

At Home

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With Mass Home Care

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Al Norman, Editor



Senate Budget “Lifting” Seniors

On May 12, 2015, advocates for the elderly praised the Senate Ways & Means FY 16 budget, which added roughly \$4 million above the final House version---and \$6,25 million in new federal funding for home care expansion. If the Senate figures prevail after the final Conference Committee with the House completes its work, home care funding would rise by at least \$16 million over its FY 15 appropriation levels.

In her introductory budget letter, Senate Ways and Means Chairwoman, Senator **Karen Spilka** (D-Ashland) wrote:

“Lifting all families is about supporting people through all stages of life: our children, our seniors, our neighbors, and our loved ones. It’s about raising up those who do not have a voice. It’s about building an economy that works for everyone and giving families a chance to achieve their hopes and dreams for a better life.”

Elder advocates warned that home care infrastructure costs need addressing after years of stagnation. Mass Home Care began working on several budget amendments that would be raised during floor debate to help lower middle class elders get access to home care, as well as an effort to raise support for the front line workers and agencies managing the home care program--which operate on funds 12% below levels in 2009.

Amendments were filed by Senator **Barbara L’Italien** (D-Andover) that would

raise home care eligibility guidelines, and by Senator **Joan Lovely** (D-Salem) which would lift funding for the personnel and operations costs at the state's 27 Aging Services Access Points (ASAPs), which manage the state-funded home care program.

"The Senate Ways and Means Committee provided some much-needed momentum," explained Mass Home Care President **Dan O'Leary**, "but as our population begins to break the sonic baby boom, we have to do more than run in place. We have lower middle class elders who can't keep their heads above water financially. They need home care, but can't afford it."



Senator Joan Lovely

Senator Barbara L'Italien

Mass Home Care said front line care managers and RNs also need better wages to keep the home care system competitive. "Our agencies' operational supports are 12% lower than they were a decade ago," O'Leary said. "If we were a bridge, we would have collapsed."

The Senate Ways and Means budget adds roughly \$4 million above the House final for elder home care related items, most notably \$3 million in the purchased services account. It has several items that improve upon the elder home care budget thus far:

- SWMs adds back \$3,092,614 for home care services, adjusting it to the level found in Governor Baker's House 1
- SWMs adds back \$866,677 to the care management/operations account, leveling this item to where it stood in FY 15—but still 12% below where it stood in FY 2009!
- SWMS adds \$131,889 to elder nutrition, putting it level with this account from FY 15.
- SWMS restores \$400,000 for EOHHS to pursue the 1915i state plan amendment
- SWMs matches funding for Enhanced Home Care at \$70.255 million, an increase of \$7.1 million, so this

is basically not a conference committee issue. Same with Congregate housing and supportive housing.

- SWMs adds back in item 9110-0104 with \$150,000 funding for the EOEA policy lab Explorer.
- SWMS reinstates the "respite" days payment for primary caregivers in the Adult Foster Care program (see related story below) that was cut by the Baker Administration.

During floor debate in the Senate on May 20th, an outside section crafted by Senator L'Italien was added that authorizes the Department of Elder Affairs to raise the income eligibility for the home care program from \$27,000 to \$35,000, and to use up to \$6.25 million in federal "Community First" funding to pay for it. The outside section also authorizes the state to seek additional federal funding in later years to pay for this raising of the income level.

Mass Home Care President Dan O'Leary called L'Italien's amendment "a remarkable display of skill and negotiation."

Tarr Files Spouse As Paid Caregiver Amendment

The Republican Minority Leader, Senator **Bruce Tarr** (R-Gloucester), filed an amendment to the FY 16 Senate budget in mid-May that would add spouses to the list of caregivers who can be paid family members under key MassHealth programs. But late in the night of May 21st, the amendment failed.

Allowing spouses to be paid caregivers has been a legislative priority for Mass Home Care for more than half a dozen years. In the last legislative session on Beacon Hill, a spouse as caregiver bill passed unanimously in the Senate, but died in the House.

Under current regulations, other family members, such as sons and daughters, aunts, and uncles, can be hired by a MassHealth member to provide their personal care. Ironically, the same language proposed by Leader Tarr passed unanimously in the Senate in June, 2014. It would allow spouses to be paid caregivers in the PCA and Adult Foster Care programs, where families now can be paid as caregivers. 17 other states currently allow this on a

“revenue neutral” basis, as does the Federal Veterans Health Administration. Veterans in Massachusetts today can choose to have their spouse as a paid caregiver. Without a spouse as caregiver, some disabled individuals are denied care from the person closest to them, whom they trust the most.



Senator Bruce Tarr

The federal government allows states to include spouses as paid caregivers in Medicaid programs. In 2004, CMS issued guidance noting that personal care services provided under a 1915(c) home and community-based services waiver may be provided by legally responsible relatives, including spouses.

Senate Ways and Means leaders were told by EOHHS that Tarr’s amendment would cost \$17 million, and that killed all chances of passage.

Adult Foster Care Providers Seek To Restore Caregiver Pay

The Association of Developmental Disability Providers (ADDP) has sent a note to **Marylou Sudders**, the Secretary of the EOHHS regarding a cutback in “respite” day funding for primary caregivers in the Adult Foster Care (AFC) program. The reduction was listed as one of the ‘9c’ cuts made by Governor **Charlie Baker** to a program that uses family caregivers on a “stipend” basis to maintain elderly and disabled people living

in a home setting, instead of in a costlier institution.

Three days earlier, EOHHS notified advocates that the Baker Administration was retroactively cutting “Alternative Placement Days” in the Adult Foster Care program. MassHealth pays an AFC provider for days that an eligible member receives AFC. In the past, programs could bill the state for up to 14 days a year for the services of an alternate caregiver when the primary caregiver was gone, taking a “respite” break from their 24/7 responsibilities as an in-home caregiver. The primary caregiver could also be paid for the “break” they were getting that day from their around-the-clock responsibilities.

But under emergency regulations, EOHHS said: “An AFC provider may not bill for non-service days and the MassHealth agency does not pay for any period during which an eligible member does not receive AFC, with the exception of a medical leave of absence or nonmedical leave of absence.” The AFC transmittal letter announcing this change to Alternative Placement Days was given an effective date of April 21, 2015.

In the ADDP letter, **Gary H. Blumenthal**, President & CEO, told Secretary Sudders of his group’s “great concern about the decision by Mass Health to eliminate coverage for 14 days of respite utilizing Alternative Caregivers for Adult Foster Care participants. We have communicated with Assistant Secretary **Daniel Tsai** regarding this matter and participated in an engaging phone call with him during which he indicated that Mass Health would be working on other benefit improvements for our population; but Mass Health was obligated to implement this 9C reduction totaling \$3.5 million. We look forward to learning more about those improvements.”

Blumenthal told EOHHS that efforts were underway to get the state Senate to reinstate the cuts to the caregivers respite days in the FY 16 budget and retroactively to the remainder of FY 15. “With that in mind, I would sincerely appreciate your consideration of delaying the immediate implementation of this cut until the Senate budget has been enacted. While we understand we may not agree on this cut, we do believe that it would be administratively in the best interest of Mass Health to wait until the Legislature’s position on this issue is determined,

sparing families and caregivers much confusion, in addition to administrative burden upon MassHealth staff.”

The following day, **Lisa Prince**, Assistant Executive Director of the Massachusetts Council for Adult Foster Care, sent a letter to AFC providers regarding “the sudden regulation change...that will directly impact you as the AFC provider and depending on your agency decision; this may affect the Primary AFC caregiver.”

“While the current 14 days of Alternate Care can be billed to MassHealth and payment made to the alternate caregiver,” Prince explained, “the new regulation says you as an AFC provider agency can no longer bill for the current AFC caregiver during those ‘non-service days.’ This means that when you request alternate care ‘respite’ for the AFC consumer you support, your agency cannot bill for the Primary Caregiver and also bill for the Alternate Caregiver. You can only now bill for the Secondary Caregiver if Alternate Placement is used. This regulation change went into effect on April 21, 2015.”

“The Massachusetts Council for Adult Foster Care is making every effort to change the state’s decision and prevent the loss of pay to AFC caregivers during the time that alternate care ‘respite’ is being used. We believe in the value of alternate care days, and the break that it provides to AFC caregivers.”

When the Senate Ways and Means budget was released on May 12th, the “respite” payment to AFC caregivers was restored---but this change is not in the House version of the budget, and if it survives a Conference Committee report on the final budget---the restoration of this benefit for the caregivers would not take effect until July 1, 2015, which means caregivers would receive no “respite” stipends from April 21st to the start of the new fiscal year.

State Earns \$122 M in BIP Funds

Home and community-based services for the disabled and elderly in Massachusetts have earned \$122 million in new federal funding, according to a report provided at the request of Mass Home Care by the state Comptroller’s office and the Office of Long Term Support Services. The funding was made available to the state

through the Affordable Care Act’s provisions known as the “Balancing Incentives Payment”(BIP) program.

The new federal funds are designed to reward states that shift their Medicaid spending away from institutions towards community care, but Mass Home Care noted that most of this funding has not gone to alleviate the imbalance between community care for the elderly, versus nursing facility spending. Although elders are the most impacted as a group by the historic reliance on institutional care, 80% of the new federal funds available have gone to non-elderly populations. These non-elderly causes are valid and appropriate, Mass Home Care said, but the imbalance in elderly spending remains a problem.



For the 15 month period April, 2014 through June, 2015, the state has earned an extra 2% in BIP federal matching funds based on a total of \$6.13 billion in spending on community-based long term support services. 2% of this spending comes to \$122.65 million in expanding funding.

Section 10202 of the federal Affordable Care Act, which is titled: INCENTIVES FOR STATES TO OFFER HOME AND COMMUNITY- BASED SERVICES AS A LONG-TERM CARE ALTERNATIVE TO NURSING HOMES, increases the Federal Matching Assistance Percentage (FMAP) to States that make structural reforms to increase nursing home diversions and access to non-institutional LTSS. The enhanced matching payments are tied to the percent-

age of a State's LTSS spending, with lower FMAP increases going to States that need to make fewer reforms.

The goal of this federal spending is to encourage states to shift more care into cheaper, community-based programs like home care. In FY 15 the state spent the first \$16 million of BIP funding on "structural" changes to the way community-based care is delivered, including a commitment to provide care through a "conflict-free care management" system, in which the care coordinators do not own the services they refer to. Any BIP spending above the \$16 million level was determined by the State Legislature. By the end of FY 15, state lawmakers had added another \$44.2 million in BIP funds. For FY 16, the Baker Administration proposed in their budget the use of \$53.2 million for community services, of which only 20% was for the elderly, a total of \$10.59 million. Most of the BIP share for elders was for home care services and for homemaker wages. 80% of the Governor's recommendations for BIP funds were for non-elderly services, mostly for mental health services, and supports for the developmentally disabled and for autism services.

The House released its budget in March, and closely followed the Governor's recommendations for the use of this BIP money. The House earmarked \$57.1 million for BIP in FY 16, adding \$4 million more for mental health services. The elderly services portion of this funding remained at \$10.59 million.

Auditor Questions PCA Claims

In April, State Auditor **Suzanne Bump** issued an audit of the MassHealth Personal Care Assistance (PCA) Program, which found the healthcare agency paid more than \$3.5 million in questionable, unallowable, and potentially fraudulent medical claims for Personal Care Attendant (PCA) services for its members. Since 2011, Auditor Bump identified more than \$95 million in unallowable, questionable, or potentially fraudulent spending and savings opportunities in the MassHealth program.

MassHealth, the state's Medicaid agency, makes annual payments to healthcare providers of more than \$10.8 billion, and provides access to healthcare

services for approximately 1.4 million eligible low- and moderate-income individuals. MassHealth is the state's largest program and accounts for approximately one third of the state's annual budget. The Auditor's report examined MassHealth's Personal Care Attendant (PCA) program, a service that provides in-home personal care for the elderly and people with disabilities. These services include hands-on assistance in certain daily activities, including taking medications, bathing, dressing, eating, and preparing meals, shopping, doing housework, and traveling to medical providers.

"The PCA program allows tens of thousands of people the comfort and dignity of living at home in their communities. I hope this audit will strengthen the integrity of this important program and the public's trust in it," said Auditor Bump.



Auditor Suzanne Bump

State Auditors found that MassHealth improperly paid more than \$3.35 million for PCA services to individuals participating in individual or group adult foster care. Such expenses are duplicative and contrary to state regulations because adult foster care programs provide 24-hour care. In addition, auditors identified \$214,605 in PCA services which exceed set limits and other duplicative costs.

MassHealth officials said services should be provided in a relatively consistent manner and in accordance with the authorized level of care, but auditors noticed large fluctuations in the daily hours of care. While third party oversight entities are

required to report to MassHealth when PCA services are over utilized, the report notes that there is no requirement to report underutilization, creating a risk that a MassHealth member is not getting the care they need.

The report also revealed inadequacies in the program's tracking and inputting of date of death information, which opens the door to fraud. It identifies more than \$600,000 paid for services billed after the members' recorded date of death. MassHealth contends that only \$92,000-\$123,000 was erroneously paid, and the rest of the amount was attributable to data entry mistakes.

In response to audit findings, MassHealth stated that it is improving its Information Technology systems and data analysis process to prevent unallowable payments. In addition, while the audit was ongoing, the PCA Workforce Council, and the 1199 Service Employees International Union signed an agreement requiring all Massachusetts PCAs hired after January 1, 2014 to attend a training session within the first six months of their employment. The training aims to familiarize PCAs with MassHealth requirements and the penalties of inappropriate behavior.

Jehlen Files Bill To Protect Seniors From Home Tax Liens



Senator Patricia Jehlen

Under Chapter 60 of the General Laws, cities and towns can transfer and "assign" at a public sale their "tax receivables"—which are liens owed on back property taxes—to third party collection

agencies. Properties can be sold at a discounted rate to these collection agencies, which then seize the property, and pursue the property owner for collection on the lien, often charging high interest rates during the process.

Housing advocates have warned that these collection processes target financially vulnerable homeowners, who are hit with high fees to keep their homes—and often lose them. Low-income elderly homeowners are often the victims of this process. Although municipalities have the right to seize people's homes for back taxes, the for-profit collection agencies are more aggressive in their attempts to dispose of the properties through foreclosure. "There is no reason why the laws need to be structured so that the investor gets the windfall," **John Rao**, a lawyer with the National Consumer Law Center told the *Boston Globe* last fall. A spokesman for the Attorney General's office said in the same *Globe* story, "it is critical that these practices not unfairly enrich private debt collectors or lead to an increase in foreclosure for struggling families."

Cities and towns that are struggling to collect property taxes have bundled hundreds of delinquent payments and sold them to private investors to raise funds for city treasuries. But according to **Len Raymond**, executive director of Homeowners Options for Massachusetts Elders (HOME), seniors who are themselves struggling financially to pay their bills, are caught unaware of the consequences of falling behind on their property taxes. "Elders are not in the position to pay off these kinds of debts. There should be a cut or a moratorium dealing with seniors."

The Property Tax Relief Task Force of the Massachusetts Association of Councils on Aging (MCOA) has expressed its concern over elders losing their homes because of relatively small tax debts transferred to out-of-state collectors. "While towns are able and also sometimes willing to negotiate payment plans with resident elders," wrote **Norma Simons Fitzgerald** of MCOA Task Force, "the commercial operations which buy tax liens are often not so cooperative, and their location out of state creates an additional hurdle for elders who want to negotiate to try to save their homes." MCOA has called for a moratorium on these tax liens, and ask the legislature to consider reducing the double-digit interest

rate allowable for collection agencies and towns to charge.

MCOA says it has seen an uptick in tax title collections by third parties under the provisions of Chapter 60, section 2C of the General Laws. "We have seen them in Lawrence and Springfield...as well as in rural communities such as South Hadley," MCOA writes. "From the city or town's point of view, it is a clean deal, and even though the city or town may discount the sale price of the tax title, the delinquency is off their books, and their bond rating is potentially unaffected or improved. For elders, on the other hand, it is a disastrous situation, whereby they must now deal with an out of state company that only cares about being paid in full. Given the cost/income gap for elders in Massachusetts, the procedure will ultimately be the cause of a new class of homeless individuals."

In response to this growing problem, State Senator **Patricia Jehlen** (D-Somerville), Senate Chair of the Joint Committee on Elder Affairs, has filed a one sentence piece of legislation, S. 1495, that would exempt "properties exclusively owned by individuals age 65 and older" from the provisions of Chapter 60.

"Given this disturbing trend of tax liens," said **Dan O'Leary**, President of Mass Home Care, "it's time for lawmakers to step in and protect vulnerable seniors from the consequences of this process. No senior who is trying to make payments on their back taxes should lose their home in this process, especially given existing tax breaks also in state law." O'Leary said. "Many elders may not even know of their right to access a property tax subsidy under the state's 'circuit-breaker' law."

S. 1495 has been referred to the Joint Revenue Committee on Beacon Hill, but a hearing date has not yet been scheduled.

Trade Bill Upsets Medicare Advocates

Is the United States Congress funding a trade bill using Medicare savings? On April 21, 2015, senior and provider groups told the media that cuts in Medicare will be used to help pay for one of the trade bills that

Congress will soon consider. The elder groups are speaking out to try and prevent the Medicare cutbacks, according to a report in the *National Journal*.

The Trade Adjustment Assistance reauthorization bill hasn't received as much attention as the fast-track trade authority bill, but Democrats see it as a priority: The program helps workers who have been put out of a job because of foreign trade, and offers job-training and placement as well as health-insurance costs. The House and Senate are expected to move the bill in tandem with the fast-track trade measure, said an aide to Democratic Sen. **Ron Wyden**, who hashed out the trade deal with Sen. **Orrin Hatch** and Rep. **Paul Ryan**, both Republicans.

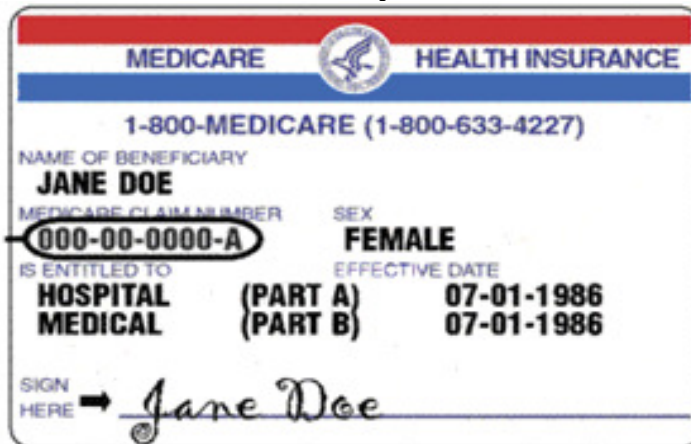
But in April, senior and provider groups criticized the proposal. They're unhappy because about \$700 million of the \$2.9 billion cost would be offset by increasing the cuts to Medicare authorized by the automatic budget cuts known as sequestration in fiscal year 2024 by 0.25 percent, according to a Congressional Budget Office score of the House bill.



"Apparently using Medicare as a piggy bank to pay for everything under the sun has become the new legislative norm for Congress," **Max Richtman**, president and CEO of the National Committee to Preserve Social Security and Medicare, said. "Rather than balancing priorities or considering a penny of new revenue, congressional leaders are proposing to once again funnel Medicare resources into unrelated programs and fixes—this time it's the trade adjustment assistance program." A

coalition of provider groups, including the American Hospital Association and the American Medical Association, sent a letter to U.S. Senators opposing the bill.

New Medicare Cards Will Omit Social Security Numbers



President **Barack Obama** has signed into law a bill that will prevent the use of social security numbers on Medicare cards. The law, which is predominantly implemented to change the way that doctors are paid for the treatment of patients that are Medicare recipients, will include other issues as well, according to a report published by the *News Hub*. One area of the law states that Social Security numbers may not be “displayed, coded or embedded on the Medicare card.”

The federal government does not allow private insurance companies to use Social Security numbers on insurance cards, yet for many years they have placed Social Security numbers on more than 50 million Medicare cards. Concerned citizens weary of identity theft have long warned the government that this practice places people at risk for financial loss from identity theft.

Texas Representatives **Sam Johnson** (Republican) and **Lloyd Doggett** (Democrat) both pushed for the new law. Rep. Johnson stated, “The Social Security number is the key to identity theft, and thieves are having a field day with seniors’ Medicare cards.”

Congress has approved \$320 million to be spent over a four year time span to fund the changes. Financing will come directly from Medicare trust funds that are funded through payroll as well as other beneficiary premiums.

Federal auditors have asked for Social

Security numbers to be removed from Medicare cards for more than 10 years. President Obama has asked for a \$50 million down-payment to finally remove the numbers from the cards.

Nearly 5,000 people sign up for Medicare daily and by the year 2025, Medicare enrollment will be at around 75 million beneficiaries. Medicare uses Social Security numbers to identify beneficiaries and many new recipients are shocked when they receive their card and see their Social Security number printed on them. After one of the nation’s largest insurance companies, Anthem, had a large data breach last year, as well as several cyberattacks and other data breaches, Congress was moved to remove Social Security numbers to help reduce identity theft.

The new law will allow Medicare officials a four year time span to begin issuing cards with new recipient identifiers. They will also have four additional years to issue new cards to current beneficiaries. While a firm decision has not yet been made, they plan to replace the Social Security numbers with a random computer generated number to issue to beneficiaries.

The Government Accountability Office (GAO) has suggested that officials stop using Social Security numbers to identify recipients since 2004. The White House Office of Management and Budget told agencies to stop the unnecessary collection and use of Social Security numbers within 2 years back in 2008. Later in 2008, the inspector general of Social Security ordered the numbers removed from Medicare cards immediately. The Defense Department as well as the Department of Defense began to remove Social Security numbers from their identification cards as well. The Department of Human Services, the agency that oversees Medicare, has had little progress when compared to other agencies. Medicare officials have placed blame on the design and repair of Healthcare.gov as reasoning behind their technical staff not moving forward with working on the Social Security numbers being removed from beneficiary cards. Healthcare.gov, the health insurance exchange set up to acclimate citizens to the Affordable Care Act, had many technical problems when it began in October of 2013.

Older adults are targeted by fraud artists,

who use their Social Security numbers to get loans and credit cards. Many cases of identity theft against older Americans have been filed in courts throughout the United States. In one such case in Illinois, a hospital staff member was convicted of stealing personal information from patient's charts and then using the information to apply for credit cards. The former hospital staff member was caught on film using a credit card that was obtained by using the information of a 90 year old patient at the hospital.

State Treasurer Creates Financial Literacy Task Force



Cheryl Cannon

On April 16, 2015, State Treasurer **Deb Goldberg** announced the creation of the Treasurer's Task Force on Financial Literacy, which will bring together policymakers, educators, banks and advocates to examine the state of financial education in Massachusetts. A member of Mass Home Care's Money Management Program was named to the Task Force.

Former Undersecretary of Consumer Affairs and Business Regulation **Barbara Anthony**, currently a Senior Fellow at both the Kennedy School of Government and the Pioneer Institute, will chair the committee.

"As we prepare to build a statewide

financial literacy program in Massachusetts, this task force will offer valuable insights, research and guidance," said Treasurer Deb Goldberg. "I look forward to working with this diverse group as we create a blueprint for economic security and financial stability that works for everyone throughout our state."

Under the direction of Treasury's Office of Economic Empowerment, the Treasurer's Task Force on Financial Literacy will be responsible for launching a comprehensive research effort with the goal of developing recommendations on how to empower our citizens with the resources they need to plan to budget their money, save for retirement and better understand the impact of the economic decisions. The key demographic groups studied will be K-12 students, college students and adults. The Task Force's final report will serve as an action plan for the State Treasurer and the Financial Literacy Trust Fund Board. The Task Force will convene for six months and will file a final report with the State Treasurer no later than November 1, 2015.

Cheryl Cannon, Statewide Coordinator of the Massachusetts Money Management Program (MMMP), has been named to the Task Force. The MMMP was created in 1991 by Mass Home Care, AARP Massachusetts, and the Executive Office of Elder Affairs. Over the years the MMMP grew to be a statewide program, and is the largest program of its kind in the nation. More than 11,000 elders have been served by this program, which provides one-on-one financial services to elders who cannot manage their own household's financial matters.

"I am honored to be asked to join the Task Force on Financial Literacy," Cannon told *At Home*, "and am eager to work on this important issue."

Linda George Wins Lowy Award

On April 27, 2015, the Massachusetts Gerontology Association announced that **Linda S. George**, the Executive Director of Boston Senior Home Care, has been awarded the Association's **Louis Lowy** award, given to an individual who has made important contributions to the field of aging in Massachusetts. Former recipients have made contributions in service directly to older people, to the world

of policy and politics with regard to aging, to the operation of organizations that serve older people, to theories of service and aging, and to the Association itself.

Louis Lowy, for whom the award is named, was a professor of Social Work at Boston University whose contributions to the field of gerontology in Massachusetts have been substantial. Professor Lowy was a founder of the Association. The Lowy Award was presented by Mrs. Lowy at the Annual Meeting of the Massachusetts Gerontology Association on May 1, 2015, at the University of Massachusetts/Boston.



Linda S. George

George received widespread support from colleagues in the field of aging. "Linda George was voted by her colleagues to serve as the President of the Mass Home Care Association for a two year term," stated **Al Norman**, the Executive Director of Mass Home Care, "during which time she helped initiate the 'Community Linkages' project to put social service agencies in the same room with health care insurers to create a new integrated approach to acute and long term services. As President of this network of 30 non-profit agencies, she worked to create a contracting role for

independent care coordinators in the so-called 'One Care' plan for people on Medicare and Medicaid. She helped launch the first statewide online training curriculum for hundreds of employees with Boston University's Institute for Geriatric Social Work.

In her first year as Mass Home Care President, she led her workers at Boston Senior Home Care to a massive rally at the Wang Center, urging Congress to strengthen Social Security and Medicare. She supported a research project by the U. Mass Gerontology Institute to analyze what causes elders to be discharged from the state's home care program. **Linda George** has constantly pushed for innovation and reform. She advocated for the elderly consumer, for their family caregivers, and for the frontline workers who serve them. She was never daunted by bureaucracy, and spoke out for a streamlined system of care in the community to keep seniors living at their highest level of functioning at home."

Dan O'Leary, Mass Home Care President added: "Linda has been and continues to be an exceptional elder advocate, visionary leader and a wonderful colleague for many years. Linda's perspective and training as a nurse has been invaluable to the growth and development of the Massachusetts home care system. I have had the pleasure of working with and admiring Linda's contributions to our system along with her friendship and counsel. Her calm demeanor, thoughtful perspective and willingness to go the extra mile to find win-win solutions are all qualities I have admired and tried to emulate."

Emily Shea, City of Boston Commissioner on Elder Affairs noted: "Linda is a strong leader, an advocate for older adults, a nurse at heart, and a friend to many. Under her leadership, Boston Senior Home Care is an excellent organization, providing high quality care for older adult and their caregivers. It has been an absolute pleasure working with Linda over the past nine years!"

According to **Dale Mitchell**, Executive Director of Ethos, "Linda has been a leader in the provision of home and community-based care for Boston's elderly for two decades. Her commitment and dedication to self-determination, choice and person-centered care has been unflagging."

Poll: More Workers Counting On Social Security

A Gallup survey conducted in April shows that 36% of working age Americans are expecting Social Security to be a “major source” of income in their retirements, the highest percentage in 15 years.

During the 2005-2006 period, when President **George W. Bush** attempted to partially privatize Social Security, only 13% of those aged 18 to 34 expected Social Security to be a major source of their retirement income. By the 2014-2015 period, the share of under-35-year-olds counting on Social Security as a major source had grown to 26%.

Americans’ growing expected reliance on Social Security likely reflects a decline in the percentage of workers who will have a traditional employer paid pension to rely on; a lack of confidence in the 401(k)s that have spread in their place; and a change in the political climate.

In the 2015 survey, only 25% of workers expect a traditional pension to be a major source of income, down from 36% in 2001. Meanwhile, despite growing average 401(k) balances, the share of workers expecting these accounts to provide a major source of income is still lower than it was in 2001—it fell from 58% in 2001, to 42% in 2009 after the stock market crash, and has since climbed to just 49%.

Americans increasingly say they expect to work more in retirement, with 21% anticipating that part-time work will provide a major source of income, up from 10% in 2001.

In 2013 President Obama proposed a deficit reduction deal that, along with raising taxes on the rich, would have chipped away at inflation adjustments in Social Security. But when no deal emerged, the White House backed away from the proposal.

Among current retirees, Gallup found, 59% list Social Security as a major source of income. Among the less well off, widows and the old-old, who may have exhausted other assets, Social Security plays an even bigger role. A new study from the Employee Benefit Research Institute looking at the finances of recently deceased seniors, finds that singles had relied on Social Security for an average of at least two

thirds of their household income just before death.

Sanders Takes A Run For President



Independent Vermont U.S. Senator **Bernie Sanders** is taking a run for the Presidency, and elderly issues are on his mind. Tweeting that “America needs a political revolution,” Sanders threw his hat into the ring on April 30th for the race for the Democratic nomination for the presidency. “After a year of travel, discussion and dialogue, I have decided to be a candidate for the Democratic nomination for president,” Mr. Sanders said in an email to the media. A self-described “Democratic socialist” and grumpy grandfather-type, Mr. Sanders has promised to steer the Democratic Party toward a mature debate about the issues he is passionate about. He plans to run for president as a Democrat to avoid the obstacles of getting on state ballots and participating in debates.

Sanders called for expanding, not cutting back, basic security programs for America. He would lift the cap on Social Security payroll taxes to expand benefits to address the looming retirement crisis. He has endorsed a national health care plan – Medicare for all – that takes on the insurance and drug lobbies and makes health care a right.

Senator Sanders detailed a 12-point economic

program that lists two major planks regarding the elderly:

- * a Medicare-for-all health care system that provides better care at less cost.

- * Expand Social Security, Medicare, Medicaid and nutrition programs.

Senator Sanders suggested that his campaign should not be taken lightly. "I think people should be a little bit careful underestimating me," he told the *New York Times*.

Lanzikos Awarded Honorary Degree From Salem State



Paul Lanzikos

On May 14th, Salem State University conferred an honorary degree on Paul Lanzikos, former Secretary of Elder Affairs under Governor Michael Dukakis, and current Executive Director at North Shore Elder Services, a member of the Mass Home Care Association. Lanzikos receive his honorary degree at the graduate commencement ceremony at the university. An advocate for the aging, Paul Lanzikos has spent the majority of his career in the service of nonprofit and for-profit organizations that provide long-term care, elder

resources, elderly housing, and the delivery of services to geriatric populations in Virginia and Massachusetts.

Since 2004, Lanzikos has provided the executive leadership for North Shore Elder Services, Inc., the Danvers-based nonprofit agency that functions as a state-funded Aging Service Access Point (ASAP) and a federally-funded Area Agency on Aging. Under his guidance, the organization provides home care services on a monthly basis to over 1,200 elderly adults while providing the home delivery of meals, information and referral services, advocacy by nursing home ombudsmen, and family caregiver support.

Prior to his current position, Paul Lanzikos served as vice president of Beverly Hospital/Northeast Health Systems, Inc., and the principal of Lanzikos & Associates, Inc., a management consulting practice serving both not-for-profit, for-profit and governmental organizations throughout New England in the field of geriatrics and long term care. At Northeast Health Systems, Inc. he conceived, implemented and directed a nationally recognized, state-of-the-art geriatric service delivery system that included the construction of a 122-bed skilled nursing facility and the conversion of a former hospital building to 70 units of senior housing.

Paul Lanzikos was chosen by Governor Michael Dukakis to serve as Secretary of the Massachusetts Executive Office of Elder Affairs from 1987 to 1991, where he directed the cabinet-level agency responsible for statewide delivery of senior services and served as a chief policy maker on aging and long-term care issues.

Massachusetts Has 10th Largest Elderly Population

New census data compiled by the federal Administration for Community Living (ACL) shows that as of 2013, there were 44.7 million Americans age 65 and over, making up 14.1% of the nation's population. The elderly population grew overall by 24.7% for the decade between 2003 and 2013. About 9.5% of the elderly were living below the poverty level as of 2013.

In Massachusetts, the 65+ population reached 989,312 in 2013, which is the 10th largest number of seniors in any state. Seniors make up 14.8% of the state's population—slightly above the national average. This ranks the Commonwealth at 22nd in term of density in the population of elders.

In the decade ending 2013, the growth rate for seniors in Massachusetts was 16%--which was more than one-third slower than the 24.7% rate of growth nationally. The percentage of elders living below the poverty line in Massachusetts at 8.8% was lower than the national average of 9.5% in poverty, and ranks Massachusetts at 22nd for the percentage rate of elders in poverty. The states with the highest percentage concentration of seniors were Florida (18.7%), Maine (17.7%) and West Virginia (17.3%). The states with the fastest growth in elderly population in the decade ending in 2013 included Alaska (61.7%), Nevada (50.7%) and Colorado (46.8%). Puerto Rico had the highest elderly poverty rate (40.4%), followed by the District of Columbia (17.5%) and Mississippi (14.7%).

According to ACL data, the proportion of older persons in the population varies considerably by state with some states experiencing much greater growth in their older populations. In 2013, over half (61%) of persons 65+ lived in 13 states: California (4.8 million); Florida (3.6 million); Texas (3.0 million); New York (2.8 million); Pennsylvania (2.1 million); and Ohio, Illinois, Michigan, North Carolina, New Jersey, Georgia, Virginia, and Arizona each had well over 1 million.

McGovern: “So Much More Than Just A Meal”

On May 19, 2015, U.S. Congressman **Jim McGovern**, of the 2nd Congressional District, made the following remarks on the floor of the House regarding his experience delivering meals on wheels to elders through Highland Valley Elder Services. Here is the transcript of Congressman McGovern's speech:

“MR. SPEAKER, AT THE END OF MARCH I HAD THE PRIVILEGE OF SPENDING SOME TIME WITH THE

HIGHLAND VALLEY ELDER SERVICES MEALS ON WHEELS PROGRAM IN NORTHAMPTON, MASSACHUSETTS, AS PART OF THEIR MARCH FOR MEALS MONTH TO RAISE AWARENESS ABOUT SENIOR HUNGER.

I BEGAN MY VISIT IN THE KITCHEN AT THE WALTER SALVO ELDER HOUSE WHERE AN AVERAGE OF 550 HEALTHY MEALS ARE PREPARED FROM SCRATCH EVERY WEEK DAY FOR DELIVERY TO HOME BOUND SENIORS AND DISABLED RESIDENTS.



Congressman Jim McGovern

I HAD THE OPPORTUNITY TO CHAT WITH HIGHLAND VALLEY DIRECTOR, **ALAN OUMET**, AND NUTRITION PROGRAM DIRECTOR, **NANCY MAYNARD**, THEN I HELPED VOLUNTEER TO DRIVE TO PACK UP THE MEALS AND INSULATE THE COOLERS. THIS DAY'S MEAL WAS HOMEMADE CHICKEN COVERED IN GRAVY, MASHED POTATOES, GREEN BEANS, CRANBERRY SAUCE, APPLE SAUCE, AND MILK. THE FOOD LOOKED AND SMELL DELICIOUS. REMINDED ME OF WHAT MY GRANDMOTHER USED TO MAKE.

I JOINED ARTHUR [MEALS ON WHEELS DRIVER] ON HIS ROUTE, MAKING STOPS AT 15 HOMES IN NORTHAMPTON. AT EACH STOP I HAD THE OPPORTUNITY TO DELIVER THE MEAL AND CHAT WITH THE RESIDENTS. IT WAS AN EYE-OPENING EXPERIENCE, AND I THOROUGHLY ENJOYED HEARING PEOPLE'S STORIES.

EACH MEAL DELIVERED CONTAINS 1/3RD OF THE DAILY NUTRITIONAL RECOMMENDATIONS. FOR MANY INDIVIDUALS, THE MEAL THEY RECEIVE FROM MEALS ON WHEELS IS THE ONLY WELL-BALANCED MEAL THEY EAT ALL DAY. THE INDIVIDUALS WHO RECEIVE THESE MEALS ARE LOW INCOME AND OFTEN HAVE SIGNIFICANT HEALTH CHALLENGES THAT MAKE IT SIMPLY TOO DIFFICULT TO PREPARE A FULL MEAL, NEVER MIND GOING TO THE GROCERY STORE TO SHOP.

ONE OF THE MOST INTERESTING THINGS I LEARNED FROM MY VISIT IS THAT MEALS ON WHEELS IS SO MUCH MORE THAN JUST A MEALS PROGRAM. PEOPLE WHO ARE HOME BOUND, MANY WHO LIVE ALONE, LOOK FORWARD TO THE BRIEF DAILY VISITS FROM THE VOLUNTEERS. THESE VISITS LIFT THEIR SPIRITS AND ALLOW THEM TO SOCIALIZE-- AND VOLUNTEERS CAN CHECK IN AND SEE HOW THEY ARE DOING. BECAUSE OF PROGRAMS LIKE WHEELS MEALS ON WHEELS, SENIORS CAN STAY IN THEIR OWN HOMES WHERE THEY ARE COMFORTABLE AND LIVE INDEPENDENTLY LONGER.

MR. SPEAKER, WE TALK ABOUT FOOD INSECURITY IN THIS COUNTRY, NEARLY EVERYBODY TALKS ABOUT CHILDREN. WE ARE RIGHT TO WANT TO DO EVERYTHING WE CAN TO END CHILDHOOD HUNGER. BUT LOST IN THAT NARRATIVE IS THE REALITY THAT AMONG THE FOOD INSECURE THE RISING POPULATION IS SENIORS. . 5.3 MILLION SENIORS WHO DON'T HAVE ENOUGH TO EAT. MANY ARE LIVING ON FIXED INCOMES THAT OFTEN FORCE THEM TO CHOOSE BETWEEN PRESCRIPTIONS AND FOOD AND PAYING THEIR MEDICAL BILLS OR HEATING THEIR HOMES.

SENIORS AND THE DISABLED REPRESENT ABOUT 20% OF THOSE WHO RECEIVE SUPPLEMENTAL NUTRITION ASSISTANT PROGRAM, OR SNAP, BENEFITS. THE AVERAGE SNAP BENEFIT WITH HOUSEHOLDS FOR SENIORS IS A MEAGER \$134 PER MONTH. UNFORTUNATELY, WE ALSO KNOW THAT ELIGIBLE ELDERLY HOUSEHOLDS ARE MUCH LESS LIKE- LY TO PARTICIPATE IN SNAP THAN OTHER ELIGIBLE HOUSEHOLDS.

MANY SENIORS MAY NOT REALIZE THAT THEY QUALIFY FOR ASSISTANCE OR THEY MAY SIMPLY BE RELUCTANT TO ASK FOR HELP. SENIORS HAVE UNIQUE NUTRITIONAL NEEDS. HUNGER IS ESPECIALLY DANGEROUS FOR SENIORS AND CAN EXACERBATE UNDERLYING MEDICAL CONDITIONS. FOOD INSECURE SENIORS ARE AT INCREASED RISK FOR CONDITIONS LIKE DEPRESSION, HEART ATTACK, DIABETES AND HIGH BLOOD PRESSURE.

MR. SPEAKER, MAY IS OLDER AMERICANS MONTH AND NATIONAL ORGANIZATIONS LIKE FEEDING AMERICA, THE NATIONWIDE NETWORK OF FOOD BANKS ARE FOCUSED ON RAISING AWARENESS ABOUT SENIOR HUNGER THROUGH THEIR "SOLVES- SENIOR HUNGER" SOCIAL MEDIA CAMPAIGN. IN JULY, WE'LL MARK THE 50TH ANNIVERSARY OF THE OLDER AMERICANS ACT WHICH PROVIDES A RANGE OF CRITICAL SERVICES, INCLUDING MEALS ON WHEELS, THAT ENABLE ABOUT 11 MILLION OLDER ADULTS TO STAY INDEPENDENT AS LONG AS POSSIBLE. TO HONOR THAT SIGNIFICANT ANNIVERSARY, I'D HOPE THAT CONGRESS WILL PASS A STRONG RE- AUTHORIZATION OF OAA PROGRAMS, WHICH HAVE BEEN FLAT-FUNDED OVER THE PAST DECADE AND WITHOUT A LONG-TERM AUTHORIZATION SINCE 2011. DEMAND FOR OAA PROGRAMS AND SERVICES CONTINUES TO RAPIDLY INCREASE AS OUR POPULATION AGES, AND TO THINK THAT MORE AND MORE SENIORS WILL EXPERIENCE HUNGER IS HEARTBREAKING. IT IS UNACCEPTABLE IN THIS COUNTRY.

MR. SPEAKER, I'M PROUD TO REPRESENT THE WONDERFUL PEOPLE AND THE WORK THEY DO AT HIGHLAND VALLEY ELDER SERVICES THROUGHOUT WESTERN MASSACHUSETTS. EVERY DAY THEY ARE MAKING THE LIVES OF SENIORS A LITTLE BETTER AND A LITTLE BRIGHTER. WE IN CONGRESS SHOULD DO OUR PART TO ENSURE THAT OUR NATION'S SENIORS DON'T GO HUNGRY. WE SHOULD PASS A STRONG AUTHORIZATION OF THE OLDER

AMERICANS ACT AND WE SHOULD REJECT HARMFUL CUTS TO SNAP THAT WILL DISPROPORTIONATELY HARM CHILDREN, SENIORS AND THE DISABLED. WE SHOULD ASK THE WHITEHOUSE TO HOLD A MEETING ON HUNGER TO COME UP WITH A COMPREHENSIVE PLAN TO END HUNGER IN THIS COUNTRY. WE CAN AND SHOULD DO MORE TO END HUNGER NOW.

L'Italien's Maiden Speech



State Senator Barbara L'Italien (D-Andover) made her first speech on the floor of the Senate on the subject of elder home care. L'Italien is a former home care manager, and State Representative. Her amendment added \$6.25 million to the home care program. Here is L'Italien's speech, as summarized by the State House News:

President Rosenberg recognized Sen. L'Italien for her maiden speech.

Sen. L'Italien: "This amendment would save the state money by reducing the number of elders seeking expensive nursing home care. Amendment 747 is an outside section that increases eligibility of the homecare program for elders who are up to 300 percent of the federal poverty level. About 9,237 new individuals will be served by this. About 7,000 enter homecare and 1,800 enter partner-enhanced community and some funds would be spent on case managers.

Now the income limit means some don't qualify. When you take this in context: People live on \$25,000 per year. It's not a high number. It's my contention we can help more people by moving up this income eligibility.

Currently we have about 71 percent of elders statewide who have trouble living independently and are economically insecure. Many are not eligible because of the income guideline. This would make increased eligibility and help people who are near-poor to live as independently as possible in their own homes. Many of these near-poor would be in a sliding scale so they pay a portion. This would save in the long term by keeping people out of nursing homes.

I worked in this field as a case manager in Lawrence. Over 20 years, I've had my mom care for me. My mom has Alzheimers. She has the benefit of someone who knows the system. This fits into the theme that Chairwoman Spilka entitled the budget - lifting all families.

We have many people we want to keep from being completely upended. Families have difficulty making decisions. This initiative has the potential to reach over 9,000 elders many of whom are single women. I think this is good long-term elder policy. It's an opportunity to slow the growth of the MassHealth program."

Sen. L'Italien asked for a roll call. There was support. (Applause) BY A ROLL CALL VOTE OF 39-0, AMENDMENT ADOPTED. The time was 4:55 p.m.

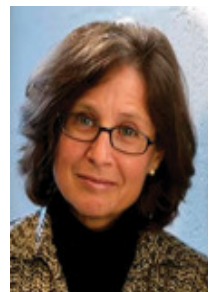
Mass Home Care Annual Meeting June 15, 2015 11:30 am to 3 pm



Marylou Sudders



Stan Rosenberg



Alice Bonner

For reservations: info@masshomecare.org