

AAA 1-B MI CHOICE CONSUMERS COMMENT ON INTEGRATED CARE PLAN

The AAA 1-B Consumer Advisory Team (CAT) submitted to the Michigan Department of Community Health its comments regarding the state's plan to integrate the health care for those who participate in both Medicare and Medicaid, so called "dual-eligible" persons. Most CAT members are dually-eligible and receive services through the MI Choice program, Medicaid's home- and community-based alternative to nursing home care. Some of the comments CAT sent to Lansing are:

What is working well?

- I get to go to the hospital and doctors of my choice.
- I am comfortable with community-based health and long-term care.
- Care managers advocate for me in case I have questions or cannot understand the bureaucracy.

What are problems with the current system?

- There are three ID numbers, (for Medicare, Medicaid, and Part D prescription drugs) which can lead to billing errors. I have to apply for the programs separately.
- The current programs have a degree of complexity that consumers may not understand.
- I am concerned when payment of bills is delayed, I won't receive care when I need it.
- There are so many Part D programs to choose from, I am uncertain that I am choosing the best program for my needs. The Part D enrollment process is too complex.

What are your suggestions?

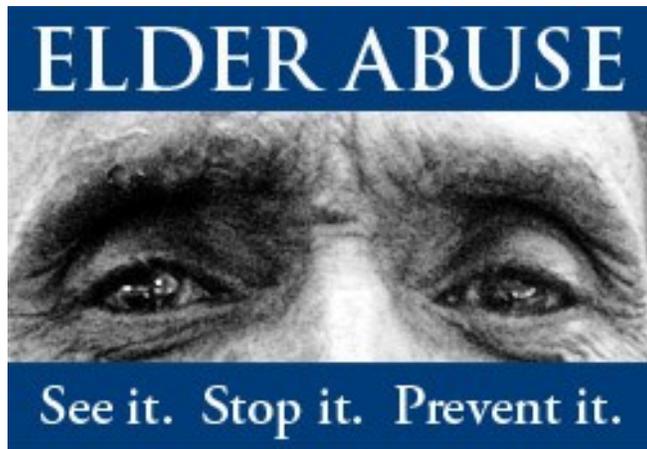
- Make it less complex. Streamline eligibility rules and have only one ID number to reduce errors.
- Properly educate consumers on the new model.
- Include minimum performance standards and financial penalties – awarded to the consumer – if standards are not met.
- Don't change the care part of coordination, just the financial systems of payment.
- Have an appeals process that is timely and easy to follow.
- Have a consistent advocate for the consumer, a care manager or supports coordinator who knows my social and medical history and can be easily contacted.
- Have a phone or in-person system whereby we can reach a "real" person to get clarification and information.

What are your concerns?

- Currently I have a care manager who knows my information. Do I have to find new providers and will this cause a problem in care quality, the benefits I receive, and their cost?
- A "comprehensive" provider network may not include my doctor of choice.
- What does "opt-out" mean to me in terms of the care I receive? Can I opt back in if I choose?

ELDER ABUSE BILLS GAINING MOMENTUM IN LANSING

Advocates who have been pushing for passage of elder abuse bills in the state legislature are seeing their efforts pay off as all but one of the bills presented to the Senate Committee on Families, Seniors and Human Services, have been reported out favorably. It is hoped that they will be passed by the full Senate and sent to the House for deliberation and passage before year end. Several similar bills had been introduced in previous legislative sessions; not one passed.



Now is the time to contact your representatives, in both the Senate and House, and urge them to support these bills. To find out how to reach your lawmaker, go to the AAA 1-B's website, click on the Advocacy Tab and Contact Your Lawmaker, or call Ann Langford at (248) 262-1282.

Elder Abuse coalitions have spoken out, but legislators need to also hear from individuals themselves. Elder abuse is still sometimes considered a “domestic” issue, something that should be handled within the confines of a family. This mindset could prevent passage of the bills.

Lawmakers must make clear that Michigan will not tolerate the victimization of its most vulnerable residents. In fact, the language in many of these specify protection for all vulnerable adults, not just seniors. These bills strengthen existing penalties, make it easier to identify and report suspected abuse, and protect the rights of individuals even as they must rely on others for their care. A summary of the bills, with links to their full text and analyses can be found at the AAA 1-B website, in the Advocacy Tab, under Senior Advocacy Issues and Positions.

GET THIS BILL MOVING: Power of Attorney Responsibilities—State Senate Bill 92

Status: Passed in the Senate. Awaiting Action by House Judiciary Committee

Contact: Committee Chairman Rep. John Walsh at (517) 373-3920, johnwalsh@house.mi.gov

Some people are concerned that durable powers of attorney may be used to financially exploit a vulnerable adult. The individual who is given the power of attorney may improperly execute his or her responsibilities, or may use the principal's assets for personal gain. The state code that creates the role of durable power of attorney does not specify the required and prohibited conduct of the person who acts as attorney-in-fact. This bill would prescribe certain responsibilities, require the attorney-in-fact to sign a document accepting these obligations and limitations, and acknowledge potential liability if he or she violates his or her duties. Many attorneys and estate planners already include such language in power of attorney documents, but this bill will hopefully thwart the efforts of unscrupulous individuals who use poorly crafted documents.

AAA 1-B PRINCIPLES TO ADDRESS THE NATION'S BUDGET DEFICIT

The Area Agency on Aging 1-B (AAA 1-B) supports adopting a balanced approach to addressing the nation's deficit, which protects low- and middle-income seniors who rely on core social insurance and community-based services and supports. The AAA 1-B believes the following principles should guide any negotiation to address the budget gap:

- 1. Establish balance:** In addressing the annual deficit and accumulated national debt, any budget agreement must adopt a *balanced approach*, including revenue raisers, as well as savings from mandatory and discretionary spending which yields the resources necessary to address national needs, reduce the deficit and retire debt.
- 2. Protect the most vulnerable:** Any budget agreement must protect those older adults and adults with disabilities in greatest need, both socially and economically, by fairly balancing budget resources against sacrifices, taking no actions that increase economic vulnerability or poverty, or result in a decreased level of health care provided.
- 3. Preserve delicate economic recovery:** Any budget agreement must be sensitive to the impact of the current economic downturn, which demands budget solutions that stabilize both the American economy and the budgets of low- and middle-income seniors.
- 4. Address system wide health care inflation:** Any budget agreement must spread the burden of spending cuts and revenue increases equitably among all stakeholders, and not shift higher costs on to consumers, states or Medicare and Medicaid disproportionately. Building on the cost savings and efficiencies of the Affordable Care Act, an agreement must slow the rate of increase in federal health spending by addressing the systemic causes of health care inflation that are the root cause of rising costs in federal health programs.
- 5. Reject arbitrary caps and triggers:** Any budget agreement must avoid resorting to automatic, arbitrary spending caps and mechanisms, and require legislators to set priorities and be held accountable for revenue and spending decisions, now and in the future.

U.S. Senators and Representatives: (202) 224-3121

Give the operator your zip code and you will be connected to his or her Washington, DC office. Or click on the AAA 1-B web site's [Contact Your Federal Lawmaker](#).

Michigan State Senators: (517) 373-2400

State Representatives: (517) 373-0135

Or click on the AAA 1-B website's [Contact Your State Lawmaker](#).



The Area Agency on Aging 1-B (AAA 1-B) is a nonprofit agency serving the needs of older adults in Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties. For more information about the Senior Advocacy Network (SAN) or to receive future editions of *The Advocate*, contact Ann Langford at (248) 262-1282 or alangford@aaa1b.com.

UPDATE ON OLDER AMERICANS ACT REAUTHORIZATION

The chances that the Older Americans Act (OAA) will be reauthorized as scheduled in 2011 dwindle as the fourth quarter begins, yet Congressional committees continue to hear testimony on the need for and value of its important programs. Failure to reauthorize the Act in 2011 does not mean that programs will end; funding decisions for OAA programs such as home-delivered meals, in-home supports, and evidence-based disease prevention programs are made by congressional appropriations committees. Most OAA programs have been spared from large funding cuts for FY 2012 in respective House and Senate committees, however, the threat of cuts remain as the bi-partisan “super-committee” attempts to negotiate \$1.2 trillion in savings over ten years. Should the super-committee fail to reach an agreement, an across-the-board cut to discretionary programs including OAA programs will likely occur. The Area Agency on Aging 1-B may then see a 4% cut in OAA funding, valued at approximately \$400,000 for FY 2012.

Following are excerpts of testimony given to the Senate HELP Committee (Health, Education, Labor and Pensions):

“Organizations from across the country are experiencing large increases in the demand for core services, such as job training and assistance, help with applying for benefits, and subsidized meals. These aging service organizations also find themselves stretched to try to assist clients with hard to solve financial problems that they feel ill-equipped to handle, such as threats of foreclosure or eviction, high credit card debts, and a pervasive and growing sense of economic insecurity.”

Sandra Nathan, Senior Vice President, Economic Security, National Council on Aging, October 18, 2011

“One of the key elements of ensuring economic security for older adults concerns preventing elder financial abuse and exploitation...At a time when the labors of a lifetime should be enjoyed, many seniors are being exploited, with often devastating consequences...Clearly, more training and assistance should be provided to states, Area Agencies on Aging, and service providers on identifying and reporting instances of elder financial abuse—recognizing the warning signs, knowing what questions to ask to verify that abuse has occurred, and knowing where to go for help. Education must extend to seniors themselves, by providing opportunities and incentives to empower seniors on how to prevent becoming a victim.”

Marci Phillips, Director of Public Policy and Advocacy, National Council on Aging, October 11, 2011

“Data from AoA’s (Administration on Aging) 2009 national survey of elderly program participants show that the nutrition services programs are effectively helping seniors improve their nutritional intake and remain at home: 73 percent of congregate and 85 percent of home-delivered meal recipients say they eat healthier meals due to the programs, and 58 percent of congregate and 93 percent of home-delivered meal recipients say that the meals enabled them to continue living in their own homes.”

Kathy Greenlee, Assistant Secretary, Administration on Aging, June 21, 2011

“It is estimated that over 90% of seniors have one or more nutrition-related chronic conditions, such as heart disease, diabetes, or high blood pressure. Improving the ability of programs to respond to the nutritional needs of older adults with chronic conditions should reduce the significant health costs incurred in treating this population.”

Howard Bedlin, Vice President for Public Policy and Advocacy, National Council on Aging, August 25, 2011