Grass Roots Advocacy –
The Time is Now

Introductions

- Barbara Gay
- Marsha Greenfield
- Ben Belton
- Richard Schwalberg
Session Goals

- To provide attendees current Federal Legislative updates and overview of National issues, which affect the elderly
- To offer advocacy initiatives and approaches, which can be brought back to our senior care communities
Once and Future in DC

- Now we see them; now we don’t
- Fiscal 2017 budget
- 2017 spending bills
- Older Americans Act reauthorization
- Senate chronic care working group
Short Legislative Year

- Senate in session pro forma during recesses to prevent recess appointments
- Memorial Day, July 4, Labor Day
- Party conventions in July
- August – traditional break
- Last vote in the regular session – Sept. 30
- 62 legislative days left in the regular session
- Lame duck scheduled to begin Nov. 14, possibly last through December 16
Budget deal last fall covered 2016 and 2017
Budget resolution supposed to precede spending bills
House faction: more cuts in mandatory programs or no support for budget resolution
- HR 4725 – lower cap on provider taxes, reduces federal Medicaid $ to states
- HR 4724 – eliminate Social Services Block Grant
Senate procedures could delay a budget resolution until later in the year
2017 Budget
Obama Administration Proposal

- SNF payment update cut
  - 2.5% in 2017, tapering to 0.97% in 2024
  - No protection against negative updates
  - Meanwhile 2% sequestration goes til 2026
- Cut reimbursement for bad debt from 65% to 25% over 3 years
- Cuts only happen if legislated by Congress
Fiscal 2017 Spending

- Budget deal allowed $30 billion more
- How to allocate?
- Issue for senior housing and services
- President requested an increase for Section 202, but not for new construction
- Flat funding proposed for Older Americans Act
- Continuing resolution already forecast
Older Americans Act

- Advocacy success!
- S. 192, sponsored by Sen. Bernard Sanders
- Senate passed July, 2015
- All of a sudden, the House passed, amended, March 21.
  - Under suspension, by voice vote
  - With more funding allowed for programs!
- Senate still has to approve House amendments
- 5 years of advocacy
Medicare Home Health Legislation

- H.R. 1342/S. 578 – Home Health Planning Improvement Act
- Allows health care professionals other than physicians to prescribe home health services
- Especially important in rural areas
- Bipartisan cosponsorship – 176 House/45 Senate
- Still in committee in both houses
Home Health Legislation

- H.R. 4212 – Community-Based Independence for Seniors Act
- Demonstration program of Medicare coverage of non-medical services
  - Adult day, homemaker, meals, respite
- Still in committee
Bipartisan leadership
Committee has jurisdiction over Medicare
Query to stakeholders:
  ◦ How can we tweak Medicare payments to doctors and hospitals to improve chronic care delivery?
Response

- Most chronic care is managed outside of hospitals and doctors’ offices
- Care coordination is essential
  - Must include services covered by Medicaid and private pay
  - Must include home- and community-based services
- Affordable housing is an integral platform
Access to full array of services can’t be complete without a better financing mechanism.

Technology can improve self-management and link individuals to family members and service providers.
Chronic Care Work Group

- Preliminary white paper 12/18/2015
  - Focuses on Medicare changes
  - More input sought on care at home, hospice, Medicare Advantage, application of technology
- Next steps unclear
Medicare “Observation Days”

- H.R. 1571/S. 843, the Improving Access to Medicare Coverage Act
- Would count any time a Medicare beneficiary spends in the hospital toward the three-day stay requirement
- Bipartisan – 113 House cosponsors, 21 Senate
- NOTICE Act, enacted last year, doesn’t solve the observation days problem.
Post–Acute Care
Value–Based Purchasing

- H.R. 3298 – we oppose
- Would replace VBP program already being rolled out by CMS

Concerns:
- Just another way of cutting Medicare
- Uses resource measure from IMPACT, not QM
- No validation
- Timing/permanence

Prospects currently unclear
PATHWAYS to LTSS Financing

- Develop financing mechanisms for LTSS that are rational, consumer- and provider-friendly
- 3 major groups studied the issue
- LeadingAge identifies 7 Pathways ranging from all private to all public
- Urban Institute uses its extensive demographic data to model 3 different LTC insurance programs
  - Surprise! Mandatory better than voluntary!
- Challenges and Opportunities
Resources

All the other LTSS financing reports: http://www.thescanfoundation.org/our-goals/ltc-financing
LeadingAge Contact Congress: http://www.leadingage.org/engage/
Benefits keep 22 million out of poverty, including:
- 1 million children
- 15 million seniors
- 6 million adults under 65

Benefits also reduce the depth of poverty for millions more Americans.
## Reliance on Social Security

<table>
<thead>
<tr>
<th>Percent relying on Social Security for:</th>
<th>Seniors, age 65+</th>
<th>Seniors, age 80+</th>
<th>Disabled workers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Half or more of their income</strong></td>
<td>65%</td>
<td>76%</td>
<td>82%</td>
</tr>
<tr>
<td><strong>All or nearly all of their income</strong></td>
<td>36%</td>
<td>47%</td>
<td><strong>n/a</strong></td>
</tr>
<tr>
<td><strong>All of their income</strong></td>
<td>24%</td>
<td>30%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: Social Security Administration data.
Supplemental Security Income (SSI)

- Means–tested program for individuals who are:
  - Aged or blind or disabled (not all three of those); and
  - Have very limited income and resources.

- 8.3 million people receive SSI:
  - 7.1 million who are blind or disabled
  - 1.1 million who are aged

- Most people on SSI can also get Medicaid.
Definition of disability:
- A medical condition or combination of impairments preventing substantial work for at least 12 months, or expected to result in death.
- The worker must be unable to do *any job* in the national economy.
- The determination also considers age, education & work experience.

After a 2-year waiting period, DI beneficiaries are eligible for Medicare.
Extra Help Could Further Reduce Medicare Prescription Drug Costs

Extra Help is available for beneficiaries with limited resources and income to help pay for the costs—monthly premiums, annual deductibles, and prescription co-payments—related to a Medicare prescription drug plan.

The Extra Help is estimated to be worth about $4,000 per year.
Financial Exploitation

The illegal or improper use of a vulnerable adult's funds, property, or assets.

(National Center on Elder Abuse)
May occur by itself, or
May occur in conjunction with:
- Physical abuse
- Neglect
- Psychological/emotional abuse
Self-neglect may be an outcome of financial loss
Co-occurring forms may make it easier to commit financial exploitation
Financial Exploitation & Impact on Victims

- Physical health effects
- Financial effects
- Mental health and social effects
What You Can Do

- Recognize the Signs of Financial Exploitation
- Ask
- Report or Refer
More than 8 million people who get Social Security or Supplemental Security Income (SSI) benefits need help managing their money.

For these people, Social Security appoints a relative, friend, institution or other interested party to serve as a “representative payee.”

The representative payee receives the person’s benefits and uses them on his or her behalf.
We take fraud seriously!

If you suspect fraud, waste, or abuse, report it to SSA’s Office of the Inspector General (OIG) by:

- Submitting a report online at oig.ssa.gov. and using the e-8551 (Fraud Reporting Form);
- Calling the OIG Hotline at 1-800-269-0271 from 10:00 a.m. to 4:00 p.m. (EST) (TTY 1-866-501-2101 for the deaf or hard of hearing);
- Faxing your statement to 410-597-0118; or
- Mailing your statement to Social Security Fraud Hotline, P.O. Box 17785, Baltimore, MD 21235

www.socialsecurity.gov/antifraudfacts
my Social Security

Your Online Account ... Your Control ...
socialsecurity.gov/myaccount

my Social Security is an easy-to-access, easy-to-use portal to view and update some of your own Social Security information.
For more information, visit our website or call

www.socialsecurity.gov

or

1-800-772-1213
TTY 1-800-325-0778
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>David</td>
<td>Abraham</td>
<td>CEO/Executive Vice President</td>
<td>Beth Sholom Village</td>
</tr>
<tr>
<td>Al</td>
<td>Balko</td>
<td>President &amp; CEO</td>
<td>Metropolitan Jewish Health System (MJHS)</td>
</tr>
<tr>
<td>Janis</td>
<td>Fleet</td>
<td>Lay Leader</td>
<td>River Garden Senior Services</td>
</tr>
<tr>
<td>Molly</td>
<td>Forrest</td>
<td>President &amp; CEO</td>
<td>Los Angeles Jewish Home</td>
</tr>
<tr>
<td>Sunni</td>
<td>Herman</td>
<td>Executive VP/Administrator</td>
<td>Jewish Home at Rockleigh</td>
</tr>
<tr>
<td>Jim</td>
<td>Jakubovitz</td>
<td>CEO</td>
<td>Tulsa Jewish Retirement &amp; Health Care Center</td>
</tr>
<tr>
<td>Matt</td>
<td>Lewis</td>
<td>President &amp; CEO</td>
<td>Village Shalom</td>
</tr>
<tr>
<td>Richard</td>
<td>Schwalberg</td>
<td>Administrator</td>
<td>Menorah Park Center for Senior Living</td>
</tr>
<tr>
<td>Don</td>
<td>Shulman</td>
<td>President &amp; CEO</td>
<td>AJAS</td>
</tr>
<tr>
<td>Sandra</td>
<td>Simon</td>
<td>CEO</td>
<td>Cedar Sinai Park</td>
</tr>
<tr>
<td>Seth</td>
<td>Vilensky</td>
<td>President &amp; CEO</td>
<td>Montefiore Home</td>
</tr>
<tr>
<td>Mark</td>
<td>Weiner</td>
<td>President &amp; CEO</td>
<td>CJE SeniorLife</td>
</tr>
<tr>
<td>Jay</td>
<td>Zimmer</td>
<td>CEO</td>
<td>Reutlinger Community for Jewish Living</td>
</tr>
</tbody>
</table>
AJAS PPLG Advocacy Plan for 2016

1. Medicare Hospital Observation Stay
2. Impact Act
3. Home Health Care
4. Hospice Services
Advocacy Initiatives

- Marsha Greenfield & Barbara Gay
- Ben Belton
- Richard Schwalberg
Contact Information

Ben Belton
Senior Advisor to the Acting Commissioner
Social Security Administration
Ben.Belton@ssa.gov

Barbara Gay
Vice President, Public Policy Communications
LeadingAge
(202) 508–9489
bgay@leadingage.org

Marsha R. Greenfield
Vice–President, Legislative Affairs
LeadingAge
(202)508–9488
mgreenfield@leadingage.org
Questions & Answers