Conference Committee, it had to pass through the State Senate. In one of its final late night budget votes, the Senate approved on a voice vote an amendment that increases funding for the state's elder home care program by just over $1 million, to create a program for elders whose income is within 15% over the limits allowable under current eligibility guidelines.

The amendment allows the Executive Office of Elder Affairs to admit elders whose annual income is between $27,015 and $31,066. This includes seniors who "(i) are unable to afford sufficient unsubsidized home care for their needs; (ii) pose a risk of higher-cost state-provided care in a nursing facility should they be ineligible for home care; or (iii) lose home care eligibility as a result of a spouse's death;"

Dan O'Leary, President of Mass Home Care, said the Senate action "will provide some much needed

relief to 'near poor' seniors who cannot pay the full cost of home care services on their limited income." O'Leary said elders who qualify for this program will pay for some of the cost of their care on a sliding fee basis.

"When we keep an elder living independently at home, we are also saving the taxpayers the cost of keeping them in an institution," O'Leary said. O'Leary credited Senate President **Stan Rosenberg** (D-Amherst) for guiding the amendment to its final passage. "The President has taken a personal interest in looking after the well-being of our seniors." O'Leary noted.

The measure now goes to a Joint Conference Committee to work out the final provisions of the budget. O'Leary credited Representative **Paul Donato** (D-Medford) with attempting to secure similar "near poor" language in the House during budget debate.

Here is the text of the amendment adopted this evening by the Senate:

",the secretary of elder affairs shall develop a pilot program to provide home care services to certain persons whose annual income exceeds, by 15 per cent or less, the current income eligibility limit based on regulations promulgated by the secretary; provided further, that such persons may include those who:

(i) are unable to afford sufficient unsubsidized home care for their needs; (ii) pose a risk of higher-cost state-provided care in a nursing facility should they be ineligible for home care; or (iii) lose home care eligibility as a result of a spouse's death; provided further, that an amount not to exceed $1,075,000 shall be used for the pilot program which shall be allocated between items 9110-1630 and 9110-1633; provided further, the secretary shall report to the house and senate committee on ways and means not later than February 1, 2018 on: (a) caseload and expenditures made from the pilot program; (b) projected cost effectiveness from the piloted population including, but not limited to, estimated savings from reduced medical costs, avoided nursing facility admissions and cost sharing by recipients; and (c) the estimated fiscal impact and cost benefits of expanding home care to all eligible persons whose annual income exceeds the current income eligibility by 15 per cent or less; provided further."

On the floor of the Senate, one of the bill's sponsors, Senator **Barbara L'Italien** (D-Andover) told her colleagues: "I've been working on homecare affordability for the last year. This is something we tried to do last year in the Senate, by tapping some of the federal balancing incentive program funds. It was not agreed to on the House side. We've tried to do it a number of times now. We have people I call the near-poor, who are not able to access services so they either go without or default into nursing homes at a much higher cost."

Senator Patricia Jehlen

L'Italien was followed by Senator **Patricia Jehlen** (D-Somerville) who added these comments: "This creates a pilot for people who are near-poor, but have too much money to qualify for our current home care program. There's a pool of $1.075 million, and a report from EOEA to see if it's working and keeping folks out of working homes and whether it's wise to extend it to everyone who is near poor. Think of someone $5 a month over home care eligibility. Can't afford to pay but can't qualify, and this person maybe goes shopping, comes back home, trips, falls, breaks a hip. Goes to hospital, rehab, a nursing home, and it's a terrible trajectory for everyone. For 200 people---thanks to this amendment---that will not happen next year. She'll receive the services she needs."

In other budget action, the Senate rejected the following:

• An amendment that would have increased the operating funds for Aging Services Access Points by $1.7 million.

• An amendment that would have increased the care

management rate for home care by $2.46 million.

• An amendment that would have added $8.9 million to the rates for home health aides.

• An amendment that would have preventing MassHealth penalties against an individual who "demonstrates that a transfer of assets by said individual or his spouse was intended exclusively for a purpose other than qualifying for MassHealth or was intended to be a transfer for fair market value."

The Senate also voted to adopt these amendments:

• A measure that prevents cuts to the Health Safety Net for low income people. The amendments says that "the health safety net office shall maintain eligibility criteria for the health safety net at the level in effect as of March 1, 2016." This amendment did not restore the additional $15 million sought, but Senate Ways and Means, like the House, did appropriate $15 million to the HSN above what the Governor included in House 2. The Health Safety Net amendment will have to be reconciled with the House version which did not include the moratorium on benefit cuts.

• An amendment that provides $200,000 for a Department of Mental Health and Executive office of Elder Affairs "elder mental health interagency service agreement for adult home and community-based behavioral health services to adults over the age of 60."

• An amendment that creates in MassHealth a new "dental hygiene practitioner" allowed to perform the following services: interpreting radiographs; the placement of space maintainers; pulpotomies on primary teeth; an oral evaluation and assessment of dental disease and the formulation of an individualized treatment plan authorized by the collaborating dentist; and nonsurgical extractions of permanent teeth." A dental hygiene practitioner will also be allowed under certain conditions to dispense and administer analgesics, anti-inflammatories and antibiotics. This campaign was led in Massachusetts by the Pew Charitable Trust.

Elder Advocates Seek Home Care Expansion

On June 10, 2016, a group of 5 elder rights groups sent a joint letter to the House and Senate Chairs of the Ways and Means Committee, urging action on three elder home care budget issues. Here is an excerpt from that letter, which was sent by AARP Massacusetts, Mass Senior Action Council, Mass Association of Older Americans, Mass Home Care, and the Mass Councils on Aging:

Dear House Chairman Brian Dempsey & Senate Chairwoman Karen Spilka,

As elder rights advocates, we urge you to help seniors across the state by adopting these three provisions that are currently before the Joint Conference Committee on the FY 17 budget:

Rep. Brian Dempsey, House Ways & Means

• **9110-1630 Home Care for the near poor.** The final Senate budget adds $1.075 million to line item 9110-1630 for a pilot program to admit the "near poor" into the home care program, raising the appropriation to $159,218,536. While the House does not consolidate these items , the Senate follows the Governor's lead to merge the services components of 1500 into the 1630 account, and the care management portion of 1500 into the 1633 account. Regardless of whether these items are consolidated or not, the overall funding for these three line items is highest in the Senate version: $210,701,455. SUPPORT THE SENATE VERSION.

• **4000-0328: Increase Federal Match for home care.** The House has Outside Section 24A, which says EOHHS "may" submit a 1915i waiver, but the Senate

in line item 4000-0328, provides $200,000 so that EOHHS "shall…pursue, enhance and submit" a 1915i amendment. Under the Affordable Care Act, a state may provide through a 1915i state plan amendment for home and community-based services for individuals whose income does not exceed 150% of the poverty line. The state does not have to limit its claim for federal match to just those who " would require the level of care provided in a hospital or a nursing facility." This would allow the state to claim more elders currently getting home care, and bring in an estimated $19 million in new federal match to the state not only in FY 17, but in successive years to come. SUPPORT THE SENATE VERSION

• **Outside Section 77A: Spouse As Caregiver:** The House has nothing to add spouses as paid caregivers. Other family members are already allowed under state law. The Senate in Outside Section 77A has proposed that MassHealth produce a feasibility report by Dec. 1, 2016 for adding spouses as caregivers, and to list the state plan amendments necessary to add spouses as caregivers, including a 1915k "community first" amendment, and requires an implementation report. Although the Senate has twice passed spouse as caregiver, Outside Section 77 A creates a pathway to add spouses to the list of family caregivers. A landmark study of spouses as caregivers in California was issued in 2012, which showed that "there were no financial disadvantages and some advantages to Medicaid in terms of lower average Medicaid expenditures and fewer nursing home admissions when using spouses, parents, and other relatives as paid providers." SUPPORT THE SENATE VERSION.

All of these measures are designed to help elders remain living at home, in the least restrictive setting appropriate to their needs. This is a 'Community First' agenda that you have embraced, and we thank you for continuing to look for opportunities like these to provide care in the most cost-effective manner for seniors across the Commonwealth.

MassHealth Releases Major Restructuring For Integrated Care

On June 15th, MassHealth released a 92 page document describing its submission to the federal government of a new plan to "restructure" MassHealth.

Here is the announcement the Baker Administration released on the plan, known as the 1115 Demonstration:

"The Massachusetts Executive Office of Health and Human Services (EOHHS) announces its intent to submit a request to amend and extend the MassHealth Section 1115 Demonstration ("Request") to the Centers for Medicare and Medicaid Services.

Dan Tsai, Assistant Secretary, MassHealth

The MassHealth 1115 Demonstration provides federal authority for Massachusetts to expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs as a part of MassHealth restructuring. Federal authorization and funding for key aspects of the current 1115 Demonstration are only approved through June 30, 2017.

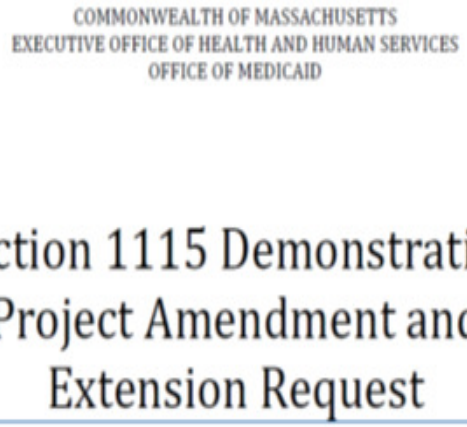
MassHealth plans to advance alternative payment methodologies and delivery system reform through accountable care organizations and community partners for behavioral health and long term services and supports. A significant focus will be placed on improving integration and delivery of care for members with behavioral health needs and those with dual diagnoses of substance abuse disorder; as well

as integration of long term services and supports and health-related social services. In addition, MassHealth plans to expand treatment for individuals affected by substance use disorder and opioid addiction. The Request does not affect eligibility for MassHealth."

According to Mass Home Care, the 1115 Waiver document posted by MassHealth is basically a narrative rendering of a restructuring document that was released by the Administration on April 14th. From a high level, this is a plan that gives financial control over LTSS to networks of acute care providers who have little experience in the post acute setting. There are several references in the document to the role of an independent LTSS coordinator, but it is not highly visible, and is contained in a proposal to create newe entities called "Community Partners," which are clusters of providers. These CPs are empowered to conduct "independent assessments" for LTSS needs---but at the same time they can self-refer. Major providers are not independent, but it appears they will be allowed to be a CP.

Over the past few years, Massachusetts has had an inconsistent relationship with the concept of "conflict free care coordinators." The home care system by law is operated by regional, non-profit agencies which are not allowed to own direct services, with a few minor exceptions. The Senior Care Organizations (SCOs) are required by law to have independent Geriatric Support Services Coordinators, and the One Care program is required by law to have independent LTSS coordinators. The federal CMS rules for the provision of home and community based services requires assessments be performed by "conflict free" entities. The theory behind independent assessments is that the person who determines your need for care, is not the same person who provides it---so there is no financial conflict of interest or self-dealing.

The 1115 demonstration as drafted is a provider centered plan that creates significant opportunities for self-dealing. The plan also will create financial disincentives for consumer not to stay in the fee for services (FFS) ---despite the fact that FFS can be more targeted and more cost-effective than managed care, e.g. the Community Choices program for elders who are nursing facility eligible. Older consumers are not likely to applaud the 12 month plan lock-in. But the Senior Care Optins (SCO) plan has demonstrates that insurers can be financially successful without resorting to fixed enrollment periods. The One Care plan, which serves younger people on Medicare and Medicaid, has used "passive enrollment" to build membership—but that plan has experienced very high "opt outs" in its three year history.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EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID

Section 1115 Demonstration Project Amendment and Extension Request

In an earlier version of the 1115 demonstration released in mid April, MassHealth said that one of the goals of the Community Partners (CP) was to "preserve conflict-free principles, including consideration of care options for consumers, and limitation on self-referrals." It also said "A Community Partner can be a direct services provider but will have a limit on self-referrals." The LTSS CP must have competencies to work "with multiple subpopulations." These statements were reiterated in the June document as well. Here are some highlights from the plan:

• MassHealth says it plans to "move SCO and One are enrollees into ACOs."

• Members can opt out of a pilot ACO and join a PCC plan (FFS), but they will lose special benefits and face higher copays as a way to get them to join ACOs.

• Enrollees need counseling to be able to pick an ACO or MCO plan, but MassHealth is not planning to use the infrastructure of the SHINE program. "MassHealth will enhance its own customer service."

• Members will have access to an LTSS representative "where needed." The Interdisciplinary Care Team does

not seem to have an independent LTSS coordinator present on the team, and such staff will only get there if invited by the ACO.

• To get an LTSS representative, it appears that a member needs to have "complex LTSS needs." This is language similar to the SCO statute.

• ACOs will be encouraged to offer "flexible services" to deal with "social determinants."

• The LTSS Community Partner will be on the on the interdisciplinary care team (where needed), and do care management, careplanning, functional assessment, care coordination, care transition, and health promotion, counseling and decision support on service options. This is a good list of functions--but the ACO has the Navigator CM who controls the decision-making.

• CPs may at some point be able to serve members who are not in ACOs, which is important, because by the final year 5 of this proposal, MassHealth estimates that 40% of the MassHealth members willstill be in fee for service.

• MassHealth says that ACOs and CPs will have "shared decision-making and governance." We know they have to have MOUs, but it is not clear what MassHealth expects in term of governance.

• CPs must demonstrate the ability to "conduct independent assessments." But CPs will be also be allowed to self-refer." MassHealth says there will be "checks and balances to avoid inappropriate self-referrals." It is not explained what an "appropriate self-referral" would be, but this level of granularity has not been explained. But it is clear that LTSS direct providers can apply to be CPs and do care management, which weakens their ability to act in the capacity that CMS has called "independent agents" for the consumer.

• Members will have a 90 day "plan selection period," plus a 12 month "fixed enrollment" lock-in period.

• In one of the more innovative proposals, Federal funds are being committed to Community Partners. 25% of funds will go to CPs, around $408 M for CPs over the 5 year period.

• MassHealth admits that "ACOs do not have all the core capabilities needed to serve MassHealth Members." That is certainly true for LTSS.

• "LTSS CPs will receive funding to provide independent assessments...and funding for participation on the care team." Federal funds can also be used to expand workforce capacity and for Health Information Technology (HIT) investments and data analytics. These are helpful initiatives.

• MassHealth is projecting for CMS that 60% of MassHealth members will be enrolled in ACOs by year 5, which means 40% will still be in FFS. The project hopes to reduce per member per month spending, and reduce hospital admissions and readmissions. There are no LTSS metrics here.

• MassHealth's goal is "transitioning accountability for LTSS into MassHealth's ACO and MCO programs over time." This removes MassHealth from direct management of the program, and puts the dollars and the control into provider networks and managed care plans.

"A lot of creative work has gone into this plan," said **Al Norman**, Executive Director of Mass Home Care. "The emphasis on funding community-based partners infrastructure is excellent. We hope that the role of the 'independent agent" for the enrollee is strengthened, because, at the end of the day, the consumer access to the care they need has to be at the center of the plan."

EOHHS Raises Elder Care Management Rates by $4.8 million

Mary Lou Sudders, EOHHS Secretary. WBUR photo

In a move applauded by Mass Home Care,

the Executive Office of Health and Human Services released in early June new care management rates for a number of home care management services. The major increases are in basic home care management and Enhanced Community Options program (ECOP) care management. These new rates will bring in an additional $4.8 million total for the period January 1, 2016, through June of 2017.

The basic home care CM rate is rising from $120.24 (as of end of December, 2015) to $124.09 on January 1, 2016, to $131.45 on July 1, 2016, the start of FY 17. The FY 17 CM rate us 9.32% higher than the "old" rate that ended Dec, 2015.

The ECOP rate, which Mass Home Care testified should be raised to the Community Choices level of $275, will rise from the current rate of $209.24 as of Dec, 2015, to $215.90 effective January 1, 2016, and rising to $233.37 on July 1, 2016. This is an 11.53% increase in ECOP rates for FY 17 compare to the rate as of Dec, 2015.

Based on FY 16 projected units, these rate hikes mean roughly an additional $653,387 in basic care management, and $267,639 in ECOP CM for the last six months of FY 16 (total of $920,426) and for FY 17, an increase of $2.5 million in basic CM, and $1.4 million for ECOP CM, for total of $3.9 million in additional funds.

The rate hike funds will come from a Ch. 257 rate reserve, not from the budget line items being debated in the FY 17 Conference Committee.

CMS Launches Home Health Fraud Reviews in Massachusetts

The Centers for Medicare & Medicaid Services (CMS) announced in early June that it is moving forward with a 3 year pre-claim review for home health services in five states---including Massachusetts---"where there have been high incidences of fraud and improper payments for these services."

The demonstration will be rolled out in Illinois after Aug. 1; Florida after Oct. 1; Texas after Dec. 1; Michigan after Jan.1; and Massachusetts after Jan. 1.

Under the program, home health agencies in Massachusetts will be required to perform prior authorization before processing claims for services.

"The main change under this demonstration is that HHAs will submit the supporting documentation while beneficiaries are receiving care," according to a news release from CMS. "This earlier submission of documentation will undergo the new 'pre-claim review.'" The demonstration comes because of a 59% improper payment rate among home health claims in 2015, CMS stated.

Home health agencies have criticized the pre-claims review. "When provided information on prior authorization for home healthcare services, senior voters have warranted concerns about how a demonstration might affect their access to needed skilled care in the home following an inpatient stay," **Keith Myers**, Chairman of the Partnership for Quality Home Healthcare, told the Home Health News.

Food Stamp Letter Want Streamlined Application

In mid June, a network of food stamps activists---including Mass Home Care---sent a note to key state lawmakers working on the budget regarding needed improvement to the Supplemental Nutrition Assistance Program (SNAP), commonly known as food stamps.

Here are excerpts from that letter:

Dear Members of the FY2017 Budget Conference Committee:

The organizations listed below wish to thank the Massachusetts House and Senate for their deliberations

on the FY17 Annual Appropriations Bill and are grateful that both branches seek to ensure key services are accessible to our most vulnerable low income residents. We especially appreciate the consensus of both the House and Senate to explore creation of a "common application" portal, which would enable low-income residents to apply for key safety-net services for which they may qualify.

A streamlined application process that uses common eligibility information is efficient for state government agencies, human services providers and the low income communities we collectively serve. By ensuring all eligible low-income families access key health and nutrition programs –the Supplemental Nutrition Assistance Program (SNAP) – we can both reduce medical costs and increase federal dollars to the Commonwealth. Further, receipt of SNAP automatically qualifies children for federally-funded free school meals, and allows low-income households to automatically qualify for regulated utility discounts.

We urge the Conference Committee to include the following in the FY17 Conference Budget:

1. Support the Senate appropriation in line item 4400-1000 (DTA Central Administration), which includes additional $1.9M to hire new caseworkers to support an increased SNAP caseload.
2. Support a consensus compromise between the House (Section 42A) and Senate language (within line EOHHS item 4000-0100) by including the Senate appropriation of $1M and language which -

a. directs the Executive Office of Health and Human Services (EOHHS) to use the funds to facilitate SNAP applications for MassHealth applicants and recipients, and electronically share relevant MassHealth eligibility data and documents with DTA for SNAP eligibility purposes.

b. directs EOHHS, the Executive Office of Communities and Development (EOCD) and sister agencies, during FY2017, to identify the costs and systems changes needed to create a common application for low income households eligible to apply for income-eligible child care, housing subsidies and other key services. We are mindful of the IT systems challenges involved in major changes to the Health Connector, and urge EOHHS and EOCD to identify options that can successfully create a common application path for multiple benefits.

We believe that these are important and achievable goals within the proposed time frame and with the proposed funding. We thank you for you for your work in helping government work effectively and efficiently for all residents of the Commonwealth, including our most vulnerable."

State Proposes Overtime Rules for Personal Care Attendants

Charlie Carr. Mass Home Care photo

In early Iune, state officials announced that there would be a hearing on June 24th regarding new restrictions on overtime payments to Personal Care Attendants. The target date for the overtime restrictions to begin is September 1.

According to the MassHealth hearing notice, "EOHHS is proposing amendments to this regulation to implement an overtime utilization policy for personal care attendant (PCA) services. The proposed amendments establish requirements that apply to MassHealth members and PCAs for scheduling of PCA services in order to avoid unnecessary utilization of PCA overtime. The proposed amendments also provide the circumstances under which scheduling of a PCA to work overtime will be approved. Members will

continue to be authorized to receive the same amount of PCA hours that they were authorized to receive prior to implementation of the proposed revisions.

According to MassHealth, "The proposed amendments include a transition period from the effective date of the regulation through August 31, 2016 to provide time for members and PCAs to come into compliance with the new overtime requirements. During the transition period the MassHealth agency will not require members to obtain authorization to schedule PCA overtime."

Additional proposed amendments to this regulation include: clarification on PCA provider requirements; requirements that service agreements be developed face-to-face with the member; and requirements that service agreements and assessments be performed and updated annually.

MassHealth also indicated that it will be developing an exceptions policy on Overtime restrictions, and hopes to work with Personal Care Management agencies and advocates on its development, and stresses that services themselves are not being restricted. But concerns have been expressed that caps on hours worked could reduce the PCA pool, because the job will not be as economically viable for many, and will in essence be a service cut.

According to the MassHealth draft regulations, consumers will face a cap on overtime usage, with PCAs being limited to 40 hours/week work, though the state doesn't anticipate full compliance will be feasible by then. In a section called "Nonemergency Overtime," the draft regulations address the issue of consumers who have a live in worker:

(1) All members are limited to scheduling PCAs to work no more than 40 hours per week. A member may obtain authorization from MassHealth, or its designee, to schedule a PCA to work more than 40 hours per week under the following limited circumstances: (a) The Member has 40-60 hours/week of prior authorization for PCA Services and resides with his/her PCA who provides all PCA Services. The Member may receive authorization to schedule his/her PCA to work up to a maximum of 60 hours/week; or (b) The Member has more than 40 hours of Prior Authorization for PCA Services and requires a PCA to work more than 40 hours per week in order to provide continuity of care/ avoid disruption in care.

PCAs are only paid for their "activity time," which is defined as "the actual amount of time spent by a PCA physically assisting the members with Activities of Daily Living and Instrumental Activities of Daily Living." Overtime in this context refers to as "activity time in excess of 40 hours per work week."

According to advocates, there are 7,300 consumers who use PCAs who work over 40 hours/ week, and PCA overtime is costing the state in the range of $1 million/week. Approximately 6,000 PCAs are collecting overtime pay. The budget for the PCA program is now $704 million, of which half is reimbursed by the federal government.

The state has pledged to ensure continuity of care, with MassHealth director **Dan Tsai** emphasizing that "All of us believe deeply in the PCA program." But PCA consumers have expressed concern.

Charlie Carr, the Commissioner of the Massachsuetts Rehabiltation Commission under Governor **Deval Patrick**, and currently a member of the Disability Policy Consortium stated: "I've been using PCAs to live independently for 41 years. The program was what I used to get out of a chronic care hospital that I had been living in for seven years so you can imagine how precious it is to me. The proposed MassHealth changes are dangerous and will result in people like me who need PCAs to live independently having to settle for less support and ultimately returning back to life

in an institution. We cannot allow this to happen to us; please fight back!"

And **Dan Greaney,** who's used PCAs for decades, responded: "The DRAFT regulations are outrageous, unreal and capricious to the realities of the number of available 'skilled' PCA workforce (members) required by a proportion of PCA consumers that have a higher level of care. To think someone like me could just pick-up the phone to call any PCA to come (to my home) that has the necessary skills or ability to meet all my personal care needs isn't a reality in the world I live in."

Mass Home Care will testify at a public heairng on the proposed PCA overtime rules at a June 24th hearing. Testimony is also expected from the Disabilityi Policy Commission, 1199 SEIU, and a number of Personal Care Management (PCM) agencies.

Researchers "Excited" by Alzheimer's Mouse Study

A report published in the *Alzheimer's News Today* reports that an immune molecule called IL-33 can reverse Alzheimer's disease symptoms and cognitive decline in mice. The was study published in the journal Proceedings of the National Academy of Sciences (PNAS). The findings lend support to theories that humans have a natural defense against Alzheimer's that decreases with age.

The study, "IL-33 ameliorates Alzheimer's disease-like pathology and cognitive decline" was a joint effort by researchers from the University of Glasgow, Scotland, U.K., and Hong Kong University of Science and Technology (HKUST).

The study used a mouse model of Alzheimer's called APP/PS1. These mice display both disease symptoms, such as cognitive decline, and the accumulation of amyloid-beta in their brains. Earlier studies have shown that patients with Alzheimer's have low levels of IL-33, but researchers have not known what function the factor, that normally is particularly abundant in the central nervous system, plays in disease.

Professor **Eddy Liew**, Fellow of the Royal Society, who co-directed the research, said: "Alzheimer's disease currently has an urgent unmet clinical need. We hope that our findings can eventually be translated into humans. IL-33 is a protein produced by various cell types in the body and is particularly abundant in the central nervous system (brain and spinal cord). We carried out experiments in a strain of mouse (APP/PS1) which develop progressive AD-like disease with ageing. We found that injection of IL-33 into aged APP/PS1 mice rapidly improved their memory and cognitive function to that of the age-matched normal mice within a week."

The hallmarks of Alzheimer's include the presence of extracellular amyloid plaque deposits and the formation of neurofibrillary tangles in the brain. During the course of the disease, 'plaques' and 'tangles' build up, leading to the loss of connections between nerve cells, and eventually to nerve cell death and loss of brain tissue.

IL-33 injections also reduced amyloid-beta plaques in the mice brains, a finding that the researchers showed was linked to an increased mobilization of microglia against the plaques, engulfing and ingesting amyloids. The research team concluded that IL-33 likely induced this effect via the enzyme neprilysin, which is known to target soluble amyloid-beta oligomers that cause cell toxicity.

Results also demonstrated that the factor could reduce brain inflammation, a process that has been shown to speed up plaque formation in Alzheimer's. For this reason, IL-33 might also prevent new plaques from forming. "The relevance of this finding to

human Alzheimer's is at present unclear. But there are encouraging hints. For example, previous genetic studies have shown an association between IL-33 mutations and Alzheimer's disease in European and Chinese populations. Furthermore, the brain of patients with Alzheimer's disease contains less IL-33 than the brain from non-Alzheimer's patients," said Dr. Liew, taking a cautious stance toward the clinical implications of his findings.

"Exciting as it is, there is some distance between laboratory findings and clinical applications. There have been enough false 'breakthroughs' in the medical field to caution us not to hold our breath until rigorous clinical trials have been done. We are just about entering Phase I clinical trial to test the toxicity of IL-33 at the doses used," he added. "Nevertheless, this is a good start."

U.S. Senate Budget Plan Proposes End To SHINE Program

In mid June, the U.S. Senate Appropriations committee passed its FY 2017 spending plan for the Departments of Labor, Health and Human Services, Education and Related Agencies (Labor-HHS). The bill sets discretionary funding levels for the bulk of the federal workforce, education and health and social services programs, which includes Older Americans Act and other critical aging programs.

The National Association of Area Agencies on Aging (n4a) sent out a legislative update on the details of the plan that passed by a bipartisan vote out of the full Committee. No drastic cuts were made to most core OAA programs, advocates have some serious concerns with funding levels for other critical OAA and ACL programs.

According to Mass Home Care, the most disturbing facet of the legislative report regarding the U.S. Senate version of the Labor-HHS appropriations bill for FY 2017 is not the level-funding of most major Older Americans Act programs--which is tantamount to a cut in funding---but the most appalling is the total cut of $52.11 Million to $0 for the State Health Insurance Counseling Program (SHIP) which we know as SHINE (Serving the Health Information Needs of Everyone.

In response, Mass Home Care sent a letter to Massachusetts Senators **Ed Markey** and **Elizabeth Warren**. Here are excerpts from that letter:

"Senators Markey and Warren,

All of us in the field of aging in Massachusetts were startled to learn the news from the Labor-HHS appropriations bill that emerged from the full committee. The level funding of most Older Americans Act funding was bad enough---a clear cut of purchasing power---but the most appalling cut was the total drop from $52.11 Million in FY 16, to $0 in FY 17 for the State Health Insurance Counseling Program (SHIP) which we know as SHINE in Massachusetts. This is the only program in our state where people on Medicare or Medicaid can go to get free health insurance counseling to help them sort through their complex health insurance options.

SHIP is one of the most valuable grassroots programs seniors can rely on for unbiased information about which health plans offer members the best benefits. All the Medicare websites in the world cannot match what a senior can learn face-to-face from a SHIP counselor. This program has been so much in demand in Massachusetts that the state now directs younger people to learn their managed care options from these counselors as well.

Senators, we urge you both to do whatever you can to block the total loss of the SHIP program, and

to maintain FY 16 funding levels at the minimum. If this boils down to a Continuing Resolution, please safeguard SHIP from any devastation cuts."

N4a had just finishing celebrating the Older American Act (OAA) reauthorization bill this spring, but now they are "deeply dismayed about several funding levels included in the Senate Labor-HHS plan, as the proposed cuts continue to chip away at already underfunded OAA programs that cannot keep pace with a growing need for services." According to n4a, most core OAA programs—including Title III B Supportive Services ($347 million), Title III C Congregate and Home-Delivered Meals ($448 and $226 million, respectively), III E National Family Caregiver Support Program ($150.5 million) and Title VII Ombudsman ($20 million)—were all level-funded at FY 2016 amounts. "We are relieved to see that there were no cuts to any of these essential programs and services."

The Senate Labor-HHS bill proposes completely eliminating funding for the State Health Insurance Assistance Programs (SHIPs), which would have devastating consequences for millions of Medicare beneficiaries and their families. Last year, the Senate bill suggested cutting SHIP funding by nearly 42%, which Congress ultimately rejected after effective advocacy by AAAs and SHIP programs across the country.

The Senate Labor-HHS funding bill continues to chip away at other programs that cannot continue to absorb reduced—or even level—federal funding, especially when the population of older adults is growing faster than ever. Senate appropriators have proposed a $34 million (nearly 8%) cut for the Senior Community Services Employment Program (SCSEP), and level funding for other ACL-administered programs, including Chronic Disease Self-Management, Falls Prevention and Lifespan Respite. Other HHS programs were also spared cuts and level-funded, including the Social Services Block Grant (SSBG) at $1.7 billion and the Community Services Block Grant (CSBG) at $715 million. Senators also proposed level-funding for the Low-Income Home Energy Assistance Program (LIHEAP) at $3.39 billion. One highlight of the Committee-approved bill was a $2 million increase for Elder Justice Programs, which continues the upward funding trend for critical efforts to prevent and respond to elder abuse.

But the legislative process for the Older Americans Act is not over. The U.S. House of Representatives has not yet produced a Labor-HHS bill. The longer-term fate of any FY 2017 funding bills remains murky, as both a compressed Congressional calendar and election-year politics are certain to complicate passage. It is almost certain that lawmakers will not pass a full-year funding bill prior to the September 30th. deadline and start of the next fiscal year. At the end of the summer, it is likely that Congress will have to pass a continuing resolution (CR), which continues funding at current levels, to keep the government operational until after the elections.

"It is critical that we keep up the drumbeat about the need for funding increases for OAA and other aging programs," n4a concluded.

Senate Passes Senior Property Tax Deferral Bill

The Massachusetts Senate has passed S. 1494, An Act increasing the property tax deferral for seniors, sponsored by Senator **Patricia D. Jehlen** (D-Somerville). This legislation would offer property tax relief to homeowners age 65 or older across the Commonwealth by proposing to increase the local option cap on income to $80,000.

Older adults statewide face being forced out of their homes due to rising property values that increase tax bills they cannot afford on a fixed income. Residents who own their homes and would like to continue to

live in them often have difficulties making ends meet as the years go by and their income loses its buying power. Deferring property taxes gives those seniors an opportunity to avoid making difficult choices of whether they can pay for heat, prescription drugs, or food in addition to the tax bill.

"Living on a fixed income is very hard, but this bill will help make it just a little bit easier when costs continue to rise," said Sen. Jehlen. "Deferring expensive property tax payments can provide just enough relief to allow many older adults to afford to remain in their homes as they age in all of our communities."

"There are thousands of seniors across the state who are house rich and cash poor," explained **Al Norman,** Executive Director of Mass Home Care. "A property tax bill can be the largest payment a senior sees all year. By being able to defer payment, the town gets its money--with interest---and the senior is able to pay other basic living costs. Senator Jehlen's bill is like a lifeline for seniors on a fixed income."

Currently, state law sets a floor of $20,000 in gross income to be eligible for tax deferral, and each community has the option to raise it up to the maximum level of the "senior circuit breaker" income cap for single, non-head of household filers in that given year, as defined by DOR. The municipality can also elect to lower the interest rate below the 8% cap.

An amendment to the bill, sponsored by Senator **Ken Donnelly** (D-Arlington), was adopted, extending the time period of the deferred property tax rate for elders and active duty personnel to one year after the death of the property owner receiving the deferment in order to allow for probate and the settling of any will. This gives heirs time to either sell the property or pay the taxes before the interest rate rises up to 16% on deferred taxes, which sometimes acts as a deterrent for many elderly people who are concerned for the burden it may put on their heirs; additionally, the 16% rate is a carryover from a different era and is out of line with current interest rates.

Senate Minority Leader **Bruce Tarr** (R-Gloucester) sponsored an additional proposal to include a provision for enhancing the property tax work-off program available to older adults in many communities. "The Senate's actions today create more options to support seniors so that they can continue to make contributions to our communities," said Senate Tarr. "I am happy to have the Senate's support on my proposal to allow seniors an opportunity to earn $1,500 a year in direct property tax relief through voluntary community service."

The bill was unanimously passed with a 35-0 vote and now moves to the Massachusetts House of Representatives for their consideration.

Swan, Butler Receive Home Care Legacy Awards

Lou Swan (l) Ed Flynn (c) and Joan Butler (r). Mass Home Care archive photo

Two veteran Executive Directors of Aging Services Access Points were honored June 20th at the 33rd Annual Mass Home Care meeting.

Louis Swan, Executive Director of Elder Services of Worcester Area, and **Joan Butler**, Executive Director of Minuteman Senior Services, were given a "Legacy Award" by Mass Home Care for their combined 57 years of service to elders as the leaders of their dynamic agencies.

Also honored was **Dan O'Leary**, the Executive Director of Mystic Valley Elder Services, who is completing his second two year term as President of Mass Home Care. **Greg Giuliano**, Montachusett Home Care, was elected President of Mass Home Care.