



COMING TOGETHER TO ADVOCATE FOR OLDER ADULTS

NC Coalition on Aging
November Update – November 17, 2017
Part 1

Note: This is Part 1 of 2 Updates for the month of November. Next week, Part 2 which contains information on people in the news, upcoming meetings/events, and articles/news stories/ resources will be sent.

U.S. House Passes Tax Reform: As expected, the House passed tax reform legislation on Thursday. The vote was 227-205. Thirteen Republicans, including Rep. Walter B. Jones from eastern North Carolina, joined all House Democrats in voting no on the bill. As noted in the action alert sent to Coalition members on Wednesday, aging advocates have expressed great concern about the legislation because it increases the federal deficit and eliminates or scales back popular deductions such as the medical expense deduction. Attention is now focused on the Senate where a vote is expected, perhaps today, by the Finance Committee on its tax legislation. A vote by the full Senate could take place after Thanksgiving.

A congressional analysis just released has found that the Senate's revised tax bill would raise taxes on lower-income Americans within a few years. This analysis stems from the last minute inclusion by the Senate of a provision that would repeal the Affordable Care Act's requirement that most people buy health insurance (individual mandate). This repeal would lead to many low-income Americans choosing not to buy insurance and therefore not claiming tax subsidies that currently help them defray the cost of health coverage. The Joint Committee on Taxation has also projected that Americans earning \$30,000 or less would see their taxes increase beginning in 2021 and those earning \$75,000 or less would face large tax increases in 2027 after the individual tax cuts expire if the Senate bill becomes law. See this [article](#) from the New York Times for more details about the latest developments on the tax reform legislation.

Coalition Presents Comments on Community Alternatives Program for Disabled Adults (CAP/DA): Coalition on Aging Past President, Bill Lamb represented the Coalition at the listening session on CAP/DA hosted by the NC Division of Medical Assistance on October 31 in Raleigh. In the two minutes he had to speak, he made the following points:

- The long waiting lists for services point to the need for more CAP/DA slots.
- Core waiver services such as adult day health, home delivered meals, screening and case management are being reimbursed at rates lower than the actual cost of service delivery.

- It is time to allow more flexibility in the purchase of simple non-traditional supports that assist recipients in living independently.

Michael Boles, representing Coalition member Resources for Seniors (Wake County), also offered comments at the listening session about the inadequacy of reimbursement rates for adult day health services.

New Aging Subcommittee Meeting Set: The Joint Legislative Oversight Committee on Health and Human Services Subcommittee on Aging meets today (November 17) for its first meeting. Following introductory procedures, including examining the Subcommittee's charge, Committee staff member Deborah Landry will provide an overview of the budget of the NC Division of Aging and Adult Services (DAAS) which will be followed by an overview of the work of the Division and the state's aging population provided by Michael Becketts, Assistant Secretary for Human Services in the NC Department of Health and Human Services (DHHS), and Joyce Massey-Smith, Adult Services Section Chief in DAAS.

State DHHS Releases Requests for Information: The NC Department of Health and Human Services is asking health care providers, health plans, and other stakeholders to provide information that will help the Department transform the state Medicaid and NC Health Choice programs to managed care. Two Requests for Information were released the first of November – one addresses managed care operations, including a statement of interest from prospective prepaid health plans (PHPs) and the other addresses the financial aspects of managed care, including information on the proposed capitation rate setting methodology. Responses to the Managed Care Request for Information will be accepted by DHHS until 2 p.m. on November 22 and to will be received on the Statement of Interest and Financial Request for Information until 2 p.m. on December 1.

United Way Adds Long Term Services and Supports Specialist to NC 2-1-1 Team: United Way of North Carolina has announced that Julie Bell joined the NC 2-1-1 team as a Dedicated Long Term Services and Supports (LTSS) Call Specialist in the Durham Call Center the first week in December. In this new role, she will be available to 2-1-1 callers who present a complex set of needs that may not be met with standard information and referral services. After a caller has an initial conversation with a 2-1-1 call specialist, they may be referred on to the dedicated LTSS call specialist to have a more lengthy conversation to determine what wrap around services are needed to meet their need. Examples of the wrap around services the LTSS call specialist could conduct include: an eligibility pre-screening to better identify the best services to meet the caller's needs considering income, military status and other details of the caller's life; placing advocacy calls on behalf of callers who have encountered barriers in accessing referred services or who may be unable to place calls on their own due to disability; and serving as a point of contact for the caller to communicate with on their comprehensive needs as they move forward in navigating for services. Additionally, the LTSS call specialist could be a second level of referral for callers identified through follow-up call as facing multiple barriers to accessing

services. Information and referral services nationwide have found advocacy calls and “warm transfers” to be very helpful in increasing access to services for callers facing additional barriers. The LTSS Call Specialist position is funded through a contract United Way has with NC DHHS/Division of Aging and Adult Services for the No Wrong Door project to serve older adults and persons with disabilities.

President Nominates New Health and Human Services Secretary: On November 13, President Trump nominated Alex M. Azar II, a former president of the American division of Eli Lilly and a health official in the George W. Bush administration, as the Secretary of Health and Human Services. Mr. Azar is a lawyer and a health care expert who is no fan of the Affordable Care Act (ACA). He recently called the ACA a “fundamentally broken system.” Read more about the appointment [here](#).

Social Security Payments to Increase 2%: The Social Security Administration has announced that Social Security recipients will receive a 2% cost-of-living adjustment (COLA) in 2018. This is the biggest increase since a 3.6% increase in 2012. The increase will boost the average beneficiary check by \$27.38 a month, or about \$329 a year. Forty-two million retirees are receiving Social Security payments this year which average \$1,277 a month or about \$16,524 a year. The Social Security Administration also announced that the maximum amount of earnings subject to Social Security tax which is now \$127,200 will climb to \$128,700 next year. In addition, it was reported that the SSI Federal Payment Standard will increase from \$735 per month in 2017 to \$750 per month in 2018. Additionally, work incentive thresholds for Social Security and SSI beneficiaries with disabilities will increase. Click [here](#) for more information about the increase.

New Medicare Cards Coming: The [Medicare Access and CHIP Reauthorization Act \(MACRA\) of 2015](#), requires Social Security Numbers (SSNs) to be removed from all Medicare cards by April 2019. The Center for Medicare and Medicaid Services (CMS) has [announced](#) that every Medicare beneficiary will receive a new Medicare card between April 2018 and April of 2019 that will have a new Medicare number unique to them. To get ready for the new card, CMS is asking all Medicare recipients to:

- Make sure their mailing address is up to date. Contact Social Security at ssa.gov/myaccount or 1-800-772-1213 (TTY users can call 1-800-325-0778) if updates are needed.
- Beware of anyone who contacts them about their new Medicare card. Social Security will never ask anyone to give personal or private information to get a new Medicare number or card.
- Understand that mailing everyone a new card will take some time. Friends or neighbors may receive cards at different times.

Falls Prevention and Chronic Disease Self-Management Education Funding At Risk: On November 3 by a vote of 242-174, the U.S. House of Representatives passed the Championing Healthy Kids Act (HR 3922) to reauthorize the Children's Health Insurance Program (CHIP) and to extend funding for Community Health Centers (CHCs). Unfortunately, it offsets that new funding with a \$10.5 billion (75%) cut from the Prevention and Public Health Fund (PPHF). All funding each year over the FY 20-26 period would be zeroed out. The ACA created the PPHF which sets aside a specific amount of funding for Congress to allocate to a variety of public health and prevention initiatives in communities across the country.

Of the current PPHF funding, \$5 million was allocated to Falls Prevention and \$8 million was allocated to Chronic Disease Self-Management Education for FY 17 grants overseen by the Administration for Community Living (ACL). Both of these programs have benefited many older adults. The bill now heads to the Senate which has its own bipartisan version of a bill to reauthorize CHIP and CHCs but it does not include offsets. It is speculated that the longer this bill gets delayed, the more likely it is to end up in an end-of-the-year funding package which could also include cuts to the Prevention Fund.

Bill Gates Donates Big for Alzheimer's Research: On November 13, Microsoft founder Bill Gates [announced](#) that he would donate \$100 million toward Alzheimer's research. The donation will be invested immediately with \$50 million going toward the Dementia Discovery Fund, a private-public research partnership focused on some of the more novel ideas about what drives the brain disease, and \$50 million funneled later to startup ventures working toward finding a cure to Alzheimer's. Gates also said that he would like to award a grant to build a global dementia data platform. He noted that he has a family history of Alzheimer's.

Other Notes and Updates:

In the latest **redistricting development**, the map-making expert brought in by federal judges to rework North Carolina's House and Senate legislative districts released his proposal on November 13. Attorneys on both sides of the underlying lawsuit requiring new maps have until today (November 17) to recommend changes for a plan that is due December 1 to the three federal judge panel overseeing the redrawing. The proposal released on the 13th double-bunks a number of incumbent legislators in Guilford and Wake Counties.

The Joint Legislative Oversight Committee on Medicaid and NC Health Choice met on November 14. Most of the meeting was spent looking at the **current status of the Medicaid program** including examining enrollment data and receiving a financial update. It was noted that the program is currently operating under the projected budget as it has been for the last three years. The enrollment of older and disabled adults is collectively .8% over budget as of October 1. Medicaid enrollment as of October 1 was 2,014,249 people which is 41,748 less than was budgeted and 18,553 higher than June 30.

The Legislative Research Commission has appointed members to a **Study Committee on Access to Healthcare in Rural North Carolina**. The Committee will study issues surrounding the access to health care in rural communities in the state. Committee members are Senators Bill Rabon (ex-officio), David Curtis (chair), Kathy Harrington, Joyce Krawiec, Trudy Wade, Don Davis and Representatives David Lewis (chair), Greg Murphy, Josh Dobson, Evelyn Terry, and Howard Hunter.

The State Fiscal Year 2016 (July 1, 2015 through June 30, 2016) [NC Medicaid and NC Health Choice Annual Report](#) is available on-line.

The **flu season** which began October 1 and runs through May has claimed three flu-related deaths in the state so far this flu season.

The NC Budget and Tax Center has released its [2017 Poverty Report](#). Key findings from the report include: Poverty in North Carolina is still higher than pre-recession levels. The state's poverty rate was 15.4 percent in 2016, down from 16.4 percent in 2015. North Carolina has higher rates of poverty, deep poverty, and child poverty than the majority of states. The state's poverty rate, child poverty rate, and deep poverty rate rank 13th, 17th, and 15th highest in the nation, respectively. Race and gender play significant roles in poverty. Communities of color, women, and children are more likely to face economic hardship than white people, men, and older adults. Poverty's reach varies considerably across the state, revealing a stark rural-urban divide. Out of the state's 100 counties in 2014, the 20 highest county-level poverty rates were all in rural counties.

Cigna will increase rates by an average of almost 25% on "Obamacare" policies sold in the five county area around Raleigh where it offers policies. Cigna had originally requested approval for a 32% rate increase from the NC Department of Insurance.

The National Council on Aging (NCOA) has [compiled information on 18 public and private benefits that help veterans](#) address their financial, health, and residential needs, while offering some assistance to their caregivers too. According to Census data, more than 20 million Americans are veterans of foreign wars. Roughly half of those veterans (9.2 million) are aged 65 and older, including more than 1.3 million World War II veterans over the age of 85.

The National Institute of Senior Centers has extended the deadline for the **2017 Programs of Excellence Awards** to December 1. The [Awards](#) recognize innovative and replicable programming at senior centers.

The U.S. House of Representatives has voted 307 to 111 to abolish the [Independent Payment Advisory Board \(IPAB\)](#). The Board is tasked with coming up with Medicare cuts if spending rises above a certain threshold, but it has been criticized as outsourcing the work of Congress. The bill now goes to the Senate where quick action on it is not expected.

According to the Agency for Health Care Research and Quality, the overall [rate of hospital-acquired conditions](#), such as pressure ulcers or adverse drug events, decreased 21% between **2010 and 2015, from 145 to 115 per 1,000 hospital discharges.**

In a [speech](#) to the national Medicaid directors last week, Seema Verma, head of the Centers for Medicare & Medicaid Services, indicated that **allowing states to have Medicaid work requirements** is part of her plan to help give states more Medicaid flexibility.

According to the U.S. Department of Veteran Affairs, the [rate of suicide among veterans](#) has increased by 32%. Every day, 20 veterans take their own lives somewhere in the United States. In North Carolina, five veterans die by suicide each week.

Long-Term Services and Supports Beneficiaries Report from Truven Health Analytics provides information about Medicaid long-term services and supports (LTSS) beneficiaries in 2013. The report estimates that approximately 5.2 million people received Medicaid-funded long-term services and supports (LTSS) during calendar year 2013. This data includes state-reported estimates for managed LTSS programs. 72% of LTSS beneficiaries received home and community-based services (HCBS), and this includes people who received institutional services during the year. 56% of beneficiaries were under age 65, including children and youth under age 21 (16%) and people age 21 through 64 (40%). Older adults comprised 44% of beneficiaries. For each age group, a majority of people received HCBS, but older adults were less likely to receive HCBS than people under age 65. [Click here](#) to access the report.

Also from Truven Health Analytics, the **Medicaid Section 1915(c) Waiver Data Based on the CMS 372 Report, 2013 – 2014** describes section 1915(c) home and community based services waiver programs. Over 1.6 million people received section 1915(c) waiver services in 2014; this is a 5% increase from 1.5 million in 2013. Also, the number of section 1915(c) waiver participants has increased by an average of 4% per year since 2009. Participants received services for an average of 10 months in 2014, as in previous years. [Click here](#) to access the report.

A recent **poll** conducted by the Associated Press and NORC Center for Public Affairs Research found that **adults who care for older relatives** have little training and are often overwhelmed by the tasks at hand, but by and large say their experience is worthwhile. Nearly half of poll respondents say it's difficult to balance work and caregiving. To read more about the poll, click [here](#).

According to [AARP and the National Alliance for Caregiving](#), caregivers of adults spend approximately four years providing care, with nearly one-quarter doing so for five years or longer. On average, family caregivers provide 24.4 hours of care per week. Data collected by U.S. Administration for Community Living in 2016 shows that caregivers served by the National Family Caregiver Support Program (NFCSP) had been providing care for 5-10 years (29.9%) while 12% had been doing so for 11-20 years. These caregivers spend considerable portions of their day providing care, with 50% indicating that their loved ones needed 13-24 hours of help, daily. When asked about the biggest difficulty they faced as family caregivers, 21% said they did not have enough time for themselves or their families.

A program developed to reach more veterans is the [Veteran-Directed Home and Community Based Services program](#). Veterans in this program design their supports based on their unique circumstances and lifestyles. Program participants have the support of person-centered counselors to connect them to available resources and support them as they manage their own flexible budgets as well as hire and supervise their own workers. This flexibility allows them to come up with creative solutions to meet their support needs, including hiring family, friends, and neighbors to deliver their care and services.

The Center for Medicare and Medicaid Services (CMS) has released the [2018 Star Ratings for Medicare Advantage and Part D prescription drug coverage](#). The Star Rating system is used to measure how well Medicare Advantage plans that include prescription drug coverage and standalone Part D plans stack up when it comes to categories such as customer service, member complaints, pricing, and the array of services each offers.

The Agency for Healthcare Research and Quality reports that [thirty-day all-cause hospital readmission rates in 2014](#) were highest for patients with congestive heart failure (23.2 per 100 admissions), schizophrenia and other psychotic disorders (22.9), and respiratory failure (21.6).

The Internal Revenue Service has announced that it is increasing the [amount that workers can contribute in 2018 to tax-deferred 401 \(k\) retirement plans](#) provided by employers. The new limit will be \$18,500 which is \$500 higher than the 2017 cap. This is the first increase in the past three years.

According to [new guidelines](#) released this week by the American College of Cardiology and the American Heart Association, **46% of Americans now have high blood pressure**. High blood pressure is now considered 130/80. Previously high blood pressure was defined as 140/90. Under the new guidelines, 14% more Americans adults are hypertensive.

Resources for disaster/emergency preparedness that offer helpful information include the following:

- [Safe Travels: Disaster Preparedness on the Road](#)
- [Disaster Preparedness for Senior by Seniors](#)
- [Emergency Power Planning for People Who Use Electricity and Battery-Dependent Assistive Technology](#)

The National Institute on Aging has a helpful guide of [tips on grooming and dressing for caregivers of persons with Alzheimer's](#).

Next Avenue has announced their **2017 Influencers in Aging** - advocates, researchers, thought leaders, and other groundbreakers who expand the traditional boundaries of aging to change our cultural notions of what it means to grow older. Among [those selected](#) are Nancy LeaMond, Executive Vice President and Chief Advocacy and Engagement Officer with AARP, Sandy Markwood, CEO of the National Association of Area Agencies on Aging, and Robyn Stone, Senior Vice President for Research at LeadingAge.

Next Coalition on Aging Meeting: The Coalition will not meet in November due to the Thanksgiving holiday. As has been the practice in previous years, the November and December meetings are combined into one meeting that is held in early December. This year's meeting will be on Friday, December 8, from 10:00 a.m. to 12:00 noon in room 104 of the Brown Building which is located at 801 Biggs Drive on the Dix Campus in Raleigh (our usual meeting location). This is the hearing room for the NC Division of Health Service Regulation. Guest speaker for the meeting will be Joyce-Massey Smith, Adult Services Chief with the NC Division of Aging and Adult Services. She will share information about what was learned from the listening session held around the state on adult protective services and public guardianship (current legislative priorities of the Coalition) as well as discuss efforts related to the opioid crisis and older adults. A meeting agenda will be sent prior to the meeting.

Membership Renewal: 2018 membership renewal notices will be e-mailed after the Thanksgiving holiday. As in previous years, the dues renewal process can be completed on-line or by mail. Dues remain the same as last year - \$100 for agencies/organizations/groups and \$20 for individual supporters.

Submitting Information for Updates: If you have news or information on activities and events you would like to have included in an *Update* to Coalition members, please send details to Mary Bethel, Coalition President, at mmbethel72@gmail.com. The Coalition also posts a master calendar of aging related events and activities on the Coalition's website.

Have questions about the Coalition on Aging or need more information, including information about joining the Coalition or renewing membership, please contact us at mmbethel72@gmail.com or check out our website at <http://www.nccoalitiononaging.org/>.

