At Home September, 2013

With Mass Home Care **Vol 26 #9**

Al Norman, Editor

Social Security Turns 78

Social Security is now 78 years old. Here is the statement the White House issued on Social Security's birthday on August 14th:

"Seventy-eight years ago today, when President Roosevelt signed the Social Security Act into law, he sent across a simple but significant message: Americans, no matter their age or physical ability, should be able to live their lives with dignity. Though the times and technologies have changed, that message remains at the core of this Administration.

Currently, Social Security helps provide almost 58 million Americans, including 37 million retired workers and 8 million disabled workers, with economic security. It is the major source of income for most of the elderly, who paid into the system throughout their lives.

Even as we celebrate Social Security's birthday, we have to work to ensure that future generations have access to that same type of security. That's why President Obama is committed to protect and strengthen Social Security, finding new ways to improve service delivery while cutting waste and fraud.

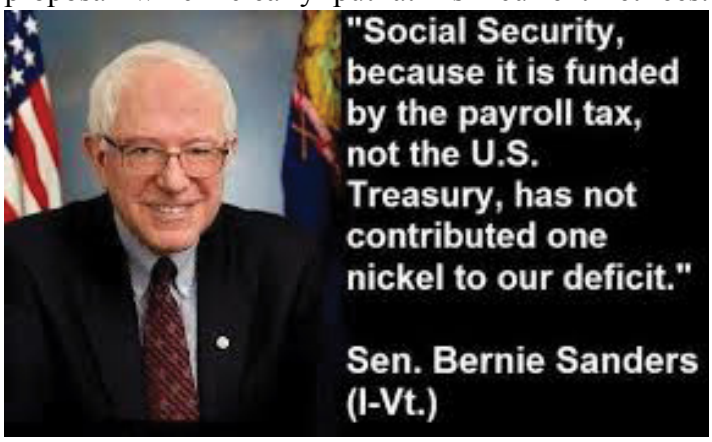
President Obama understands why Social Security matters, both historically and to-

day: 'We have an obligation … to safeguard Social Security for our seniors, people with disabilities, and all Americans – today, tomorrow, and forever,' he said.

In his 2011 State of the Union Address, President Obama further explained his commitment to Social Security:

'To put us on solid ground, we should also find a bipartisan solution to strengthen Social Security for future generations. We must do it without putting at risk current retirees, the most vulnerable, or people with disabilities; without slashing benefits for future generations; and without subjecting Americans' guaranteed retirement income to the whims of the stock market.'"

Despite this statement from the White House, the only initiative last year from the Obama Administration was a plan to cut the Social Security Cost of Living Adjustment---a proposal which clearly put at risk current retirees.



U.S. Senator **Bernie Sanders** (I-VT) has been a little more outspoken on the issue of Social Security. Here are some quotes from Senator Sanders that were compiled by *The Huffington Post:*

"Even though Social Security contributed nothing to the current economic crisis, it has been bartered in a deal that provides deficit-busting tax cuts for the wealthy. We're going to send a loud message to the leadership in the House, in the Senate and President Obama. Do not cut Social Security, do not cut Medicare, do not cut Medicaid. Deficit reduction is a serious issue but it must be done in a way that is fair. We must not balance the budget on the backs of the elderly, the sick, the children or the poor.

Sometimes we also take for granted that Social Security has been an enormous success. It has done exactly what those people who created it have wanted it to do--nothing more, nothing less. It has succeeded. It has taken millions of seniors out of poverty and given them an element of security. It has also helped people with disabilities maintain their dignity. Widows and orphans are also getting help.

Maybe before we start cutting Social Security and Medicare and Medicaid and veterans programs, we would want to ask some of these very large and profitable corporations to pay at least something in taxes?

Workers are more and more dependent on Social Security, which has been there for 75 years, which we have to protect and demand that it will be there another 75 years because right now millions of workers are losing their pensions. I mean, I am throwing these statistics out, and the reason I am doing that is I want people to appreciate that if you are hurting now, stop being ashamed. It is not, 'yeah, we can all do better.' Every one of us can do better. But you are in an economy which is contracting, especially for the middle class and working families."

According to **Ross Eisenbrey** of the Economic Policy Institute, Social Security is the only reason most Americans can afford to retire. Eisenbrey says that on its 78th birthday, Social Security continues to play a vital role in Americans' retirement security. "Though Americans are increasingly turning to savings in 401(k)-type accounts, Social Security remains the most reliable and equitable system of retirement savings," Eisnebrey says.

"The expected stream of Social Security benefits for a household at the median is not very much less than for a household in the top 10 percent—in 2008, the median household age 65-69 had $315,300 of Social Security wealth, while a household at the 90th percentile had $643,100, a little more than twice as much."

By contrast, Eisnebrey notes, the savings in IRAs, 401(k)s and similar retirement accounts are strikingly unequal. The amount of private retirement savings in individual accounts is nine times greater at the 90th percentile than at the 50th. In 2010, households whose income was in the middle fifth percentile of incomes had, on average, only $34,981 in individual retirement savings, while households in the top fifth of incomes averaged $308,674. Other than high-income households, who receive most of

the federal subsidies for IRAs and 401(k)s, virtually no one has enough savings to generate substantial retirement income. Social Security wealth and retirement income, on the other hand, are broadly shared.

Happy 78th Birthday, Social Security., from your 57 million beneficiaries.

Mass Home Care "Linkages" Project Wins National Award

Amy MacNulty (award), Christine Alessandro to her right.

The Community Care Linkages Program of Mass Home Care received an Aging Achievement Award from the National Association of Area Agencies on Aging (n4a) at the its Annual Conference & Tradeshow, July 27-31, in Louisville, KY.

Community Care Linkages, now in its third year, connects community-based non-medical service coordinators with medical providers, to make sure that long term care and medical care are seamlessly provided. Linkages is directed by **Amy MacNulty** as a program of the statewide Mass Home Care Association.

The 2013 n4a Aging Achievement Awards recognize aging programs for successful, cost-effective initiatives that support older adults, people with disabilities and their family caregivers. The honored programs serve as models for other agencies seeking new and effective approaches to address the needs of older residents and their families in local communities.

"The financial climate and the rapidly aging of America necessitate creative and effective strategies to support the health and independence of older adults and people with disabilities now and in the future. This awards program enables us to identify, honor and promote innovative and successful programs and practices that are doing just that," said n4a CEO **Sandy Markwood.** "The award-winning programs are testament to the commitment of our Aging Network to seize opportunities and develop solutions that support successful aging in America. We congratulate and thank each of the agencies for these initiatives that are true models for the entire Aging Network."

MacNulty traveled to Kentucky to receive her program's award, and make a presentation on Community Care Linkages along with Mass Home Care President **Christine Alessandro,** who is also the Executive Director of Baypath Elder Services, based in Marlboro. Alessandro nominated the Linkages program for an n4a award.

"The Linkages program has allowed us to connect with doctors practices and hospitals in a way we could never do before," explained Alessandro. "The timing is right for all these professionals to have the same conversation about their patients. By better coordinating care, we achieve better outcomes, reduce costs, and produce better consumer satisifaction with the care experience."

The National Association of Area Agencies on Aging (n4a) is the leading voice on aging issues for Area Agencies on Aging (AAAs) across the country and a champion in our nation's capital for aging programs. n4a's primary mission is to build the capacity of its members to help older persons and people with disabilities live with dignity and choices in their homes and communities for as long as possible. (www.n4a.org / www.facebook.com/n4aACTION)

Since receiving the n4a award, Linkages staff has been asked to travel to other states to explain how new relationships with the medical world can be established. "It turns out that our community-based care coordinators have a lot to offer to medical homes and hospitals," MacNulty added. "All parties are beginning to realize that medical care is not just about what happens inside a doctor's office. Healthy aging is about a lot more---and what happens at home is a key piece of the care plan."

Two other Mass Home Care members received awards at the n4a conference: Elder Services of Merrimack Valley, and Coastline Elderly Services. .

Challenging Medicare's 3 Day Hospital Stay Rule

EOHHS Sec. John Polanowicz, Taunton Gazette

At the end of July, the Patrick Administration released the text of a request to the federal government seeking a waiver of a Medicare rule that has hurt seniors since the health program was first created in 1965:

The Executive Office of Health and Human Services is seeking a waiver of what is known as the "3 day hospital stay" rule, which requires that Medicare beneficiaries must have had 3 consecutive days of an in-patient hospital stay before seeking Medicare payment for a subsequent stay in a skilled nursing facility (SNF). The 3 day rule has acted as a gatekeeper, requiring Medicare beneficiaries to pass through a hospital before seeking care in a SNF. In recent years the matter has become further complicated by the frequent use of "observation status" for patients in the hospital---a status that does not count as inpatient care. Elders placed on "observation" status are not admitted as inpatients, and thus cannot qualify for subsequent SNF care after leaving the hospital. The patient is faced with having to pay for SNF care themselves out of pocket---in advance---or not be admitted into the nursing facility.

The federal Centers for Medicare and Medicaid Services (CMS) is being asked by Massachusetts to waiver the patient requirement for a hospital inpatient stay of 3 consecutive days. If the waiver is granted, then Medicare patients in need of skilled nursing home care, will able to obtain such care without the prior hospital stay requirement. The waiver is requested in the form of a demonstration project. It appears that participation in the waiver demonstration project is voluntary and that a plan for selecting the participants is being developed

Here is the text of the letter sent by EOHHS Secretary **John Polanowicz** to CMS seeking the 3 day prior hospitalization waiver:

"On behalf of the Commonwealth of Massachusetts, I am writing to request a Waiver or other exemption from the rule that reimbursement of Medicare fee-for-service (FFS) post-hospital extended care services in a skilled nursing facility (SNF) is not available unless the admission follows a prior hospital inpatient stay lasting at least three consecutive days (42 U.S.C. § l395x(i)) (the "Three Day Rule").

I am making this request pursuant to Section 245 of Chapter 224 of the Acts of 2012, which requires the Executive Office of Health and Human Services to seek such a waiver or other exemption. In making this request, I recognize that the Secretary of Health and Human Services has flexibility to develop and engage in demonstration projects to improve efficiency and economy while maintaining quality in the provision of health services, and I hope to work with you and your staff to identify and develop appropriate mechanisms for implementing such a Waiver.

ln developing this request, the Commonwealth has sought the input of a number of stakeholders, including providers (hospitals, skilled nursing facilities, physicians and other care providers, home care agencies, and Pioneer Accountable Care Organizations), health plans and Senior Care Organizations, and consumer representatives. Through the discussions, the Commonwealth has heard from stakeholders about potential benefits of such a waiver or exemption, including the following:

• A Waiver would allow patients to avoid unnecessary hospitalization and to obtain the appropriate

level of care. Currently, patients who present with a complaint that requires care in a skilled nursing facility must first stay (and meet inpatient level of care) for three nights in an acute hospital prior to transfer. Keeping a patient in an acute inpatient setting when the patient could potentially be cared for in a skilled nursing facility may expose patients to unnecessary risks of hospitalization and may create unnecessary delay for patients to get the rehabilitation care that they need.

• A waiver has the potential to reduce costs to the federal government, as care in a nursing facility is less expensive than care in an acute inpatient hospital. If a patient has a diagnosis that requires on-going care in a skilled nursing facility, requiring that patient to continue to be cared for in an inpatient acute hospital setting is not efficient from a cost perspective. Care provided in a hospital is more expensive than care provided in a skilled nursing facility: the median daily cost of a skilled nursing facility is roughly $3,261, compared to expenses per inpatient day of $2,419 in a hospital.

Taken together, the goal of waíving the Three Day Rule is to ensure that all beneficiaries are able to be cared for in the most appropriate setting and to receive the right care, in the right place, at the right time. Many entities in our state already have experience with caring for Medicare patients without the constraints of the Three Day Rule. These include Senior Care Organizations, PACE providers, Medicare Advantage Plans and the Massachusetts General Hospital (MGH) Care Management Program. We have conferred with representatives from these organization types in developing this proposal, and recognize the important expertise that providers and payers in our state already have in caring for patients without a three-day rule in place. The MGH Care Management Program, for example, has included extensive operational data collection as part of CMS' Care Management for High Cost Beneficiaries demonstration, and has been able to show that patients can be appropriately triaged directly to skilled nursing care, as evidenced by low hospital rates after direct skilled nursing admission.

We propose a demonstration that would include the following elements:
l. The demonstration would involve Medicare FFS patients and would last for three to years.
2. Inpatient providers, outpatient providers, home care agencies, acute hospitals and post-acute care facilities would voluntarily choose to participate in the demonstration. We would be happy to work with you to define a plan for selection and oversight of such providers. We recognize that Pioneer ACOS are among the organizations with a high degree of interest in participating in such a program.
3. Participating providers would be reimbursed for skilled nursing facility stays, even if they were not preceded by a three-day inpatient hospital stay, if the participating providers adhered to guidelines developed as part of the demonstration. We anticipate that guidelines would encompass the following areas:

a. Clinical criteria for patients who are appropriate for treatment in a skilled nursing facility without a preceding three-day hospital stay We propose consideration of the following criteria for identifying patients appropriate for treatment in a skilled nursing facility without a preceding three-day hospital stay:

• The treating provider determines that the patient is medically stable and can be appropriately treated in a skilled nursing facility;

• The treating provider determines that the patient does not require further hospital-based evaluation and treatment; and

• The treating provider determines that patient has a defined skilled or rehab need. b. Communication standards between providers (outpatient, acute inpatient, skilled nursing facility): The transfer of patients should take place in the context of appropriate communication between care teams at the transferring and receiving facilities, the patient and his/her family, and the patient's providers or case managers in outpatient settings. Communication should include discussion/agreement about the transfer, regular updates about the patient's process, and discharge communication between providers at each step in the process. It should involve the patient's case manager, and community-based organizations that represent elders and individuals with disabilities as appropriate. c. Evaluation and monitoring activities: ln order to ensure that the demonstration meets its goals for efficiency and for quality of care, all participants should be required to report data needed for evaluation and monitoring activities. These activities should include reporting of the number of patients admitted without a preceding stay, and for these patients, the length of stay, and the hospitalization/re- hospitalization rate. In addition, the overall utilization rate for the skilled nursing facility benefit and the inpatient hospital days should be followed. Reporting requirements should also include data on the patient's experience.

I recognize that additional details of any waiver or exemption would need to be developed in partnership with CMS. l would be pleased to have my staff engage with your staff to discuss the conditions necessary for such a waiver or demonstration to take place, and how this waiver or demonstration might relate to existing innovations in care delivery, including the Care Management demonstration and Accountable Care Organization models."

National Report On Use of Observation Status

In a related story, *Kaiser Health News* reports that a new study by the federal Department of Health and Human Services Inspector General concludes that Medicare patients' chances of being admitted to the hospital or kept for observation depend on what hospital they go to -- even when their symptoms are the same.

The IG report also urges Medicare officials to count those observation visits toward the three-inpatient-day minimum required for nursing home coverage.

The IG report follows many years of complaints that the difference between an inpatient and observation stay isn't always clear. The Centers for Medicare and Medicaid Services (CMS) is expected to issue final regulations intended to clear up this confusion. The new CMS rules say that patients who stay two nights or longer in the hospital are inpatients. Those who have shorter stays would receive observation care, which is defined as an outpatient service.

But the IG report says the CMS proposal will not reduce the number of observation stays, because an observation patient can be treated in the emergency room or on an inpatient unit in the hospital. CMS does not require hospitals to tell patients they are receiving observation services, which the IG's analysis said can include some of the same procedures provided to admitted patients. "Some hospitals used short inpatient stays for less than 10 percent of their stays while others used them for over 70 percent," according to the IG report. "For people who go to the hospital with similar symptoms, hospitals make different decisions about their status, whether they are inpatient or observation, and that results in different post-hospital coverage options available to them."

Patients on observation status will not be able to get Medicare funding for any nursing facilty care, and many routine medications are also not covered. Patient are left with thousands of dollars of medical bills that Medicare would have covered if the patient had been considered an inpatient.

According to *Kaiser Health News,* the proportion of observation cases has increased by 69% between 2006 and 2011, while hospitals admissions actually declined slightly.

The IG found that Medicare mistakenly paid $255 million for nursing home services in 2012 for patients who did not have three consecutive inpatient days first. The report urges that Medicare institute better controls to prevent such payments.

In 2012, there were a total of 1.5 million observation visits, with 78 percent beginning in the emergency department. The IG report found that six of the top 10 reasons for observation -- chest pain, digestive disorders, fainting, nutritional disorders, irregular heartbeat and circulatory problems -- were also among the 10 most frequent reasons for a short inpatient hospital stays of one night or less.

In late July, Beth Israel Deaconess Medical Center agreed to reimburse Medicare $5.3 million to settle charges that it overcharged the agency by admitting patients who should have received less expensive observation or outpatient care. The hospital submitted improper inpatient claims from June 2004 through March 2008 but did not acknowledge any wrongdoing.

The IG notes that Medicare officials may need additional legal authority in order to count observation days toward the three-inpatient days required for follow-up nursing home care. Legislation filed by Congressman **Joe Courtney** (D-CT-02) , H.R. 1179, Improving Access to Medicare Coverage Act of 2013, has 88 House sponsors, including Congressman **Joe Kennedy** (D-MA-04), Congressman **Jim McGovern** (D-MA-02), Congressman **John Tierney** (D-MA-06), Congresswoman **Niki Tsongas** (D-MA-03) and Congressman **Bill Keating** (D-MA-09). On the Senate side, the same bill filed by Senaor **Sherrod Brown** (D-OH) attracted 17 sponsors, but neither of the U.S. Senators from Massachusetts. Both these bills amend Medicare law to count a period of outpatient observation services in a hospital toward the three-day inpatient hospital requirement for coverage of skilled nursing facility services by Medicare.

Last May, lawyers at the Center for Medicare Advocacy presented arguments to the court in a lawsuit filed on behalf of 14 Medicare observation patients that observation status was created by Medicare officials and are asking a judge to order them to eliminate it. The Obama Adminisration has asked that the case be dismissed.

Tierney, Tsongas, McGovern Support Meals on Wheels

In late July, the office of Congressman **John Tierney** (D-MA-06) agreed to co-sign a letter to the Chairs and Ranking Members of the U.S House Appropriations Committee, and its Subcommittee on HHS And Education, in support of $816 million in funding for Meals on Wheels and other nutrition programs for seniors under the Older Americans Act. A total of 64 members of Congress signed the letter, including Tierney, Congresswoman **Niki Tsongas** (D-MA-03), and Congressman **Jim McGovern** (D-MA-02)

Here is the text of the letter Congressman Tierney agreed to support:

"As you consider the FY 2014 Labor-HHS-Education Appropriations legislation, we the undersigned are writing to urge you to support the Senate funding level of $816 million for Meals on Wheels and other Senior Nutrition Programs under the Older Americans Act. This funding level would prevent these vital pro-

grams from having to endure another year of sequestration.

The pain of sequestration is being felt each and every day by the thousands of programs and the seniors they serve in our Districts and across the nation. Since sequestration went into effect, Meals on Wheels and congregate programs have been forced to cut the number of meals served, eliminate staff positions, reduce the number of delivery days, increase waiting lists, and in some cases, close their doors altogether. These cuts are directly impacting the health and well-being of our most vulnerable, frail and isolated senior constituents and are preventing programs from even maintaining services, yet alone meeting the demands of an aging population.

For more than 40 years, Senior Nutrition Programs have provided more than just meals. They have produced millions of dollars in savings for Medicaid and Medicare. The nutritious meals, along with the daily social contact provided at senior centers or by Meals on Wheels volunteers or staff, help seniors remain independent and healthier, live in their own homes and communities, and stay out of more costly health care settings. This in turn significantly reduces Medicare and Medicaid expenditures. In fact, a senior can be served Meals on Wheels for an entire year for about the equivalent cost for that same senior to be in the hospital for one day.

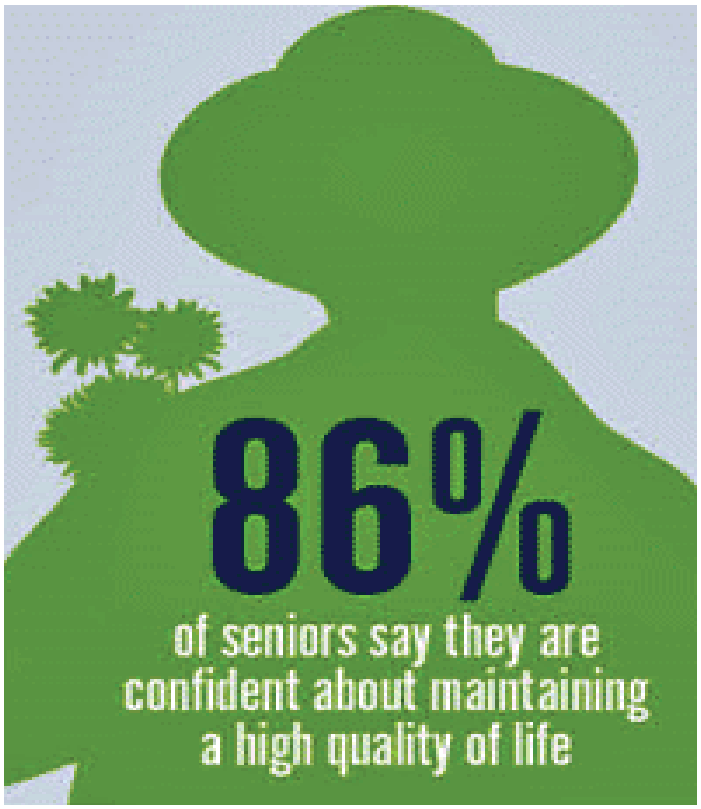
A recent report found that the impact of sequestration on Meals on Wheels in FY 2013 alone could cost taxpayers $479 million in additional Medicaid spending. The time has come to undo the brutal impact of sequestration on the daily lives of our most vulnerable seniors. Providing funding at or above the Senate's FY 2014 levels will not only undo some of the harm of sequestration, it will also provide a strong return on investment for our nation. Meals on Wheels and congregate nutrition programs are proven, effective and are exactly the type of investment taxpayers are looking for us to make with their hard-earned dollars.

We urge you to support strong funding for Meals on Wheels and Senior Nutrition Programs in the FY2014 Labor-HHS-Education Appropriations bill."

In a joint press release, two national groups that advocate for senior nutrition funding praised the Congressional letter. "What a tremendous show of bipartisan leadership and support at a critical time for millions of hungry seniors," commented **Ellie Hollander,** President and CEO, of the Meals On Wheels Association of America. "It is clear that the message has been resoundingly heard: Meals on Wheels programs make a social and economic difference, offering taxpayers a significant return on investment."

National Association of Nutrition and Aging Services Programs Board President **Paul Downey** of Senior Community Centers in San Diego called it "an important message to the House that these proven and effective nutrition programs need to be spared from further cuts which will result in the loss of millions of meals this year" and said that the co-signers were "important champions for older people in their Districts and the nation."

The United States of Aging Survey Released



In its second year of publication, the United States of Aging Survey, conducted by the National Council on Aging (NCOA), United Healthcare and USA TODAY, explores what underlies American seniors' perspectives on aging, and how the country can better prepare for a booming senior population.

The 2013 survey comprised 4,000 telephone interviews, including nationally representative samples of Americans ages 60 and older and adults ages 18-59.

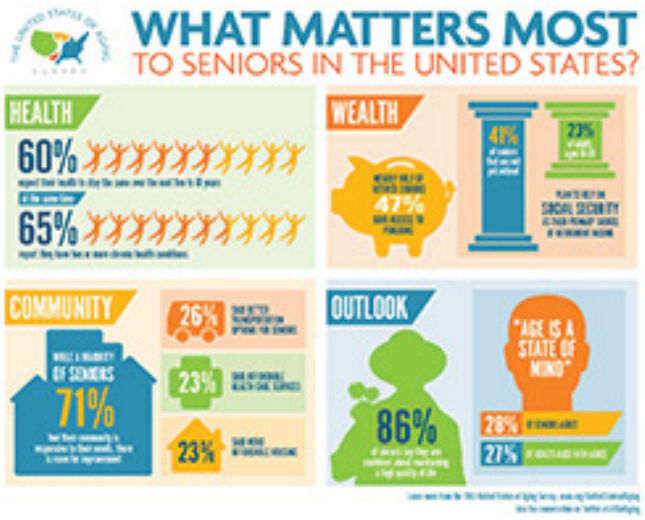
To explore different perspectives on aging preparedness, the 2013 survey oversampled key audiences, including: Low-income seniors (ages 60 and older with a household income of less than $15,000); Older seniors (ages 80 and older); Seniors with three or more chronic health conditions (ages 60 and older); Seniors from five designated markets including Birmingham, Ala., Indianapolis, Los Angeles, Orlando, Fla. and San Antonio.

In terms of General Outlook, in 2013, seniors have maintained a positive outlook on their future and the aging process. Fifty-seven percent of seniors state that overall, the past year of their life has been "normal," versus 42 percent of those surveyed in 2012. More than half (51 percent) of seniors expect their quality of life to stay about the same during the next five to 10 years, while 21 percent expect it to get much or somewhat better, versus 30 percent of those surveyed in 2012

On the subject of Health Preparedness, few seniors express concern about the status of their health today. At the same time, many are not investing in activities that are important to helping them manage their health for the long term. Although 6 in 10 seniors describe their health in the past year as "normal," 65 percent of seniors report having at least two chronic health conditions. More than half (51 percent) of seniors have not set any specific goals to manage their health in the past 12 months. Less than 1in 5 seniors has received guidance in the past year to develop an action plan for managing their health and nearly 7 in 10 seniors with one or more chronic health conditions were not encouraged by their health care provider to attend community programs to help with their health. Sixty percent of seniors expect their health to stay the same over the next five to 10 years, compared with 53 percent of adults ages 18-59.

A majority (84 percent) say it is not very or not at all difficult to perform regular activities independently. The opportunities for health improvement are even greater among low-income seniors and those with chronic health conditions. Low-income seniors, in particular, report challenges in managing their health. Seventy-five percent of low-income seniors with one or more chronic health conditions face at least one barrier, such as lack of energy or money, compared with 53 percent of seniors nationally.

Twenty-six percent of seniors with three or more chronic health conditions report that they never exercise for 30 minutes or more, compared with 18 percent of seniors nationally. On the subject of financial security, although most seniors are comfortable with their current financial situation, a majority of seniors express concern about their long-term financial security. More than half (53 percent) of seniors are very or somewhat concerned about whether their savings and income will be sufficient to last the rest of their life, compared with 44 percent of older seniors, 61 percent of low-income seniors and 56 percent of seniors with three or more chronic health conditions. Forty-one percent of working seniors indicate Social Security will be their primary source of retirement income, compared with 23 percent of adults ages 18-59. A majority (66 percent) of seniors believe it to be very or somewhat easy to pay monthly living expenses, compared with 52 percent of adults ages 18-59.



Regarding their level of community support, the majority of seniors agree that the community they live in is responsive to the needs of seniors, many lack confidence that their community is prepared to meet the needs of a growing senior population. Nearly three-fourths (71 percent) of seniors say their community is responsive to the needs of seniors, versus 61 pERcent of adults ages 18-59.

Nearly 1 in 2 (49 percent) seniors believe their community is doing enough to prepare for the future needs of the growing senior population, compared with 45 percent of adults ages 18-59.

In response to questions about their attitude towards technology, seniors today are comfortable using technology and cite its importance in helping them stay connected to family, friends and the wider world. However, a lack of understanding and cost remain barriers to more wide-spread adoption. Nearly the same amount of seniors and adults ages 18-59 say it is very or somewhat important for seniors to use technology (83 percent and 88 percent, respectively). However, 34 percent of seniors say "I don't understand how to use it" as a barrier preventing them from using more technology. While a majority (81 percent) of low-income seniors say technology is very or somewhat important in helping them stay in touch with family and friends, nearly half (47 percent) say cost prevents their use of technology, compared with 21 percent of older seniors and 35 percent of seniors with three or more chronic health conditions.

To see the full survey results, go to www.ncoa.org/UnitedStatesofAging.

Senator Brewer Honored For Budget Advocacy for Seniors

On August 16, 2013, a coalition of statewide elder groups honored State Senator **Stephen M. Brewer** (D-Barre), the Senate Ways and Means Chairman, with a "HOME CARE HERO" award for his work in adding more than $12.4 million in new funding for home care and council on aging related services in the FY 14 budget.

Chairman Brewer received three awards at the Winchendon Council on Aging. On hand to honor Senator Brewer was **Al Norman**, Executive Director of Mass Home Care, **Mike Festa**, Executive Director of AARP Massachusetts, **David Stevens**, Excutive Director of Mass Councils on Aging, **Greg Giuliano**, Executive Director of Montachusett Home Care, **Roseann Martoccia**, Executive Director of Franklin County Home Care, plus board members from these organizations, and representatives from area Councils on Aging.

Mass Home Care, AARP Massachusetts and MCOA all presented Brewer with awards. "This is the equivalent of an elderly services hat trick," noted Stevens, as he presented Chairman Brewer with his third award of the day.

(l-r) David Stevens, MCOA; Sheila Bettro, Winchendon COA; Greg Giuliano, Montachusett Home Care; Senator Stephen Brewer; Mike Festa, AARP Massachusetts; Roseann Martoccia, Franklin County Home Care

"Senator Brewer's budget was like a lifeline to vital programs for older people that in recent years have declined in their ability to help seniors live at home," **Giuliano** explained. "That makes him a hero in our book!"

In his Executive Summary to the 2014 budget, Chairman Brewer wrote:

"The Senate Ways and Means budget includes $11.1 million in new funding for Elder Affairs programs. These additional funds will eliminate existing waitlists for home care services and increase services at senior centers throughout the Commonwealth…. The Senate Ways and Means budget proposes fully funding both the Home Care Program and the Enhanced Community Options Program. These two programs provide support services to senior citizens living independently. The services, which range from personal care, to skilled nursing care, to homemaking services, enable thousands of low-income seniors to stay safely in their homes and avoid nursing home care. Since fiscal year 2008, the elder home care waiting list has increased from fewer than 100 to more

than 1,500 in fiscal year 2013. The short-term savings from not meeting the demand for home care services leads to substantial long-term costs for taxpayers and families in the form of increased nursing home placements. The $6.3 million in new home care funding will eliminate the current waitlist. Given that nursing home placements are more than six times as expensive as home care services, we believe that this investment has the potential to save millions of dollars and keep more seniors living safely in their homes. "

On the subject of Councils on Aging, Chairman Brewer wrote: "The Senate Ways and Means budget proposes increasing support for Councils on Aging to $8 per elder. This increase from the current reimbursement rate of $7.50 per elder will provide $1.3 million more in funding for senior centers and other local services. This funding level would mark the highest ever level of state support for Councils on Aging."

Senator Brewer's efforts resulted in:
• The protective services account (elder abuse) increases by $4.8 million over FY 13 levels.
• The Enhanced Community Options Program increases by $5.5 over FY 13 levels. This program keeps nursing home eligible elders living at home.
• The basic Home Care account increases by $971,166, and the companion care management account rises by $400,430.

The state's home care system has been a major factor in reducing the use of nursing homes. MassHealth patient days in nursing homes have fallen 4.2 million days (-32%) compared to the year 2000, according to Mass Home Care figures. That means federal and state taxpayers have avoided more than $700 million this year in institutional costs because of care at home. However, there were significant waiting lists for the first two-thirds of the current fiscal year in the home care and enhanced home programs. "We can't bring people out of nursing homes unless we have openings in the community programs," Martoccia explained. "Senator Brewer's budget starts to rebalance how we spend our limited dollars, and puts the emphasis on community first---because that's where seniors want to be."

Mass Home Care's
Sept. 17, 2013 Network Conference

"Accountable Care Communities"

Expanding the ACO & Medical Home

Dr. Clay Ackerly
Associate Medical Director
Partners Health Care

Dr. Pano Yeracaris
Chief Medical Officer
Network Health

plus 20 workshops
on community-based care
FOR RESERVATIONS EMAIL:
info@masshomecare.org