Administration on Aging Update

Presented by
Sherri Clark
Aging Services Program Specialist
Presentation Topics

• AoA 2012 Budget

• OAA Reauthorization

• CLASS Program

• Partnership for Patients/Care Transitions

• Other items of interest
Summary of the FY 2012 President’s Budget

• Total FY 2012 Request of $2.251 Billion

• Themes
  • Focuses on Elder Rights/Elder Justice
  • Support for Seniors and Caregivers
  • Emphasis on Community Living
  • Promote Economic Independence
Focus on Elder Rights and Elder Justice

• Proposes increases of +$21.5 million to support an enhanced focus on elder rights and elder justice.
  
  • +$15 Million for new Adult Protective Services demonstrations authorized under the Elder Justice Act of 2010.
  
  • +$1.5 Million for new Native American Elder Rights activities authorized under Title VII of the Older Americans Act.
  
  • +$5 Million for the Long-Term Care Ombudsman Program to improve resident advocacy in long-term care settings.
Support for Seniors and Caregivers

• Provides an additional +$95.5 million for programs that provide caregivers with services, supports and respite.

  • +$40 Million for the National Family Caregiver Support Program, including +$2 million for Native American caregivers.

  • +$48 Million for Home and Community-Based Supportive Services to expand services that help caregivers to care for their loved ones at home.

  • +$7.5 Million for the Lifespan Respite Care Program to improve the quality of, and access to, respite care.
Emphasis on Community Living

- Transfers the State Health Insurance Assistance Program (SHIPs) from the Centers for Medicare and Medicaid Services to AoA.

- Enhances efficiency (about 2/3 of grantees are State Units on Aging) and complements AoA activities, such as Aging and Disability Resource Centers.

- FY 2012 Request includes $47 Million for SHIPs, the same as the FY 2010 enacted level.

- Includes $120 million in administrative funding for the Community Living Assistance for Services and Supports (CLASS) program.
Promote Economic Independence

• Transfers the Senior Community Service Employment Program (SCSEP) from the Department of Labor to AoA.

• Recognizes that SCSEP is most effective when its services are closely integrated with the supports that are provided by AoA’s core programs.

• FY 2012 Request includes $450 Million for SCSEP, a total reduction of -$375 million below the FY 2010 enacted level.

• -$225 million of the reduction is attributable to a non-continuing, one-time special appropriation to address the economic downturn.
Reauthorization of the OAA
Reauthorization of the OAA

• Current legislation set to expire 9/30/2011

• Timely opportunity to update legislation

• AoA received reports from more than 60 listening sessions held throughout the country

• Received online input from organizations and interested individuals
Reauthorization of the OAA

Emerging Themes

• **Improving Outcomes**
  • Embedding evidence-based interventions in disease prevention programs
  • Providing flexibility to respond to local nutrition needs

• **Removing Barriers and Enhancing Access**
  • Expanding caregiver supports to parents caring for their *adult children with disabilities*
  • Expanding ombudsman services to *all* nursing facility residents, not just older residents
  • Expanding ADRCs (*single entry points*) nationwide for greater access to public and private services
Reauthorization of the OAA

• FIGHTING FRAUD AND ABUSE IN MEDICARE AND MEDICAID
  • Converting the Senior Medicare Patrol from a pilot to an ongoing consumer-based fraud prevention & detection program.

• ENHANCING COMMUNITY SERVICE
  • Aligning programs and enhancing seniors helping seniors by transferring the Senior Community Service Employment Program from DoL to AoA.
The Class Program
The CLASS Program

- Community Living Assistance Services and Supports
- The CLASS Act is Title VIII of the Affordable Care Act
- New voluntary insurance program for individuals age 18 or older who are “actively employed”
- Not available yet
- Administered by AoA
The CLASS Program

- **TIMING** - Law requires Secretary Sebelius to designate the benefit plan by October 1, 2012. Enrollment will start sometime after October 1, 2012.

- **VOLUNTARY ENROLLMENT** - Enrollment is optional, not mandatory.

- **UNDERWRITING** – The law states that no medical underwriting shall be used to determine monthly premiums or prevent an individual from enrolling in the program.
The CLASS Program

- **ELIGIBILITY FOR BENEFITS** – Three requirements to be considered an “eligible beneficiary” for benefits:
  - **VESTING** – Must pay premiums for at least 60 months
  - **EARNINGS** – Must meet minimum earnings requirements for a specified number of years. Details are not yet defined.
  - **FUNCTIONAL LIMITATION** – Must need assistance with at least 2 or 3 activities of daily living (e.g., eating, dressing, toileting) – or have a cognitive impairment (e.g., Alzheimer’s disease) – or have an equivalent level of disability. Details are not yet defined.
The CLASS Program

- **CASH BENEFIT** - The law specifies a cash benefit, on average, of at least $50/day, varying based on a scale of functional ability, with 2 to 6 benefit levels. Details not yet defined.

- **SELF-FINANCED** - Benefits are paid from premiums and earnings on those premiums. No taxpayer funds are used to pay benefits.
The CLASS Program

• **USE OF BENEFITS** - The law provides “examples” of what benefits can be used for – home modifications, assistive technology, accessible transportation, homemaker services, respite care, personal assistance services, help with advance directives and living wills, home care aides, nursing support, etc.
The CLASS Program

FOR MORE INFORMATION VISIT

WWW.AOA.GOV/CLASS
Care Transitions and the Aging Network
Partnership for Patients: Better Care, Lower Costs

HHS has launched a new nationwide public-private partnership to tackle all forms of harm to patients. The goals are:

1. Keep patients from getting injured or sicker. By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010.

2. Help patients heal without complication. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20% compared to 2010.

Potential to save up to $35 billion dollars over three years.
Why Is This Important?

- About 1 in 5 Medicare beneficiaries discharged from the hospital are readmitted within 30 days
  - 34% are rehospitalized within 90 days

- Unwanted readmissions have high costs
  - financially for Medicare
  - physically and emotionally for people with Medicare and their families.
Where Does the Aging Network Fit In?
Community-based Care Transition Program (CCTP)

- The CCTP, mandated by section 3026 of the Affordable Care Act, provides funding to test models for improving care transitions for high risk Medicare beneficiaries.

- CMS is now accepting applications to participate in the CCTP

- $500 million available for community-based organizations
Program Goals

• Improve transitions of beneficiaries from the inpatient hospital setting to home or other care settings
• Improve quality of care
• Reduce readmissions for high risk beneficiaries
• Document measurable savings to the Medicare program
Eligible Applicants

- Are statutorily defined as:
  - Acute Care Hospitals with high readmission rates in partnership with a community based organization
  - Community-based organizations (CBOs) that provide care transition services

- There must always be a partnership between the acute care hospital(s) and the CBO
Definition of CBO

- Community-based organizations that provide care transition services across the continuum of care through arrangements with subsection (d) hospitals
  - Whose governing bodies include sufficient representation of multiple health care stakeholders, including consumers.
Preferences

• Preference will be given to proposals that:
  – include participation in a program administered by the AoA to provide concurrent care transition interventions with multiple hospitals and practitioners
  – provide services to medically-underserved populations, small communities and rural areas
### Care Transition Themes: How Do They Relate to The OAA and Aging Network Services

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<th>Enhanced Follow-Up</th>
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<td>• Case Management/Care Coordination</td>
<td>• Patient/client assessments</td>
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<td>• Workforce development and training</td>
<td>• In-home services</td>
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<td>• Planning</td>
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<td>• Coordination of benefits</td>
<td>• Monitoring/assistive devices/PERS</td>
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<td>• Medication mgmt</td>
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<td>• Disease prevention &amp; health promotion</td>
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AoA & Care Transitions

• Collaboration and coordination
  – With CMS, HHS, and other federal agencies on Partnership for Patients
  – With national aging partners, foundations and others on ACA opportunities for the aging network

• In 2010, funded 16 states to coordinate and continue to encourage evidence-based care transition models which help older persons or persons with disabilities remain in their own homes after a hospital, rehabilitation or skilled nursing facility stay

• Technical assistance resources for the network
Resources for the Network

• Monthly webinars focused on ACA opportunities for the aging network (initial focus on care transitions)
• Toolkit on care transitions, specifically designed for the aging network
• ACA eNewsletter (goes to all AoA eNews recipients)
Resources: Care Transitions

- http://www.adrc-tae.org/tiki-index.php?page=CareTransitions (AoA’s Aging and Disability Resource Centers and care transitions)
Other Items of Interest
HIV/AIDS Turns 30

- Webpage
  http://www.aoa.gov/AoARoot/AoA_Programs/Special_Projects/HIV_AIDS/index.aspx

- HIV/AIDS 30TH Social Media Outreach Strategy

- Positive Aging: HIV Turns 30 Webinar
  Tuesday, June 14, 2:00-3:30 pm Eastern
  https://aoa-events.webex.com/aoa-events/onstage/g.php?d=668461782&t=a
New Media

Widgets

E-Cards

News Feeds

http://www.aoa.gov/AoARoot/Press_Room/Social_Media/index.aspx

www.facebook.com/aoa.gov
Stay Updated!

Monthly E-Newsletter
E-News Alerts

http://www.aoa.gov/AoARoot/Press_Room/Enews
QUESTIONS!

Feel free to contact me if you have questions, suggestions, or comments

Sherri.clark@aoa.hhs.gov
202-357-3506