At Home October, 2016

With Mass Home Care Vol 29 #10

PCA Advocates Push for Overtime

Disability rights groups were working overtime this month to voice concerns about a plan proposed by MassHealth to limit overtime pay for Personal Care Attendants (PCAs)—a plan that advocates said would usher in "burdensome care restrictions."

Members of the Disability Policy Consortium staged an event in early September outside Governor **Charlie Baker's** office "in opposition to new regulations that will dramatically alter the ability of people with disabilities and elders to find reliable caregivers." A second, larger event was held on September 20th. at the State House. Advocates charge that the new regulations will force many MassHealth members to give up a long-standing, trusted PCA worker, and force them to hunt for a second or third worker in a job market that does not have many workers to choose from.

Old Colony & South Shore Elder Services PCA staff.

The new overtime regulations went into effect on September 1st. PCA clients were given a transition and outreach period until December 31, 2016 to change their weekly care plans to avoid overtime. After this date, if a PCA works overtime without approval, their overtime hours have not been approved.

In a fact sheet created by MassHealth, the Administration said: "We are NOT cutting the PCA program. The PCA budget for FY 17 assumes an $80 million increase in the PCA...NO MEMBER BENEFITS WILL CHANGE. We are not cutting PCA services." According to the state, PCA program expenditures have increased $130 million over the past

two years.

But according to a DPC press release, "The Baker Administration is imposing significant restrictions on overtime for Massachusetts' Personal Care Attendants (PCAs) – capping the number of hours that PCAs can work at 40 hours a week, with some exceptions up to 60 hours/week."

Roughly 50 members of the Disability Policy Consortium and other disability groups asked for a meeting with Governor Baker on September 1 st – the day the new restrictions went into effect. Advocates were seeking a compromise that would prevent the regulations from imposing such a dramatic impact on the disability community.

PCA Rally, Mass Home Care Photos

"The new regulations will place a significant burden on thousands of Massachusetts' most vulnerable residents," the DPC said, "including elders and individuals with disabilities who rely on the PCA program to live at home independently, safely and with dignity. Many people with disabilities and elders, who require 60 or even 80 hours of care each week and have utilized the same PCA for a decades, are struggling to find replacement services to cover the extra hours."

"Despite consistent opposition, the Executive Office of Health and Human Services is moving forward with the draconian regulations that could force thousands of Massachusetts residents to leave independent lifestyles at home and move into more expensive care at institutions."

"Finding responsible PCAs who are trustworthy and willing to learn all the care I require is not easy. I'm quadriplegic and vent depended which makes my personal care more challenging," said **Barbara Rivero** of Boston. "I can't move my body. I need PCAs to do everything for me, without them I wouldn't be able to live independently, to be part of society, to go to college, appointments, or volunteer and visit and help others in similar situations. It could take me months and even years to find reliable PCAs. This regulation would force my PCAs to look for a second job putting me at risk of losing their precious services or losing their flexibility to come whenever I need them, and scary enough, to eventually be institutionalized."

The Disability Policy Consortium proposed a compromise: a 66- hour threshold for overtime and creating a special circumstances exemption for members with needs that place them at serious risk of institutionalization or segregation. The Consortium has also requested that health officials delay the new regulations until January 1, 2017.

"Thousands of people across Massachusetts are going to have their lives dramatically upended because of these new restrictions," said **John Winske**, Executive Director of the Disability Policy Consortium. "We have proposed a compromise that will protect care for some of our Commonwealth's most vulnerable residents and we're hopeful that Governor Baker will work with us before care is disrupted."

Dan Greaney of Amherst, who is also a PCA consumer, told officials: "I was completely paralyzed in a motor vehicle accident and had to go into a nursing home. But because of the PCA program, I was able to get out and live and work in the community for over 30 years,. My PCAs do all of my activities of daily living so that I can live independently and enjoy a full and rewarding life. It's not easy keeping a well-functioning system in place, but I do it because it's the only way I can survive outside of a nursing home. That all changed on August 16 when Gov. Baker sent me a letter telling me that I have until September 1 to hire and train new PCAs, because the state will no longer pay overtime beyond 40 hours per week for each of my PCAs. I'm afraid, if I am not able to continue employing my PCAs for all the hours necessary to meet my basic healthcare needs, I will be forced back into a nursing home."

The September 20th rally was sponsored by the DPC, the Boston Center For Independent Living, the Metrowest Center for Independent Living, Stavros, Mass Home Care, 1199SEIU, Indepencence Associates, NE Arc, Old Colony Elder Services, The Center for Living and Work, UCP of Metro Boston, Cerebral Palsy MA, Enable, Inc., Easter Seals, The Independent Living Center of the North Shore, M-Power, and other disability rights groups. 11 of the 26 Aging Services Access Points members of Mass Home Care are Personal Care Management (PCMs) which operate regional PCA programs.

Elder Activists Press For End To Home Care Wait Lists

On September 15th, AARP Massachusetts send out a legislative email alert to thousands of its members statewide to send the following note to their state lawmakers:

"As you may be aware, recent cuts to the Massachusetts home care program have resulted in wait lists for services, beginning this month.

As a resident of the Commonwealth, I urge you to reverse the cuts to the home care program. I recognize the legislature had to make tough decisions about ways to address the Commonwealth's Fiscal 2017 projected shortfall. However, cutting funding for these critical services will have a disparate impact on some of the most vulnerable in the Commonwealth, and has the potential to increase costs in long term care line items. The care provided by the state home care program allows residents to remain in their homes and communities when they would otherwise be forced into more expensive nursing facilities at a high cost to the Commonwealth.

While the budgetary reality requires attention to the Commonwealth's spending, we know the need for critical programs and services has increased. Demographics don't lie. The aging population of Massachusetts will continue to grow along with its unique issues related to long term services and supports needs. Home and community based care helps people to remain healthy and independent and living in their community with dignity. Massachusetts residents shouldn't have to face a waiting list for these important services."

In a cover note, AARP Massachusetts Director **Mike Festa** told AARP members: "Because of changes in this year's state budget, Massachusetts seniors are now facing wait lists for some home and community-based services through the state home care program. These services are designed to allow older adults who need assistance with daily activities like meal preparation and bathing, to remain in their homes and communities and out of more expensive nursing facilities. Reducing funding for the home care program in order to balance this year's budget is a short term fix with long term consequences."

One day earlier, Mass Home Care sent the following letter to state lawmakers urging them to find a solution to end the state's home care waiting list situation:

"Dear Members of the Leadership,

Mass Home Care has requested that federal Community First Trust Funds be used in the home care account (9110-1630) to end the home care wait lists, which began September 1st, and are slated to last for the next 10 months. By the end of the fiscal year, as many as 2,000 seniors will be on this wait list.

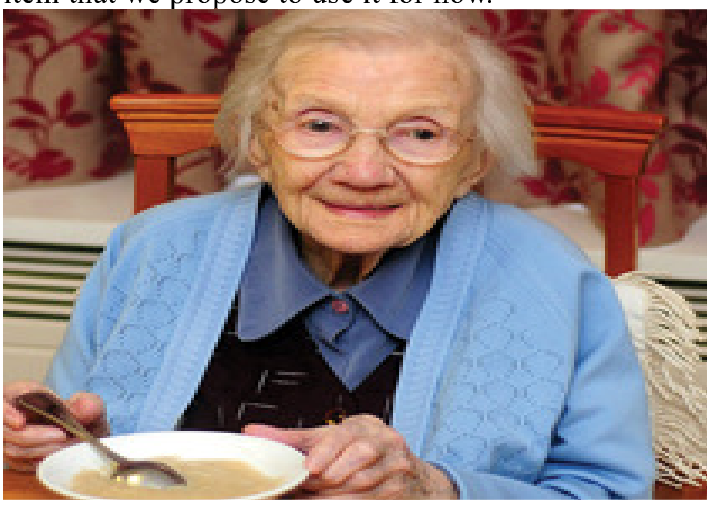
The elders being wait listed are those who are determined to be experiencing "a critical unmet need for meal preparation." We have proposed using federal funds from the Balancing Incentive Payment Program (BIP), which are deposited into the Community First Trust Fund, to end the home care wait lists—at no additional cost to the state.

We are writing to clarify some issues about the use of CF Trust Fund money for the purpose of helping

these seniors to remain living independently at home:

1. You can use federal Community First Trust Funds for home care services. It does not require any waiver. This is, in fact, what the General Court has been doing for the past two years.

FACT: If you review the home care services line item in the FY 2016 and FY 2017 state budgets, you will see that CF Trust Funds already have been used twice to fund the home care account. In FY 2016, the General Court used $6,652,272 in CF Trust Funds to pay for home care services, and in FY 2017, the General Court allocated $1,538,558 from the CF Trust for home care. A total of $8,190,830 in the last two years has been used for the same elder home care line item that we propose to use it for now.



No special waiver was needed, or applied for, to use CF Funds for home care. The purpose of the CF Trust Fund is to "expand access to home and community-based services." We are attaching the Commonwealth's BIP application from January of 2014, which was approved by the federal government. On page 4 of this plan it says BIP funds will be used for "expanding opportunities that address the needs which are critical for elders and people with disabilities to remain living in community settings…" On page 11, the proposal states that the vision of the Community First plan is to "empower and support people with disabilities and elders to live with dignity and independence in the community by expanding, strengthening and integrating systems of community based LTSS…"

Governor **Charles Baker** recently proposed using CF Trust Funds for home care. On July 8, 2016, Governor Baker filed with the General Court a supplemental budget request (H. 4506)…The Governor's supplemental budget amendment increases the CF Trust Fund commitment to the home care services account by $4 million dollars. There is ample precedent for the use of CF for home care, and we support efforts to do so to end the waiting lists

2. The waiting list affects seniors with a "critical unmeet need." Other programs like Meals on Wheels or Councils on Aging are not equivalent substitutes for a home care aide doing in-home meal preparation.

FACT: The elders currently being denied care have "a critical unmet need for meal preparation." This need is described by the state as being "critical." Having a driver deliver a meal does not substitute for the visit of a home care aide who can help with meal preparation, observe how the elder is doing at home with other tasks, provide personal support, and keep the elder engaged and motivated. If an elder is in the home care program, it is because they have some impairments in their activities of daily living, like eating, bathing, dressing, walking and toileting, or their instrumental activities of daily living, like cooking or cleaning. If an elder has a critical unmet need, it should be addressed. Other valuable resources, like meals on wheels, are already stretched thin. The wait list will extend to 2,000 elders by June if we do nothing.

3. There is still Community First Money available. We have not exhausted this fund.

FACT: As noted above, on July 8th, the Governor filed a FY 2016 supplemental budget request increasing the amount of CF Trust funds going into the home care account from $1.5 million to $5.5 million. There is clearly at least $4 million left in CF Trust Fund. The Governor proposed to use it for elder home care, and we applaud him for that. This money is available, and should be used to help elders now get home care supports to age in place.

We hope this letter will bolster your intention to help your elderly constituents, and to let them 'age in place' with dignity. A visit from a home care aide would be much better solution than a waiting list number."

Advocates Raise Issues With Third Party Administrator Plan

On September 8th, a coalition of ten advocacy and service provider groups sent a letter to **Dan Tsai,** Assistant Secretary for MassHealth, about an Administration plan to hire a private agency to help MassHealth perform prior authorization and utilization management for many of its state plan services to low-income residents.

Excerpts from the Third Party Administrator letter are as follows:

"We are writing to inform you of our concerns regarding the impact that the Third Party Administrator (TPA) initiative will have on MassHealth members and providers. We urge you to implement an external engagement strategy that will address the questions that consumer advocates and provider professional associations have about this initiative, and enable the communication necessary to provide our organizations with the information we need to help MassHealth manage the inevitable disruptions that are likely to result from the multiple phases of this initiative.

We acknowledge the need for additional resources to assist MassHealth in critical administrative functions, particularly in the areas of quality improvement, program integrity, and data analytics. We recognize the importance of comprehensively reviewing LTSS utilization, in the context of associated data on clinical and behavioral complexity, in order to improve our collective understanding of the needs of the diverse consumers of LTSS. We support efforts that will enhance MassHealth's ability to put forth approaches that will ensure the appropriate utilization of LTSS while enabling LTSS to substitute for more expensive medical services.

The overall complexity of the TPA initiative is concerning, particularly in light of MassHealth's ongoing delivery system and payment reform transformation, and we are eager to learn more about the intersection of these initiatives. While we seek a broad discussion about the TPA and the associated timeline, we are compelled to note here our particular interest in the TPA's responsibility for prior authorization (PA) activities. As you know, MassHealth members and their families rely on LTSS for their daily care needs and, consequently, on the responsiveness of PA processes to ensure timely access to these critical supports.

It is our understanding that the TPA will oversee PA and utilization management for state plan services, and possibly for the ten waivers as well. Since many of these programs already have a PA process, the issue of duplication of effort is a critical concern. We feel strongly that comprehensive data analysis and associated stakeholder engagement must be completed before a TPA can take on responsibility for PA.

We also seek assurances that MassHealth is sufficiently resourced to provide appropriate direction and oversight to the TPA regarding these matters. Further, as recent experiences with the implementation of new requirements for Home Health and PCA Overtime services have taught us, MassHealth must provide sufficient implementation time to ensure that the TPA has adequately accounted for the complexity of LTSS eligibility determinations, and that providers have had sufficient time to adjust their systems and business practices to accommodate the transition from existing PA processes and systems.

As consumers and providers of LTSS, we have valuable knowledge and insights to contribute to management solutions that work. We respectfully request that MassHealth provide sufficient time to allow for an appropriate and successful implementation of the TPA, and that you meet with consumer advocates and a representative of each LTSS provider organization in order to discuss the issues raised in this letter.

It is our recommendation that MassHealth

establish a TPA Advisory Council comprised of consumers and providers to give you and the TPA ongoing advice and recommendations regarding the implementation of this initiative."

The TPA letter was signed by **Lisa Gurgone**, Home Care Aide Council of Massachusetts; **Brian Rosman**, Health Care For All Massachusetts; **Jim Kruidenier**, Stavros; **Bill Henning**, Boston Center for Independent Living; **Robin Jones**, Mass Early Intervention Consortium; **Al Norman**, Mass Home Care; **Linda Andrade**, Mass Council for Adult Foster Care; **Paul Spooner**, Metrowest Center For Independent Living; **John Winske**, Disability Policy Consortium; **Karen Estrella**, Home Medical Equipment and Services Association of New England.

LGBT Report: Isolation, Discrimination, Health Disparity

A new report produced by the Williams Institute recommends that federal agencies should target resources to LGBT seniors. In LGBT Aging: A Review of Research Findings, Needs, and Policy Implications, **Soon Kyu Choi** and **Ilan H. Meyer** provide a review of what is known about lesbian, gay, bisexual or transgender (LGBT) older adults. The Williams Institute's submission to the Administration on Community Living (ACL) highlighted research on the ways in which discrimination and stigma related to sexual orientation and gender identity can limit the degree to which older LGBT adults experience full inclusion in society and are able to access available services and supports.

Some of the report's key findings include:

• Researchers estimate that there are over 2.4 million LGBT older adults over age 50 in the U.S., with the expectation that this number will double by 2030

• Older lesbians, bisexual, and gay men have a higher prevalence of mental health problems, disability, and disease and physical limitations than older heterosexual people

• Transgender older adults are also at higher risk for poor physical health, disability, and depressive symptoms compared to cisgender adults

• LGBT older adults are also resilient and find support through chosen families and informal support networks such as LGBT community organizations and religious networks

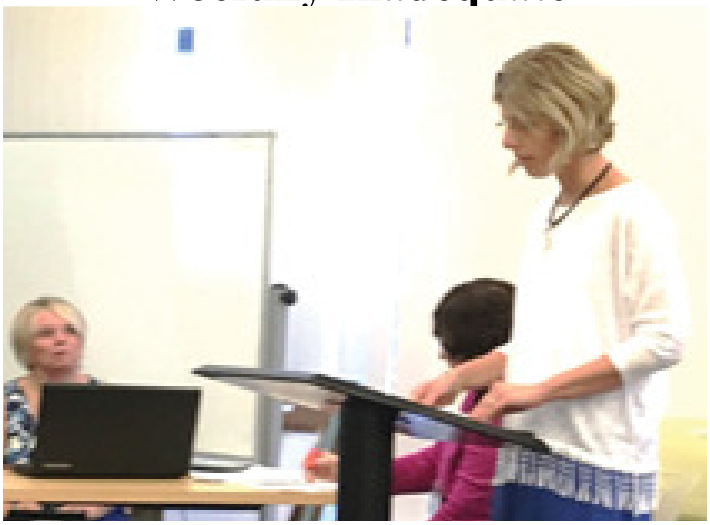
• LGBT older adults need to be recognized by the Older Americans Act (OAA) as a "greatest social need" group, opening up important funding avenues to prioritize services for this group

• Anti-discrimination legislation and expanding the definition of family to include families of choice are policies that should be taken into consideration

• LGBT older adults are a growing population likely in need of more frequent health care and social support. Culturally sensitive training for service providers could be critical in alleviating expectations of and experiences of discrimination that many LGBT older adults fear when seeking help

In addition, the LGBT Aging report was the basis for the submission of recommendations by several Williams Institute scholars to the ACL, which is considering new guidelines for the targeting of resources to older Americans who have the greatest social and economic need.

Proposed Home Care Rates "Woefully Inadequate"



Amy Jorud testifies at rate hearing. SSES photo.

On September 2nd, Mass Home Care testified at an EOHHS hearing on home care services rates that current methodology for setting home care rates "is not based on any underlying examination of whether or

not the rate for these services are clinically appropriate as a 'per member per month' payment for the elderly citizens of this state who need such in-home supports."

Testifying for Mass Home Care at the EOHHS hearing in Quincy, **Amy Jorud**, Clinical Director at South Shore Elder Services, told officials that "the addition of a cost adjustment factor (CAF) of 3.19%. is "a mechanical adjustment." "A cost adjustment factor might be appropriate if the base rate being adjusted was adequate and based on the cost of providing the care package," Jorud said. "Such an examination has never been attempted for either the home care rate or the Enhanced Community Options rate. The cost adjustment factor is a short-hand methodology which has no clinical evidence-base."

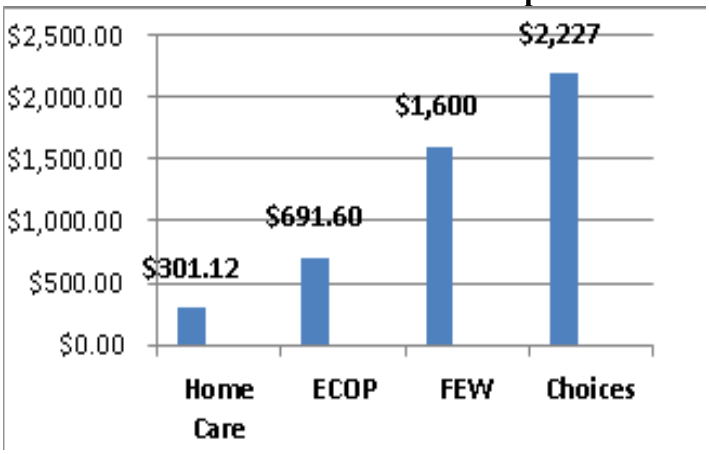
The Mass Home Care statement examined the impact of the lack of a clinically-based rate on both the Enhanced Community Options Program (ECOP) rate, and the basic home care rate. The ECOP rate today, and as proposed by EOHHS, is significantly below comparable MassHealth rates for community-dwelling elders who are at a nursing facility level of care. The ECOP program is for disabled elders who are clinically eligible for nursing facility services under MassHealth and who meet criteria set forth by EOEA. ECOP provides a broad range of community services for these elders to remain in the community that includes services available under the Home Care Program.

Since July 1, 2014, the per member per month (PMPM) rate for elders enrolled in the ECOP has been $691.60. In comparison, according to the University of Massachusetts Medical School LTSS Policy Lab, "Among elders served by the Massachusetts Frail Elder Waiver (FEW), the average PMPM cost in 2013 was $1,600." Enrollees in the FEW must meet the MassHealth clinical eligibility requirements for nursing facility care. The Commonwealth is providing a service package today for elders in the ECOP that is only 43% of the pmpm for clinically similar MassHealth members who are enrolled in the FEW. The ECOP pmpm has never been examined clinically based on a typical plan of care, and never compared to the cost of care for elders in the FEW and the Community Choices program.

In a second comparison, the Community Choices program provides seniors on MassHealth who are nursing facility eligible with a variety of at-home services, such as skilled services, home health aides, housekeeping, laundry, meal preparation and transportation to and from doctor's appointments. Applicants must also be eligible for the Masshealth "waiver" program. The Choices program is considered to be the clinical equivalent to ECOP, but is limited to those already on the MassHealth program, while ECOP is for those elders who are not financially eligible for MassHealth, but are eligible for nursing facility care.

The purchased services pmpm for FY 16 in the Community Choices program—which does not include the cost of other state plan services---was $2,227 compared to the current ECOP rate of $691.60. This means that the Commonwealth is providing a service package in ECOP that is only 31% of the Choices pmpm, based solely income differences between the enrollees, despite their clinical similarities. If you add in state plan costs, the Choices rate is even higher. The state is undercutting the rate for its own community care programs, and paying less than MassHealth pays for pmpm support for these frail elders.

Per Member Per Month Rate Comparisons



Jorud concluded: "The ECOP pmpm is undervalued compared to other state programs that serve a similar clinical cohort. ECOP clients, if they were on MassHealth, would get a much higher benefit package. So their benefit is based on their income, not on their need. The enrollees are being given a substandard package of care, given what other similarly-circumstanced elders on MassHealth. This creates an incentive for elders to get onto MassHealth and receive a richer service

benefit that will allow them to live independently in the community. At a minimum, the ECOP rate should be raised to match the average pmpm rate found in the FEW: $1,600, which is clinically similar to the ECOP cohort profile. Over time. EOHHS should seek to make the ECOP and the Choices POS rates identical. This is similar to the request Mass Home Care made last year that the care management rates for these two programs should be the same, given the close clinical eligibility requirements for both programs."

With regard to the home care purchased services rate, the per member per month rate has not been clinically examined for its capacity to keep elders aging in the community. The PMPM has been backed into based on the appropriation, not based on need. Mass Home Care said it was time to build a clinically-adequate rate for the home care pmpm.

In FY 2006, the monthly home care purchased services (pmpm) rate was $244.26. That meant a care manager building a care plan for elders had $8.03 a day, or $56.21 a week to buy care. Assuming the average cost of one hour of home care aide services was $20, the 2006 pmpm provided enough funding buy 2.8 hours a week of home care aide services.

By FY 2009, the purchased services rate was $266.52 per member/per month. As of July, 2014, the home care PMPM was raised to $301.12. A care manager had $9.90 a day, or $69.30 per week to buy care. Using the 2015 average cost for one hour of a home care aide of $23.58, the 2014 pmpm provided enough funding to buy 2.9 hours a week of home care aide services.

Over the past decade, the number of hours that an elder could get from the home care services rate pmpm was between 2 and 3 hours of home care aide per week. "This rate has no basis in clinically analysis," Jorud said, "and is woefully inadequate to meet typical personal care/home care needs. A needs-based clinical rate for the home care pmpm would be nearly 2.5 times higher than the current PMPM rate. The cost to provide a monthly package of personal care/home care services to elders enrolled in the basic home care program which is reasonably and efficiently run bears no relationship to the current pmpm, because in past years the pmpm was backed into based on the state's desired caseload divided into available state appropriation. In recent years, a cost adjustment factor on the underlying rate has been made, which perpetuates the inadequacy of a rate that bears no clinical relationship to client needs.

Lisa Gurgone, H.C. Aide Council. SSES photo

In September of 2013, the Executive Office of Elder Affairs made a presentation at a national home and community-based services conference recommending: "bundled payment rates based on needs and characteristics of consumers." Mass Home Care recommended that for rate-making purposes, EOHHS should conduct a clinical analysis of a typical benefit package that would allow elders in the basic home care/personal care program to remain living in the least restrictive setting appropriate to their need. The home care pmpm rate was historically an appropriation-based rate. It is not---and has never been---based on a build-up of what a core service package of supports for an elder should contain. Lacking any clinical cost-basis, the home care rate has been---since its inception---arbitrary and capricious.

"We recommend that for this rate period, the home care rate should be raised to the current ECOP pmpm of $691.60, to allow the home care rate to "catch-up" to the care plan needs of its clients today," Jorud explained. "At this rate, home care consumers could expect a care plan that provides just under one hour a day of home care aide services, and a meal delivered 5

days per week."

Mass Home Care also recommended that EOHHS do what it did in 2014 to the home care rate: "to provide an additional 1 hour of homemaker service"per month, at the rate of $23.58, acknowledging that the current capitation simply does not allow enough hours of service for the elderly client.

With regard to wages paid to direct care workers, Mass Home Care said it was time to end the wage disparities between home care aides in both the home care and PCA pmpm. "There is a significant wage gulf that exists today between home care aides and other workers with similar job responsibilities care for the elderly," Jorud noted. " In late July of 2016, EOHHS announced the hourly wages for Personal Care Attendants: FY 2016 $14.12; FY 2017 $14.56; FY 2018 $15.00.

"According to the U.S. Bureau of Labor Statistics, in the Social Assistance subsector, the May, 2015 median hourly wage for a personal care aide in Massachusetts was $13.01. According to the Home Care Aide Council of Massachusetts, the mean hourly wage for home care aides is $12.36. Mass Home Care has testified that all personal care and home care aides should be earning a minimum of $15 per hour, and the capitations that pay for these wages, need to be raised to permit wages to rise. The next time that EOHHS considers this home care POS will be in FY 18. By then, PCAs will be earning $15 an hour—but the home care aide rate will be stuck at the level set by this 2016 rate hearing."

In a final point, Mass Home Care suggested that workers get a salary reserve add-on. In 2014, the Commonwealth added $2.78 per hour to the home care POS pmpm rate "to preserve the FY 13 salary reserve program provisions…" Similarly, a $5.45 per hour increase was added to the ECOP pmpm was to reflect the salary reserve provision. It is time for EOHHS to calculate a salary reserve add on to both the home care and the ECOP pmpms to eliminate the wage disparity between home care aides and PCAs.

"We recommend that EOHHS calculate the wage add-on necessary to bring home care aides wages up to $14.56 in FY 17, and $15 in FY 18, and that a salary reserve item be added to both the home care POS rate, and to the ECOP rate," Jorud concluded. "EOHHS should ensure that payment rates are consistent with efficiency, economy, and quality of care—not just a cost adjustment factor that ignores the clinical needs of the consumers."

Massachusetts Becomes More "Dementia Friendly"

Massachusetts communities are becoming more "dementia friendly."

According to the Jewish Family and Community Services of Boston, a growing collaboration of statewide leaders and community members in the Commonwealth is focusing on how to improve quality of life for people who have Alzheimer's disease or a related dementia, and for ways to help the people who care about and for those suffering from dementias. Because so many people are affected by these conditions, this collaboration focuses on how to help entire communities to become more "dementia friendly."

"If you or someone you know lives with dementia," explains **Beth Soltzberg** of JFCS/Boston, "you know that the symptoms cause challenges. But you also know that people around us don't always understand how to help. There is not much public awareness about dementia. Some people are afraid that they can 'catch it' from others (they cannot), or they may believe that the person with dementia just needs to 'try harder.' This is not realistic, because dementia causes changes in the brain that are serious and permanent."

On the other hand, Soltzberg says, people living with dementia need the same things that all of us do – respect, understanding and caring from others, meaningful activities, and social connections. A person with dementia may not remember a friend's name or their history with this person, but they will deeply appreciate warmth and friendliness, and they will be hurt by coldness or disrespect. And the caregivers of people with dementia greatly need care, warmth, friendship, and helping hands, too.

So, how do we make our communities more "dementia-friendly?" Solzberg says we start with all of the people who make our communities tick, such as business people, leaders of our faith communities, our

police, fire and EMS team, town government leaders, health care and service providers, and ordinary citizens. "We work together to learn what life in that community is like right now for people affected by dementia,' she says, "and then make a plan for improving things. The process will be different for each town, city, cultural and linguistic community, so that it fits their unique opportunities and needs."

Communities such as Boston, Westfield, Hudson, Northborough, Marlborough, and several in the Berkshires, Cape Cod and the Islands, to name a few, have been at this work for some time. Dozens of other communities are getting started. The Massachusetts Dementia Friendly Initiative is convened by the state Executive Office of Elder Affairs and Jewish Family & Children's Service, in collaboration with the Alzheimer's Association MA/NH Chapter, LeadingAge Massachusetts, the Massachusetts Association of Councils on Aging, and the Multicultural Coalition on Aging. It is advised by a group of over 40 organizations representing many cultural and geographic communities across the state. The Initiative, which also works closely with the age-friendly movement, is generously supported by Tufts Health Plan Foundation.

The Massachusetts Dementia Friendly Initiative is a member of the national Dementia Friendly America network, which offers a free community toolkit and educational guides for many sectors at www.dfamerica.org For more information or to join the mailing list, please contact Beth Soltzberg at bsoltzberg@jfcsboston.org or 781-693-5628.

Many Home Care Workers Living in Poverty

The home care program in Massachusetts has been described as a service in which low-income older women are taken care of by low-income younger women. The fact is, most client and providers are women.

According to new research from the Paraprofessional HealthCare Institute in New York, home care workers in the United States are earning lower wages than they did 10 years ago—despite the fact that home care their jobs are in greater demand than ever before.

There are roughly 2.2 million home care workers in the America, and about 1 in 4 of them live below the federal poverty line, according to the Paraprofessional Healthcare Institute (PHI) study. Home care worker wages have fallen behind inflation over the past decade, PHI's research shows. Inflation-adjusted wages stayed basically the same, and actually fell from $10.21 in 2005 to $10.11 in 2015. About two-thirds of home care workers work part time or for part of the year. Their employment tends to be erratic, as client care needs range from a few hours per week to around the clock, and may change with time.

Home Care Workers Median Hourly Wages Adjusted for Inflation 2005-2015

As reported by the *Home Health News*, due to inconsistent hours and low wages, home care workers bring in a median annual income of $13,300. More than 50% of all home care workers depend on some kind of public assistance, the research reveals.

The combination of these factors do not make home care a necessarily attractive field for workers. But with the number of Americans over age 85 expected to triple to 19 million by 2050, the home care industry will have no choice but to attract new workers, PHI notes.

Between 2014 and 2024, home care occupations—home health aides, personal care aides and nursing assistants—are expected to add more jobs than any other single occupation, with an additional 633,100 new jobs, the research report shows.

"If the home care workforce is to grow, jobs will need to be more competitive, offering higher wages and improved working conditions," PHI's report concludes.

Some other findings in the report include:

• Approximately 90% of home care workers are women, and their median age is 45 years old

• More than half of home care workers are people of color

• More than 25% of home care workers were born outside of the United States

• Over 50% of home care workers have no formal education beyond high school

MassHealth Releases Information Request For LTSS Partners

On September 16th, MassHealth released a Request for Information (RFI) regarding the designation of new Long Term Services & Supports (LTSS) Community Partners. (CPs).

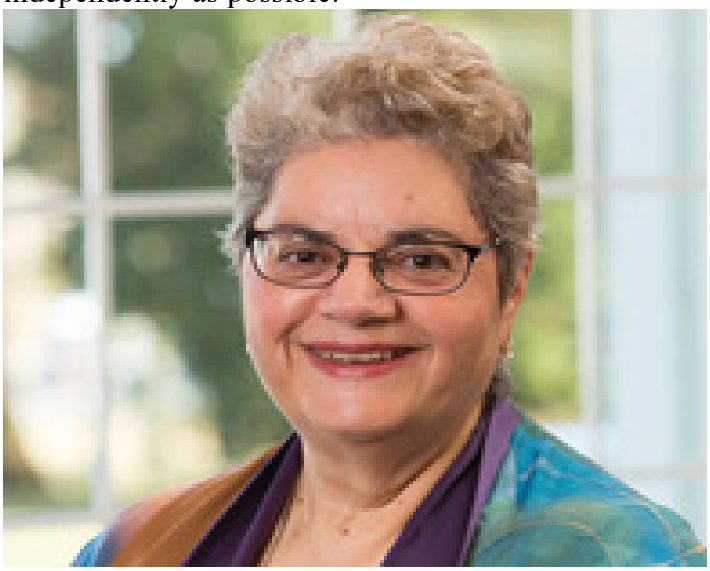
These new entities will play a key role in the state's proposed Accountable Care Organization plan. MassHealth will designate a number of entities with "deep expertise" in LTSS to serve on the care teams of the ACOs and Managed Care Organizations (MCOs) that will manage billions of dollars worth long term services. Before procuring these CPs, MassHealth has issued this RFI to gather "community feedback" on the areas of expertise and capacities these CPs will need in order to help assess and care manage MassHealth members who join ACO plans. The ACOs are health providers, and the CPs are needed to help integrate long term services into member care plans. The RFI will also tell MassHealth who is interested in becoming a CP.

Responses are due back October 7th.

DiStefano Receives National Award For Aging Work

Rosanne DiStefano, Executive Director of Elder Services of the Merrimack Valley was recently presented the Excellence in Leadership Award from the National Association of Area Agencies on Aging (n4a) during the group's Annual Conference in San Diego, CA. DiStefano was one of three individuals recognized nationally for their work in the field of aging.

DiStefano has 40 plus years of experience working at Elder Services where she began as a case manager. For the last 35 years, she has provided leadership and direction to an agency that has grown from a small staff to over 300 professionals who serve clients in the 23 cities and towns across the Merrimack Valley. Her mission has always been to support the 80,000 elders and their families who reside here with the choice to live in the community as safely and as independently as possible.



Rosanne DiStefano, ESMV

The n4a award recognized DiStefano for her leadership abilities and her capacity to serve as a catalyst for new ideas and quality programming that would meet the diverse needs of older consumers. Over the years, she has successfully pursued millions of dollars in federal funding to develop affordable and supportive housing sites, helped establish an Aging and Disability Resource Center, the first of its kind in Massachusetts, along with Northeast Independent Living Program. Ten years ago she welcomed the statewide Senior Medicare Patrol Program that investigates Medicare fraud and abuse and has been a strong supporter in building the capacity of SHINE programs that impact thousands of older adults who need to understand and enroll in a health insurance and prescription coverage plan. DiStefano is a former President of Mass Home Care

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