At Home

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Al Norman, Editor

Warren Files Bill To Give Social Security Raise

abcnews Photo

On November 5th, United States Senator **Elizabeth Warren** (D-Mass.), and 18 other Senators, including **Ed Markey** (D-Mass) and **Bernie Sanders** (I-Vt.), introduced legislation to boost Social Security and other critical benefits for seniors, veterans and other Americans following last month's announcement that there will be a 0% cost-of-living adjustment in 2016. Warren's bill will give seniors a 3.9% COLA--- and pay for it by closing a tax loophole allowing corporations to write off executive bonuses as a business expense for "performance pay."

According to Warren, the cost of core goods and services is projected to rise next year, but millions of Americans will see no increase in the benefits they rely on to make ends meet. At the same time, CEO compensation for the top 350 firms increased by 3.9% last year. The Seniors and Veterans Emergency Benefits Act (SAVE Benefits Act) would give about 70 million seniors, veterans, people with disabilities, and others an emergency payment equal to 3.9% of the average annual Social Security benefit, about $581 - the same percentage raise as the top CEOs.

A $581 increase could cover almost three months of groceries for seniors or a year's worth of out-of-pocket costs on critical prescription drugs for the average Medicare beneficiary. The bill would lift more than 1 million Americans out of poverty. The cost of this

emergency payment would be covered by closing a tax loophole allowing corporations to write off executive bonuses as a business expense for "performance pay." The substantial additional revenue saved by closing the CEO compensation loophole would be used to bolster and extend the life of the Social Security and Disability trust funds.

Senator Bernie Sanders

"If we do nothing," Warren said, "on January 1st, more than 70 million seniors, veterans, and other Americans won't get an extra dime in much-needed Social Security and other benefits. And while Congress sits on its hands and pretends that there's nothing we can do, taxpayers will keep right on subsidizing billions of dollars' worth of bonuses for highly paid CEOs,"

"Giving seniors a little help with their Social Security and stitching up corporate tax write-offs isn't just about economics," Warren added. "It's about our values. Congress should pass the SAVE Benefits Act today to give a boost to millions of Americans who have earned it.

"It is unacceptable that millions of senior citizens and disabled veterans did not receive a cost-of-living adjustment this year to keep up with their rising living expenses. At a time when senior poverty is going up and more than two-thirds of the elderly population rely on Social Security for more than half of their income, our job must be to expand, not cut, Social Security," said Senator **Bernie Sanders** (I-VT). "At the very least, we must do everything we can to make sure that every senior citizen and disabled veteran in this country receives a fair cost-of-living adjustment to keep up with the skyrocketing cost of prescription drugs and health care."

Advocates Seek Raise In Home Care Income Eligibility

In late October, Mass Home Care presented testimony on legislation (S. 361) filed by State Senator **Barbara L'Italien** (D-Andover) that would raise the income eligibility limit for home care services from $27,014 to $35,000. At that hearing, three staff from the Aging Services Access Points formed a panel to testify to the members of General Court's Joint Committee on Elder Affairs.

Here is the statement given by **Mary Ann Dalton**, Assistant Executive Director at SomervilleCambridge Elder Services.

"The State Home Care Program offers older adults a range of in-home supportive services that allows them to live at home, helping to avoid costlier care in nursing homes. This not only saves taxpayer dollars, it respects the wishes of elders and their families. This bill is an important step in ensuring that the State Home Care Program is available to those whose income level is currently too high to qualify, but too low to have sufficient resources to easily pay for the services they desperately need. Having income falling even just a few dollars over the current $27,014 limit means those individuals are on their own to pay for services. These costs can quickly add up and consume an extraordinarily high percentage of their income.

We see this situation all too often in Somerville and Cambridge. In the last year we have turned away 12 individuals for this reason. I would say this number is low because it doesn't count all the individuals who do not present themselves, knowing they won't qualify.

We recently turned down a 94 year old single woman with no local family. She is struggling but could successfully remain at home with minimal support. Unfortunately, she doesn't qualify and cannot afford to pay for these services on her own.

We also recently had to turn away an 80 year

old woman who had had back surgery and needed help with cleaning, laundry, meal prep and shopping. She couldn't afford to pay for these things on her own and was forced to leave the community she loves and move out of state to be closer to family.

Finally, a 70 year old blind woman recently presented herself after fracturing a leg. Since she didn't qualify, she is now paying for services out of pocket, which has placed a serious financial strain on her.

These are just three examples, but be assured this unnecessary drama is playing itself out in communities across the state every day. This pennywise/dollar foolish policy has ripple effects throughout the system increasing both healthcare costs and nursing home usage. Expanding income eligibility is an investment in a more rational, humane long term care system."

MaryAnn Dalton, Jo White & Anne Proli

Josephine White, the Director of Health Partnerships at Springwell, also presented the following testimony at the State House hearing:

"I would like to tell you about someone who would be positively impacted by the passage of this legislation. Her name is Mary. She is 81 years old and lives alone in an apartment in Waltham. She was never married and has no family in State. Her monthly income is $2,445/month or $29,340 annually. Like many of her peers, Mary has a number of chronic conditions, including cardiac problems, diabetes and arthritis. She's had 2 knee replacements and a hip replacement as well.

The first time she was referred for Home Care services it was following the hip surgery in 2008. We had to tell Mary that we were unable to enroll her to receive services because she was $194/month over the income limit.

In 2014 Mary was referred to Springwell again by the social worker at a local hospital. Mary had 2 ER visits in 2 days and was then admitted. Now she was being discharged home and the social worker was referring her for help with personal care, homemaking, grocery shopping, and a Lifeline. Again we had to tell the referral source and Mary that we could not provide home care services because she was $194/month over the income limit.

This past summer another concerned community professional made a referral to Springwell for Home Care services for Mary. She reported that her mobility status had declined and she had had 5 falls in the past 12 months. Again, we could not enroll Mary in the Home Care Program. Each time we could only tell Mary that she needed to pay privately for the services she needed – which for 2 hours/day at $25/hour would cost her $1,500/month or 61% of her gross monthly income.
Mary has already had ER visits, in-patient stays and multiple falls. Clearly, without in-home services she is headed for a Masshealth-funded long-term placement in a nursing facility – a place she does not want to be. For someone with Mary's care needs, Masshealth will be paying a nursing facility approximately $6,028.50/ month. Under the proposed legislation, Mary would be financially eligible for ASAP services.

Anne Proli, Associate Executive Director at Elder Services of Merrimack Valley told the story of an elderly woman who lost her husband and her home care at the same time

"Mary and her husband Robert were both receiving state home care services due to multiple heath concerns for both of them. As a 2 person household, their total income was $33,694 per year, based on Robert's Social Security of $22,523, plus Mary's Social Security of $6,791, and Mary's small pension of $4,380 per year. The income limit for the home care program for a 2 person household in 2014 was $37,583—so the couple qualified for home care.

Mary and Robert had a co-payment of $1,536

per year for the 6 hours of homemaking service for the two of them, plus their home-delivered meals. They had no children or other informal supports, but they were a team and assisted each other when the homemaker was not there. They received home care services for 4 years, which helped them live independently in their own home.

When Mary's husband died suddenly, she began to receive Robert's higher social higher security check of $22,523 per year---but she lost her annual social security check of $6,791. Coupled with her pension of $4,380, Mary's new annual income as a 1 person household was $26,903. The income limit for home care was $26,561 when she applied---so Mary was over the income limit for the home care program by $342 a year, or only $28.50 per month. She was terminated from the program.

Mary's income had dropped by 21% when her husband died, but her household expenses were, for the most part, the same. Mary was not able to afford the full cost of privately paying for home care services, around $3,000 a year. She was unable to get the support services that she needed even more now that her husband was no longer with her.

Mary was still able to receive home-delivered meals through the federal meals program, but she could no longer receive assistance with the housework, laundry and grocery shopping that she had relied on.

Mary lost home care through no fault of her own, just by becoming a widow. She lost her husband, and she lost her home care at the same time."

In September, the State Senate unanimously adopted a proposal that would require the Baker Administration to file a report on the caseload impact and cost of expanding the home care program income limit to $35,000, and to develop an implementation plan. The proposal did not pass in a Conference Committee comprised of House and Senate members.

Lawmakers Hear Testimony on Spouses As Paid Caregivers

At the same legislative hearing in late October, elder advocates testified on S. 372, legislation would allow spouses to be paid as caregivers in the Personal Care Attendant and Adult Foster Care programs. One of the advocates testifying as part of a Mass Home Care panel, was **Mike Festa**, the State Director of AARP Massachusetts. Here are excerpts from AARP's presentation:

Mike Festa, AARP and Dale Mitchell, LGBT Aging Project

"We are here today to urge favorable passage of Senate Bill No. 372, An Act Regarding Spouses as Caregivers, sponsored by Senator **Daniel Wolf**, which includes the spouse as a caregiver in the definition of those who can be paid caregivers under the Personal Care Attendant program of MassHealth.

As you know, the current system for providing and funding long term services and supports (LTSS) is largely uncoordinated, fragmented, and costly. The majority of services are provided by unpaid family caregivers.

AARP believes public LTSS should give meaningful support to families and friends who provide them. Both existing LTSS programs and any new national program should support—not necessarily replace—the care that families and friends currently give. In a person- and family-centered approach, the needs and situation of family caregivers are assessed and addressed.

We know families and friends need access to assistance so they are not unreasonably burdened and can continue to provide care. Caregiver assistance should include education and training, counseling, legal consultations, respite care, adult day services, programs that help individuals pay relatives and friends who provide care, and other types of help.

A recent survey conducted by AARP found that most Massachusetts registered voters age 45 and older believe that being cared for at home with caregiver assistance is the ideal situation when basic tasks of life become more difficult due to aging or illness.

This same survey found that there is widespread support among registered voters age 45 and older for changes in the Personal Care Attendant program; 86% say they would support allowing spouses to serve as paid personal care attendants for their loved ones.

AARP strongly urges the Joint Committee on Elder Affairs to favorably report out Senate Bill No. 372."

In support of spouses as caregivers, Mass Home Care noted that this legislation passed the Senate unanimously in June of 2014, but did not move in the House. "Currently, some MassHealth programs allow family members to be paid caregivers," testified **Al Norman**, Executive Director of Mass Home Care. "This is true for the Adult Foster Care program, and for the Personal Care Attendant program. But these same programs do not allow "spouses" to count as family caregivers. In the PCA program for example, a son or daughter, a grandson or granddaughter, aunt, uncle, niece nephew, friend, or stranger can be paid as a caregiver---but not a spouse. As a result, many disabled individuals are denied care from the person closest to them, whom they trust the most, and who cares for them the most. Many consumers do not want to turn to children---or strangers---to provide their care."

Norman added: "In Governor Patrick's Community First Olmstead Plan, under the goal of 'Improve the Capacity and Quality of Community-Based Long-Term Supports', under Objective 1 (b) it states: 'Determine options for supporting caregivers across the system of long term supports. Analysis would include evaluation of viability and appropriateness of paying spouse as caregivers in the delivery system.'"

For 8 years, the Patrick Administration did nothing to support spouses as paid caregivers. At the October 27th hearing, Norman noted that "the U.S. Veteran's Administration allows veterans in Massachusetts to hire their spouse to be their caregiver in a program they call Veteran's Independence Program (VIP). A number of states have already moved beyond Massachusetts in this regard. The federal government allows states to include spouses as paid caregivers in Medicaid programs." "I am embarrassed and ashamed that the V.A. and 17 state allow me to hire my wife as a caregiver, but Massachusetts does not," Norman concluded. "Why don't we do something family-friendly? What makes us think we have the right to tell a disabled person who can, or can't provide their personal care. Let the family decide that."

Dale Mitchell, speaking on behalf of S. 372 for the LGBT Aging Project, said that when he, as a gay man, married his husband, there were some unexpected consequences. "That day I got married, I gained a husband, but I lost a caregiver—and that has seriously implications for my future." Mitchell said that gay couples may not have children in the family to turn to for caregiving. "A spouse may be the only person to turn to."

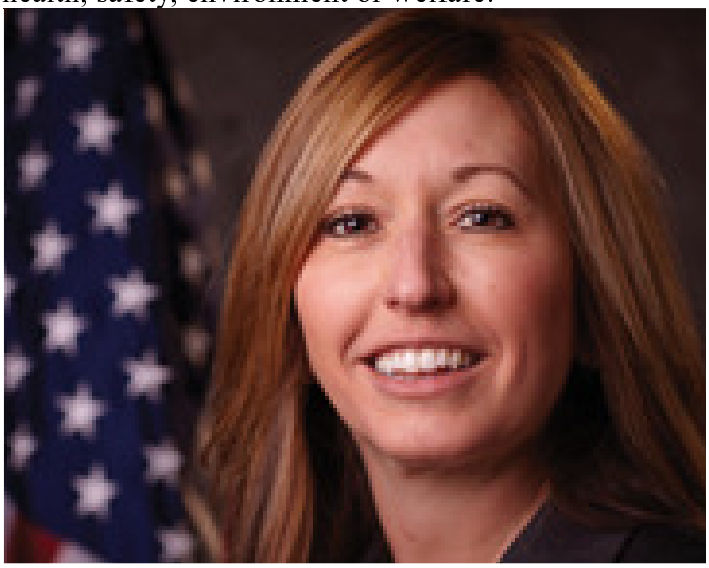
Mass Home Care Testifies On Regulatory Reform

Photo: Washington Times

On March 31, 2015 Governor **Charlie Baker** issued Executive Order #562 commissioning a complete and comprehensive review of every existing Executive Branch regulation in the Code of Massachusetts Regulations (CMR).

Executive Branch agencies will be charged with ensuring each regulation is clear and concise and that any newly proposed regulations are measured for their potential impact on businesses of all sizes or other entities, including municipalities and non-

profits. Agencies will submit regulatory proposals and impact statements to their secretariat before review by the Secretary of Administration and Finance who will establish a process for encouraging public input, standards and schedules. The Secretary of Administration and Finance may also provide for waivers or exceptions to regulations essential to public health, safety, environment or welfare.



Kristen Lepore, mass.gov

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"We will ensure that all regulations administered by the Executive Department benefit the Commonwealth," said **Kristen Lepore**, Secretary of Administration and Finance (ANF), "without undue burdens or costs and serve a legitimate purpose in making Massachusetts a safe, healthy, and effective place to do business."

Only those regulations which are mandated by law or essential to the health, safety, environment, or welfare of the Commonwealth's residents shall be retained or modified. To meet this standard, the government agency conducting the review must demonstrate that:

* there is a clearly identified need for governmental intervention that is best addressed by the agency and not another agency or governmental body;
* the costs of the regulation do not exceed the benefits;
* the regulation does not exceed federal requirements or duplicate local requirements;
* there are not any less intrusive or restrictive alternatives;
* the regulation does not unduly and adversely affect Massachusetts citizens and customers of the Commonwealth, or the competitive environment in Massachusetts;
* there is a formal process in place for measuring the effectiveness of the regulation; and,
* the regulation is time-limited or provides for regular review.

Mass Home Care testified at the November 4th listening session on regulatory reform sponsored by the Executive Office of Health and Human Services (EOHHS) at the Springfield Public Library. 29 regulatory changes were proposed by Mass Home Care. All of them would improve the chances of elders to remain living in the community, and all of them could be accomplished by the Baker Administration without legislative action.

Here are some of the major regulatory changes recommended by Mass Home Care:

* add "mental health" as a home care purchased service
* add "money management" as a service home care could purchase
* add "physically assisting clients to take medications prescribed by a physician that otherwise would be self-administered" as a home care service
* add "hoarding specialist" as a home care purchased service
* add "LGBT cultural competency training" for state-funded aging services providers

* add "any home care application, needs assessment or client satisfaction tool shall offer LGBT consumers the opportunity to self-identify as LGBT."
* add "an adult under the age of 60 living with HIV" to the list of eligible home care clients "who otherwise meets the functional impairments of the home care program."

Hoarding

* add language to allow people living in rest homes and assisted living residences to receive home care services as if they were living in their own home.
* raise the home care income eligibility limit from $27,014 to $35,000 (300% of the Federal Poverty Level).
* change the definition of "caregiver" in the respite care program to indicate "a caregiver does not need to live in the client's home, and does not need to provide care on a daily basis."
* allow spouses to be paid caregivers in the Personal Care Attendant program and the Adult Foster Care program by deleting the words "the spouse of the member" from the definition of "family members" who are ineligible to be a caregiver.
* allow enrollees in the PCA program to include those who may not need physical assistance with activities of daily living, but who need "cueing or supervision" instead.
* add language to require the state to hold rate hearings and appeal rights for human services every other year, including years in which the state is not recommending an increase in the rates.
* allow residents in assisted living residences to receive ancillary health services, like a home health nurse, or a home care aide, to the same extent available to persons residing in private homes.
* create a new third level of Adult Foster Care for those clients with behavioral health challenges that limit their ability to complete ADLs without counseling/coaching.

Two Year Budget Deal Averts Medicare Premium Hike

Members of Congress were searching where to find an estimated $10.5 billion to prevent Medicare premiums from skyrocketing for millions of seniors in 2016—a direct result of the fact that the Social Security Cost of Living Adjustment (COLA) starting January 1, 2016 is 0%. But, after extensive negotiations, major Medicare premium hikes were avoided.

House Republicans has considered cutting federal Medicare spending to pay for the fix--but House Democrats had ruled out such an approach. At the same time, House Republicans refused to support a Democratic bill that would maintain Medicare Part B premiums--which covers doctor's visits and outpatient treatment, at current levels.

When the U.S. Labor Department announced that there would be no cost-of-living adjustment for Social Security in 2016, the premium hikes became a predictable outcome. Roughly 70% of the 51 million Part B beneficiaries are protected from Medicare Part B premium hikes because the Medicare premiums cannot exceed their Social Security benefits. But the other 30% — those who are new to Medicare, qualify for Medicaid, or do not receive Social Security checks — would see their premiums rise---in some cases as much as 50%, to cover health care cost increases for those who are protected. Currently, the average Part B premium is about $105 a month.

The two-year budget deal announced in early November avoids for Medicare an estimated 52% increase in deductibles for physician and other outpatient services in 2016, and a 52% increase in Part B premiums that roughly 30% of Medicare beneficiaries otherwise would face. (See related story Sen.Warren).

PACE Innovation Act Now Law

Element Care
Improving Health. Enriching Lives.

One of the nation's few programs that integrates health and function supports has been expanded by Congress.

In early November, President **Barack Obama** signed the Pace Innovation Act, which cleared both branches of Congress by late October. The new law will encourage the Centers for Medicare & Medicaid Services (CMS) to allow providers to develop pilot programs using the PACE Model of Care to also serve individuals under 55 and those who are at risk of needing a nursing home.

"This legislation is another milestone for the PACE Model of Care," said **Shawn Bloom**, president and CEO of the National PACE Association (NPA). "PACE providers have had many ideas about how to innovate the PACE model to serve younger people with disabilities and seniors so that they can enjoy a high quality of life in the community. We are excited to see what is possible given the opportunities this legislation will create to build on the PACE experience.

"The President's signature caps a more than two-year effort to provide opportunities for the PACE model to be used as a platform for innovation to serve more seniors as well as younger individuals in need of integrated care and services," Bloom added. "We look forward to working with CMS to develop opportunities for PACE providers and others to develop new pilot programs that will take the lessons learned from PACE and apply them to new populations and more communities."

The next step is for CMS to develop a process to accept, evaluate and measure proposed pilots based on the PACE model. Providers already have started to explore what changes in the model would be necessary to serve other populations that need consistent access to care and services.

"As we have worked with providers that serve younger individuals, such as those with developmental or physical disabilities, we have identified slight modifications to the PACE model that would be helpful," Bloom said. "For example, the composition of the interdisciplinary team may need to be different, or the nature of activities at a PACE center might need to change to emphasize vocational training. The possibilities are very exciting."

Currently, to enroll in a Program of All-Inclusive Care for the Elderly, a person must be certified to meet a nursing home level of care, be age 55 or over, live in a PACE service area, and be able to live in the community with the support of PACE services at the time of enrollment. At this time, there are 116 PACE programs serving 35,000 enrollees in 32 states.

At a recent House Energy and Commerce Health Subcommittee hearing, **Tim Clontz**, senior vice president for Health Services at Cone Health and chair of the NPA Public Policy Committee, observed "The PACE model can be adapted to serve people under the age of 55 and people at risk of needing a nursing home level of care. People with early-onset Alzheimer's, a younger person with physical disabilities, or a person with an intellectual or developmental disability deserve the same options as the elderly."

NPA has been working with Congress for several years to find ways to use the success of the PACE model to address the challenges faced by others with on-going, complex care needs. "Existing care models are often expensive and still leave gaps in care that can be hard to successfully navigate," Bloom said. "PACE organizations are eager to demonstrate how its interdisciplinary, all-inclusive approach can improve health outcomes and quality of life for younger individuals who qualify to enroll."

PACE programs coordinate and provide all needed preventive, primary, acute and long-term care services so older individuals can continue living in the community. The PACE model is centered on the belief that it is better for the well-being of seniors with

chronic care needs and their families to be served in the community whenever possible.

There are 8 PACE programs in Massachusetts: Elder Service Plan of East Boston Neighborhood Health Center; Elder Service Plan of Harbor Health Services, Inc. of Mattapan; Elder Service Plan of the Cambridge Health Alliance of Cambridge; Element Care of Lynn; Mercy LIFE – Holyoke of West Springfield;Serenity Care PACE of Springfield; Summit ElderCare of Worcester; and Upham's Elder Service Plan of Dorchester.

Budget Agreement Ends Social Security "File & Suspend" Rule

The federal budget agreement reached by Congress in early November also closes two Social Security loopholes, and slightly improves the program's financial health. According to the Center on Budget and Policy Priorities, the budget deal eliminate about 90% of the sequestration budget cuts for non-defense discretionary programs in fiscal year 2016, and about 60% of them in 2017.

The agreement reduces the potential for government shutdowns this year and next (essentially eliminating the risk of a shutdown over funding levels, though retaining the possibility of one over riders and other policy differences). It also extends the solvency of Social Security Disability Insurance through 2022, avoiding across-the-board cuts of nearly 20% in disability benefits starting in late 2016, which otherwise would have occurred.

Under current Social Security law, some couples are able to claim one type of Social Security benefit at full retirement age and then later claiming another, higher benefit that includes a bonus for "delayed claiming" — even though they didn't actually delay. The new budget deal ends this option, and future beneficiaries won't be able to engage in it once this provision takes effect; current beneficiaries won't be affected.

Beneficiaries will no longer get a higher benefit for delaying their Social Security claims when they don't actually delay. Financial advisors call these claiming strategies "file and suspend" and "claim now, claim more later." Here's how they work:

One spouse claims a spousal benefit at full retirement age (currently 66), and delays claiming his or her own worker benefit until age 70. This enables the worker to receive bonus worker benefits— 8% per year past full retirement age — even as he or she receives a spousal benefit. To use these strategies, beneficiaries must be married (or divorced, with a marriage of at least 10 years), and they must wait until the full retirement age to claim Social Security. These couples have advantages that others don't. Most people can't afford to wait until age 66 to begin receiving any Social Security or to age 70 to claim their retired worker benefit. People who claim at the full retirement age typically have higher incomes. Married beneficiaries are also significantly less likely to be poor than others.

These strategies can add up to tens of thousands of dollars in extra benefits over beneficiaries' lifetimes. While only a very small share of beneficiaries use these strategies, SSA's actuaries say that curtailing them will slightly improve Social Security's long-run solvency.

According to the publication *Crain's Wealth*, the inclusion of new limits on two key filing strategies — file and suspend and filing a restricted claim for spousal benefits — was the result of secret backroom budget negotiations between congressional leaders and the Obama administration.

Although the window is closing on exercising creative claiming strategies to maximize Social Security benefits, retirees who are already receiving benefits are grandfathered in under the old rules. "This

amendment grandfathers in anyone who is already using the claim-and-suspend filing option as well as those who request it between now and the next six months," said **Web Phillips**, senior legislative counsel at the National Committee to Preserve Social Security and Medicare. Anyone who is 62 or older by the end of 2015 will retain the right to collect just spousal benefits starting at their full retirement age of 66, assuming their spouse has already claimed retirement benefits or had requested to file and suspend their benefits within six months after enactment of the law.

But future retirees who are younger than 62 — those born in 1954 or later — are out of luck. The rules regarding "file and suspend" will change beginning six months after legislation is enacted. After that, anyone who files and suspends will no longer be able to trigger benefits for a spouse or dependent child, nor would they be able to request a lump sum of suspended benefits. No one will be able to collect benefits on his or her Social Security record until the primary beneficiary actually begins receiving benefits. In addition, anyone younger than 62 by the end of 2015 will not have the option of collecting spousal benefits early. If they are entitled to two Social Security benefits — on their own record and as a spouse — they will be required to file for all benefits at once and will be able to collect on the higher amount. They will not be able to claim a spousal benefit first as under current law and then switch to their own retirement benefit at age 70.

The same rule will apply to divorced spouses. If they are 62 or older by the end of this year, they will still be able to claim spousal benefits on their ex's earnings record. Younger divorced spouses will not have that option. Widows and widowers will retain the right to decide when to collect a survivor benefit and a retirement benefit. "Widows and widowers will continue to have a broad set of filing options," said Mr. Phillips. "And that applies to surviving divorced spouses as well."

According to the online magazine *Slate*, the "file and suspend" provision dates to 2000. It came about as part of legislation designed to encourage people in their 60s to remain part of the paid workforce by eliminating caps on what seniors could earn and still claim Social Security. File and suspend allows the lower-earning partner—usually the wife—to take her spousal benefits when she turned 66, while the other member of the marital team—usually the husband—continued to work. When the file-and-suspend spouse turned 70, he would once again claim his benefits, this time for good. At that point, the other partner forgoes Social Security's spousal benefit in favor of her now-larger personal monthly stipend.

But file and suspend wasn't only a strategy used by the upper-middle classes. It was helpful also to those who have divorced. For a woman, divorce is a greater risk factor for poverty in old age than widowhood or never getting married at all. That extra Social Security boost can help women whose savings were depleted by divorce expenses, whose finances never fully recover from the end of their marriages.

More than half of Americans over the age of 65 rely on Social Security for half or more of their annual income. A recent survey by AARP found that among those over the age of 50, almost 90% said they would rely on Social Security for the majority of their income when they cease working. The worth of the average Social Security payment has declined over the years. In 2002, it replaced about 40% of income. That's projected to fall to 36% by 2030, and that's before medical expenses are taken into account. The majority of Social Security recipients don't even know about "file and suspend" in the first place. Others need

as much money as they can get as soon as they can get it, and can't afford to suspend any benefits.

"Perhaps the file and suspend loophole should be closed," *Slate* wrote. "But that opens up a bigger discussion about Social Security and its future. A quickie deal between two political parties with little in the way of public discussion until the past 72 hours is not the way to go. Think of it this way: One man's loophole is another woman's dinner."

Lifespan Respite Care Act Filed

On November 3rd, near the start of National Family Caregivers Month, Congressmen **Jim Langevin** (D-RI) and **Gregg Harper** (R-MS), co-chairs of the House Bipartisan Disabilities Caucus, introduced the Lifespan Respite Care Reauthorization Act of 2015. This legislation would reauthorize the Lifespan Respite Care Act of 2006 at $15 million per year over five years in order to support coordinated respite services for family caregivers.

"Family caregivers perform demanding tasks that allow their loved ones to live at home where they are most comfortable. While the benefits of this type of family caregiving are plentiful, it can take an emotional, mental and physical toll," said Langevin, who authored and first introduced the Lifespan Respite Care Act in 2002.. "Access to respite services has been shown to ease that burden, improving caregiver health and promoting family stability. Lifespan Respite Care is an absolutely essential lifeline for families facing medical challenges."

"Family caregivers are the backbone of services and supports in this country and are the first line of assistance for most people," said Harper. "Respite is one of the most frequently requested support services among family caregivers; however, the vast majority of family caregivers still go without it. With access to respite services, family caregivers are given the opportunity to recharge as they continue to face the physical, emotional, and financial challenges of caregiving."

The 43 million family caregivers in the United States provide an estimated $470 billion in uncompensated care, more than total Medicaid spending in 2013. Respite care helps keep those costs diverted from the overall health care system, decreasing the need for professional long-term care and preventing caregiver burnout. To date, 33 states have received funding through the Lifespan Respite Care program.

The latest caregiver survey found that 85% of the 43 million family caregivers don't use respite because it's out of reach or they don't know about it.

The Two Barbaras

Barbara Byrne & Barbara Quinn

Each year, the Home Care Aide Council of Massachusetts presents the Cathe Madden Award to an Aging Services Access Point (ASAP Care Manager in recognition of the critical role of the ASAP-provider relationship for the provision of quality home care services to elder clients.

This year two North Shore Elder Services Care Managers were nominated for the Madden award. **Barbara Byrne** was nominated by Intercity Home Care and **Barbara Quinn** was nominated by NSCAP. Byrne has been at NSES for 9 years as a Care Manager, a Protective Services, and currently as the Intensive Care Manager. This is her first nomination for the Cathe Madden Award. Quinn has been with North Shore Elder Services for 16 years as a Senior Care Manager handling complex cases and group adult foster care clients. This is her fourth nomination. She was the recipient of the Award in 2005.

The final winner of the Madden care manager award statewide will be announced in our January issue.