

Inclement Weather Alert: In case of snow... we try to make the 'determination' 24 hours in advance and contact you thru email and possibly phone calls. We also post a message on our website and on our telephone answering machine – 413.527.6425.

MCOA News

MCOA 116 Pleasant Street, Room 306, Easthampton MA 01027 tel: 413.527.6425 email: Janiece@mcoaonline.com
Notes from the Executive Director: Very Late January 2012

**Please Circulate to Your Staff & Board
Point them to www.mcoaonline.com**

Enclosed in This Mailing:

- News You Need to Know Right Now
- Legislative Update Including MCOA's FY13 Budget Request for Line Item #9110-9002
- MCOA Annual Report can be found at www.mcoaonline.com/content/main/leadership.php
- Job Opportunities, Member Requests, and News You Should Use - Enjoy our largest monthly newsletter yet!

News You Need to Know Right Know

- MCOA is requesting all funds collected on behalf of the MCOA Charity Relief to Help Tornado victims be remitted to MCOA immediately — We need to close the books and award the funds.
- House 2 was released last week and although the Governor did provide a small increase in Line Item #9110-9002, it is far short of the \$9.3 million needed to restore the Formula grant to \$7/elder/YEAR. **YOUR IMMEDIATE ATTENTION IS NEEDED ON THIS MATTER** Other High and Low Lights of House 2 are included in this mailing and action is needed.
- Join us for Alzheimer's Advocacy Day, February 7th 10am at the Grand Staircase of the State House
- SSI Change – Get the Word Out: To save about \$15million the state has opted to issue the state supplemental portion of the SSI program directly to recipients. Nothing changes except recipients will get two checks either delivered in the mail or directly deposited into their bank accounts. It is important to get the word out about this change to alleviate any fears that might arise. Recipients will receive a letter around mid February informing them of this change. Help spread the word. More information is posted on our website home page www.mcoaonline.com

MCOA Legislative Update: House 2 – The Governor’s FY13 Budget Proposal

Governor Patrick released House 2 his FY13 Budget Proposal last week and this is what we think we know right now:

- Overall the Governor has proposed a level funded budget. Mass Senior Care line item went up nearly 10% but the 9100 line items “Elder Affairs’ decreased a cumulative 6.74%
- **There is a modest increase in Line Item #9110-9002 Local Aide for COAs which may increase the Formula Grant to about \$6.42/elder/YEAR. We had requested restoration of the \$7/elder/YEAR.**
- Language was modified regarding the Nursing Home Personal Needs Allowance with the words ‘up to’ inserted prior to the designated amount of \$72.80
- Language for the 10-day Bed Hold safety net which allowed a nursing home resident to leave a nursing home for up to 10 days for hospitalization –or even just to visit families for the weekend, and be able to return to the same ‘bed’ or facility– was removed.
- Full funding for Adult Day Health and SHINE programs was included – both faced dramatic cuts in funding earlier.
- Prescription Advantage was reduced another 12% – it is reported that this is based on actual usage and will not result in any program changes.
- Line Item 9110-1900, which had been referred to as the Community Service line item and now is called the Nutrition line item, was cut 25% or roughly \$1.5million. A quick analysis reveals that about 1000/day will be eliminated statewide. This line item is only one source of funding for nutrition programs: other sources include the state home care purchase services which funds home delivered meals for ASAP clients, and the Federal Title III Program which funds the bulk of the Nutrition Programs but has not seen any significant increase in over a decade.
- Our allies from the Prescription Reform Project report that funding for academic detailing was eliminated, but on a positive note, the budget contained no outside sections to weaken or repeal the gift ban.
- EOE Administration goes up 8.57% after several years of staff shortages.
- ASAP Home Care Purchase Services and CM were flat
- Protective Services saw a 2.32% increase, Elder Homeless a 2.2%, Congregate Housing a 2.92%, ECOP a 1.46%, and Supportive Housing a 2.96% rise.

MCOA Legislative Update: House 2 continued

Department of Elder Affairs

All figures (\$ 000)

account	FY2010 GAA	FY2011 GAA	FY2012 GAA	FY2012 Projected Spending *	FY2013 House 2	Difference from GAA FY12 to FY13 House 2 Increase (Decrease)	Percentage of change from GAA FY12 to FY13 House 2
4000-0600 MassHealth Senior Care	2,114,611	2,484,286	2,515,602	2,566,654	2,763,631	248,029	9.86%
4000-0640 MassHealth Nursing Home Sup. Rates	288,500	288,500	288,500	318,692	288,500	0	0%
9110-0100 Department of Elder Affairs Administration	2,120	1,994	1,994	1,994	2,165	171	8.57%
9110-1455 Prescription Advantage	40,000	31,543	21,603	21,603	18,997	(2,606)	(12.06)%
9110-1500 Enhanced Home Care Services Program	45,789	45,789	45,789	45,789	46,461	672	1.46%
9110-1604 Supportive Senior Housing Program	4,015	4,015	4,015	4,015	4,106	91	2.26%
9110-1630 Elder Home Care Purchased Services	100,307	95,311	97,781	97,781	97,783	2	.002%
9110-1633 Elder Home Care CM & Admin	36,068	34,312	35,738	35,738	35,738	0	0%
9110-1636 Elder Protective Services	16,252	15,251	16,251	16,251	16,629	378	2.32%
9110-1660 Elder Congregate Housing Program	1,504	1,504	1,611	1,718	1,658	47	2.92%
9110-1700 Elder Homeless Placement	136	0	136	136	139	3	2.20%
9110-1900 Elder Nutrition Program	6,280	6,275	6,325	6,325	4,811	(1,514)	(23.93)%
9110-2500 Veterans Independence Plus Initiative	0	0	750	750	750	0	0%
9110-9002 Grants to Councils on Aging	8,615	7,904	8,254	8,254	8,434	180	2.18%
total	2,664,197	3,016,683	3,044,349	3,125,701	3,289,802	245,453	8.06%*

Note: GAA is General Appropriation Act. Overall 9110 Accounts lost \$2.576m / -6.74%

Next Steps: Start talking to your Representatives and Senators NOW

- We must now lobby the legislature to restore the full \$7/elder/YEAR Formula Grant. We need \$9.3million in line item #9110-9002 to restore \$7/elder. Ask your Representatives and Senators to make this a priority. **No later than the end of February!**
- We hope you are planning your legislative events for this month. A simple one-on-one meeting with your Representative can be very effective. Stress the difference between the current Formula Grant rate of \$6.25/elder and what \$7/elder would mean to you and how you utilize your own Formula Grant funding. Mention increased demand and the rising number of older adults that you now serve. Talk about what you can't do because of funding limitations. Ask them directly: "Will you make raising the Formula Grant to \$7/elder a priority?" and remind them that would mean that Line Item #9110-9002 needs \$9.3 million to restore funding to the \$7/elder level..
- Lead advocates of all of these line items will be releasing talking points for you to use during your legislative events — stay tuned.

MCOA Legislative Update: Coalition to Save the 10-Day Nursing Home Bedhold Policy

AARP Massachusetts
Cape United Elders
Community Action Committee Cape Cod and Islands
Greater Boston Legal Services
Greater Lowell Elder Mental Health Collaborative
Leading Age Massachusetts
Massachusetts Advocates for Nursing Home Reform
Massachusetts Association of Behavioral Health Systems
Massachusetts Association of Councils on Aging
Massachusetts Hospital Association
Massachusetts Senior Care Association
National Association of Professional Geriatric Care Managers - New England Chapter
National Association of Social Workers - Massachusetts Chapter
The Pass Group

December 9, 2011

By Hand

Secretary JudyAnn Bigby, M.D.
Executive Office of Health and Human Services
One Ashburton Place, 21st Floor
Boston, MA 02108

Re: December 9, 2011 Public Hearing on FY 2013 Budget: MassHealth Nursing Home Bed Hold

Dear Secretary Bigby:

We are writing to express our strong support for maintaining the current MassHealth Nursing Home Bed Hold provisions in the FY2013 Budget. As you are aware, this issue generated a great deal of attention in the FY 12 Budget process and fortunately after much debate and attention, the program was maintained, to the benefit of many nursing home residents and families.

As you know, Massachusetts has for many years recognized the importance of the 10 day bed hold policy to ensure that a hospitalized elder or resident visiting family can return to the same bed in the same facility. Although federal law requires facilities to readmit such residents to the first available bed in the facility of origin, this does not prevent the harm caused by placing the resident in a different and unfamiliar room with a strange roommate and different care giving staff. Especially for residents who are cognitively impaired, such relocation may cause confusion and depression; in some cases it may cause physical decline as well. Furthermore, residents who are hospitalized may remain there for a longer stay at greater cost to the Commonwealth until a bed is located.

We were enormously gratified that the Governor and Legislature recognized the importance of reinstating the Bed Hold policy in a Supplemental Budget, and we urge you to continue these vital protections for MassHealth nursing home residents in the FY 13 Budget. It is extremely important to the elderly and disabled populations and their families.

MCOA Legislative Update: Coalition to Save the 10-Day Nursing Home Bedhold Policy, cont'd

AARP Massachusetts
Cape United Elders
Community Action Committee Cape Cod and Islands
Greater Boston Legal Services
Greater Lowell Elder Mental Health Collaborative
Leading Age Massachusetts
Massachusetts Advocates for Nursing Home Reform
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Page 1 of 2

**Carol Trust, Executive Director
National Association of Social Workers - Massachusetts Chapter**

**Deborah Thomson, J.D.
The PASS Group**

Page 2 of 2

MCOA Legislative Update: Coalition to Save SHINE Funding

**AARP Massachusetts, Mass Association of Older Americans,
Mass Councils on Aging, Mass Home Care, Mass Senior Action Council**

December 5, 2011

Secretary Ann Hartstein
Executive Office of Elder Affairs
1 Ashburton Place, 5th Floor
Boston, MA 02108

On December 1st, contractors for the SHINE (Serving the Health Information Needs of Elders) were informed by EOEA that funding for this program will be curtailed.

The SHINE Program is a state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers. This includes the elderly – as well as individuals with disabilities. The program is administered by EOEA in partnership with Aging Services Access Points, Councils on Aging, and other community agencies. The program is entirely funded by the federal CMS (Centers for Medicare & Medicaid Services) — but most of the frontline counseling is provided by trained volunteers, whose in-kind financial contribution of time leverages a substantial added value at no cost to the Commonwealth.

EOEA indicated last week that it “does not anticipate any meaningful supplementation to the Basic SHINE grant.” Federal funds that were provided under the Medicare Improvements for Patients and Providers Act (MIPPA) and the Affordable Care Act, were “one-time, non-recurring” funds from the federal government, and are due to be exhausted by April of 2012. The loss of federal Low Income Subsidy (LIS) grants, and MIPPA funds, could reduce support for SHINE by as much as 50%.

We were informed that the SHINE program in 2013 will have to operate primarily on the basic CMS federal SHIP (State Health Insurance & Counseling Program) grant (which was around \$868,000 in FY 12), with “no assumption of additional supplemental funds.” Congress has not finished its work on the SHIP budget, so we cannot know with certainty yet what the final basic grant will look like. But clearly this extremely valuable service is in financial distress.

In each of the last 5 years, SHINE counselors have assisted 50,000-60,000 Medicare beneficiaries with their health insurance questions. 66% of all SHINE counseling is done face-to-face and 75% of all counseling sessions last from 30 minutes to longer than an hour. SHINE staff conduct about 1,500 presentations each year serving, an average of 24,000 beneficiaries. In 2011 there are about 550 counselors, about 66% are volunteers.

CMS requires that every Medicare insurance plan in Massachusetts today include the phone number for the SHINE program on its marketing material — because this service is the only objective source of health insurance counseling for seniors in the Commonwealth. CMS mandates that SHIP programs serve at least 3% of the Medicare population. Our Massachusetts program serves 6%, and the increasing demand for this vital service suggests that we could easily serve 12% of the Medicare population and not reach the full demand for health insurance counseling.

Our request at this time is as follows:

MCOA Legislative Update: Coalition to Save SHINE Funding, cont'd

- 1) that EOEA do what it can to ensure SHINE funding for the final three months of FY 2012;
- 2) that EOEA work with us to support a funding line item in the FY 2013 Governor's budget in the amount of \$1,455,000 to allow the program to meet the goal of serving 9% of the Medicare population;
- 3) that we begin exploring the idea of a surcharge on all Medicare insurance products sold in Massachusetts that would be dedicated to the provision of health insurance counseling programs under the SHINE initiative.

We thank you for your past support for this very popular and needed service, and we hope that working together we can overcome the present funding challenges.

Yours,



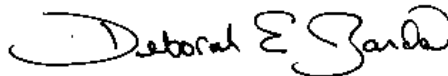
Al Norman
Mass Home Care



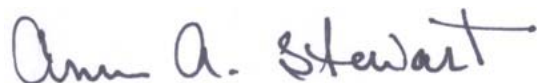
David Stevens
Mass Councils on Aging



Chet Jakubiak
Mass Association of Older Americans



Deb Banda
AARP Massachusetts



Ann Stewart
Mass Senior Action Council

MCOA Legislative Update: Elder Meals Programs

Mass Home Care

Press Release: January 27, 2012

Contact: Al Norman 978-502-3794

Governor Takes Bite Out of Elder Meals Program

Nearly 250,000 meals cut

<i>ACCOUNT</i>	Description	FY 2012 GAA	FY 2013 House 2
9110-1900	Elder Nutrition Program For the elder nutrition program	6,325,328	4,810,824

STATEWIDE — Elder advocates reacted with surprise this week in response to Governor Deval Patrick’s proposed 24% cut in the state’s meals program for the elderly.

“This is literally taking food off the table for older people,” explained Al Norman, the Executive Director of Mass Home Care. “This is one of the most visible, and popular senior programs in the state. We never would have predicted a cut in such a key service.”

The Governor’s budget slashes the elder nutrition program line item by \$1.5 million---from the FY 2012 level of \$6.325 million, to \$4.81 million in FY 2013. This would leave the elder nutrition item funding for 2013 lower than it was 7 years ago in 2006 under Governor Mitt Romney, at \$5.237 million.

According to Mass Home Care, the loss of funding will cut nearly a quarter of a million meals in 2013. Total meals served under this line item to seniors will plummet from 996,000 meals in 2012, to 754,000 meals in 2013---a loss of 242,000 fewer meals.

The elder nutrition program is one of several meals programs available for seniors in the state, funded by federal and state monies. A total of 8.8 million meals will be served in FY 2012 counting all senior meals programs.

Norman said elder nutrition groups have begun assessing how to best get the lost meals funding restored on Beacon Hill.

“I am certain the Governor’s people did not expect us to walk away from the table knowing a quarter of a million meals were being cut,” Norman said.

MCOA Legislative Update: For More on the Governor's proposal

- Press Release: Message
<http://www.mass.gov/governor/pressoffice/pressreleases/2012/2012125-administration-files-fy2013-budget.html>
- Overview of the Operating Budget Process
http://www.mass.gov/bb/h1/fy13h1/exec_13/hbuddevproc.htm
- FY 2013 Developments
http://www.mass.gov/bb/h1/fy13h1/exec_13/hbuddevchall.htm
- Appropriations
http://www.mass.gov/bb/h1/fy13h1/brec_13/ga_13/hdefault.htm

MCOA Legislative Update: Background



THE BUDGET MONITOR:

Last week, the Governor filed his budget proposal for Fiscal Year 2013. Today, MassBudget releases our [Budget Monitor](#), which tracks the impact of the Governor's proposals on each major area of state government, from health care and education to public safety and the environment--including information on tax revenues.

With the Commonwealth facing a preliminary budget gap of approximately \$1.3 billion, the Governor proposes balancing the budget with three strategies:

- Cuts and savings of about \$550 million
- Modest tax reforms and other revenue initiatives that generate about \$215 million in ongoing revenue
- The use of about \$545 million in temporary revenues, mostly from the state stabilization fund (the "rainy day fund").

Our Budget Monitor shows the impact on every line-item in the budget, comparing proposed funding for FY 13 with recent funding history.

[READ THE BUDGET MONITOR](#)

http://massbudget.org/report_window.php?loc=budget_monitor_governor_fy13.php

STATE HOUSE, BOSTON, JAN. 25, 2012.....Gov. Deval Patrick on Wednesday proposed a \$32.3 billion annual state budget plan that calls for \$730 million in new savings from government-funded health care programs and would eliminate 300 jobs, close a Norfolk prison with 330 inmates, and generate \$260 million in new revenues, in part by raising the cigarette tax and taxing candy and soda sales.

Patrick's fiscal 2013 budget, which will likely undergo extensive revision before it's returned to him in early summer, would raise state spending by nearly 3 percent from current estimated spending levels and 5.5 percent from the budget Patrick signed last July. The budget would withdraw and spend \$400 million from the state's rainy day fund, leaving it with just over \$1 billion.

Major areas eyed for new spending under Patrick's bill, which will be reviewed first by the House, include health care, K-12 education, safety net programs for low-income individuals and the needy, and other fixed cost accounts, such as debt service costs and collective bargaining agreements.

Administration officials said their budget cuts funding to about 91 line items, while 243 would remain level. About 297 items – largely within state safety net programs or part of onetime collective bargaining deals – would see increases.

Administration officials estimated year-on-year spending growth between fiscal 2012 and fiscal 2013 of \$935 million, calling that growth "less than originally projected because of significant program reductions, positions eliminations and reforms."

Spending growth has become more challenging to track in recent years due to the frequent passage of midyear spending bills and revisions to state tax revenue forecasts. Patrick introduced the latest midyear spending bill, a \$250 million appropriations bill, along with his annual budget.

Administration officials identified their new budget's chief goals as education, health care, job creation, and reducing youth violence.

During a press conference, Patrick said, "The economy is growing but despite this reality we continue to have difficult budget choices. This budget reflects that reality."

Patrick said his budget team took into account the threat of federal budget cuts to transportation, health care and other programs. "We aren't taking a whole lot for granted," Patrick said.

Fielding a question about why he would make relatively small cuts to elder lunch programs and school nursing, Patrick said, "People point to this or that and say that's short money. The problem is all that short money adds up to big money," Patrick said.

Budget highlights include:

-- **HEALTH COVERAGE:** Maintaining the state's claim to "universal" health insurance coverage and preservation of state-funded benefits and eligibility. The state's Medicaid program, MassHealth, once again consumes the largest share of the state budget, reaching more than \$11 billion. Combined with spending on heavily subsidized health insurance offered through Commonwealth Care and state employee insurance coverage offered through the Group Insurance Commission, health care spending will consume 41 percent of the budget, up from 22 percent in 1998, according to Patrick administration officials.

-- **BIG \$\$\$ HEALTH SYSTEM SAVINGS:** Midway through this fiscal year, administration officials claim they've already succeeded in their pledge to save \$1 billion throughout a series of big-ticket state-funded health care programs. Administration officials estimate they can net another \$730 million in health care savings by continuing procurement and contracting strategies and implementing payment reform policies that are still pending before the Legislature.

-- **LAYOFFS, JOB REDUCTIONS:** Cutting a net 300 jobs from the state government rolls, even after accounting for increased hiring in the state's public defender program. Administration officials said they're cutting 1,100 positions but adding hundreds of positions as well, including new public counsel jobs, leading to the net loss of 300 positions. Planned job reductions include 400 in the executive branch, cuts estimated to save \$30 million.

-- **TRANSPORTATION FUNDING CUT:** A \$15 million cut to the Department of Transportation, which administration officials say will require the agency to generate additional, unspecified revenues or cut Registry of Motor Vehicles services. The cut comes as the MBTA, which falls under the department, considers plans to increase fares by between 35 and 43 percent this spring, with no momentum behind financing alternatives on Beacon Hill. Secretary of Administration and Finance Jay Gonzalez said transportation officials are eyeing revenue initiatives to make up for the cut. Gonzalez said only that state transportation officials planned to "leverage assets" to raise revenue and that if they are unsuccessful they will look at staffing levels.

-- **NEW TAXES:** Generating \$260 million in new revenue from a number of tax increases and reforms, including \$61.5 million from eliminating the sales tax exemption on candy and soda sales; \$72.9 million from a 50-cent increase in the per-pack cigarette tax and application of the tobacco excise tax to cigars and smokeless tobacco products; and \$22 million from an expansion of the bottle refund deposit bill to include water, juices, coffee and sports drinks. Patrick said both the candy and soda sales tax and the bottle bill expansion had polled favorably and were "widely supported" by Massachusetts residents, despite the Legislature ignoring identical proposals in past years.

END 01/25/2012 Serving the working press since 1910

MCOA Legislative Update: MBTA Fare Hikes – Mayor Menino Responds!



CITY OF BOSTON • MASSACHUSETTS

OFFICE OF THE MAYOR
THOMAS M. MENINO

January 27, 2012

Secretary Richard Davey
Massachusetts Department of Transportation
10 Park Plaza, Suite 4160
Boston, MA 02116

Dear Secretary Davey:

The Massachusetts Bay Transportation Authority (MBTA) provides absolutely critical services to Boston residents, commuters, and visitors. As the transportation hub and economic engine of the region, Boston is uniquely affected by the state of our public transit system. I understand the difficult decisions facing the MBTA. Many administrations have simply passed the buck onto the next administration – and now the MBTA must find a way to operate with an enormous structural deficit. However, riders should not be forced to shoulder the entire weight of this debt, and I am deeply concerned about the MBTA's current proposal to increase fares and reduce services.

Many T riders have indicated that they would rather accept modest fare increases than lose access to critical transportation routes, but I am concerned that some riders face a disproportionate burden. The two scenarios propose to double the cost of passes for seniors and students, representing an increase of 100 percent. While some fare increase may be necessary, elders and students are typically on fixed budgets. Elderly riders may be forced to choose between daily essentials and the ability to leave their home, visit family and friends, and be active members of society. In addition, we must make sure our transit system continues to serve people with disabilities. I applaud the MBTA for all of the work being done to make stations more accessible, but the RIDE should maintain its current level of service for those with the most severe disabilities who are unable to use the fixed route system. While I realize that the current paratransit system needs reform, I encourage you to explore more cost effective modes of transporting disabled passengers rather than cutting services or denying eligibility. Potential options are to contract with taxicab companies for those with less severe mobility impairments, and offer travel training programs for people with disabilities who are unfamiliar with the accessibility improvements made in recent years.

I am most concerned about the proposed elimination of services under both scenarios. I strongly oppose the cuts to bus routes proposed in Scenario 2, which would eliminate 101 routes, including 33 that service Boston neighborhoods. My understanding is that many of these routes experience high ridership and eliminating them would make public transit virtually inaccessible for thousands of Boston residents who do not have alternate modes of transportation. I also strongly urge you to reject the proposal to eliminate the bus routes (#275 and 276) that service the homeless shelter on Long Island. Homeless shelters in Boston already serve a statewide constituency with limited resources. These two bus routes transport approximately 300 guests per day to the shelter and other programs on the island, and another 200 guests from the Pine Street Inn. Unfortunately, the unique nature of the passenger base, weight limits on the bridge, off hours service, and the geographic location of Long Island may present challenges in getting a reliable vendor to assume operations of these routes. This again underscores my point that bus service, in many cases, is not an alternative mode of transportation but the only mode of transportation for many riders. Eliminating these routes would shut off our most vulnerable population from essential services at a time when they need it the most. I know when you accompanied me on my annual Homeless Census in 2010 you saw firsthand that this could be a matter of life and death for some people.

BOSTON CITY HALL • ONE CITY HALL PLAZA • BOSTON • MASSACHUSETTS 02201 • 617/635-4000

MCOA Legislative Update: MBTA Fare Hikes- Mayor Menino Responds

Eliminating services would dismantle Boston's transit system and significantly diminish our ability to foster economic development, smart growth, and a sustainable environment. Both scenarios propose to eliminate E-Line and Mattapan trolley service on weekends. The E-Line is a major transit mode for many of Boston's educational, cultural, and medical institutions. In the Longwood Medical area alone, more than 18,000 students, 44,000 employees, 2.2 million patients and 3 million visitors rely on E-line services. Also, the Mattapan line is often the only option for many low-income residents who work evening or weekend shifts and do not have any other reliable forms of transportation. Eliminating these trolley lines result in a savings of merely \$1.5 million, which is less than one percent of the MBTA's one-year deficit. While every bit of savings is important, these cuts will negatively impact our regional economy, especially alongside the proposed elimination of commuter rail service on nights and weekends.

Economic development in Boston is thriving along the city's waterfront, and ferry service is critical to our region's long-term growth. We launched an innovation strategy for the South Boston waterfront, and made it a hub for new jobs and new products and services. More than 90 new companies have located there, bringing 2,800 jobs. It's also home to the largest privately-financed construction project in the country – the new home for Vertex. Opportunities for growth in East Boston represent another half a billion dollars of development, and the Charlestown Navy Yard continues to flourish. Eliminating inner harbor transport yields only \$500,000 in savings but is estimated to cause 100 layoffs. Both inner and outer harbor water transit is ripe for growth, not cuts, as we pursue these new areas of development. Therefore, I strongly encourage you to ensure its availability now and for the future.

As an alternative to fare increases and service reductions, I am eager to work with you, Governor Patrick and the legislature to identify solutions that will address the long-term fiscal deficit at the MBTA. Transportation Reform has allowed the Commonwealth to operate much

more efficiently, but we also need a targeted investment in our entire transportation infrastructure. Despite the severity of the current proposal, it represents a one-year band aid. We are in desperate need of a dedicated revenue source and immediate action is needed to identify sustainable funding for the MBTA. I have long supported efforts to increase the gas tax and am very willing to discuss other revenue options as well. I also hope you consider efforts that may help relieve some of the Big Dig-related debt load that has been unfairly saddled on the MBTA.

Thank you for your consideration of these important issues. I hope that we can continue to work together to ensure a reliable and sustainable public transit system. I applaud your willingness to listen to the public through community forums and respectfully request that you schedule an additional meeting in Allston-Brighton to ensure that voices are heard across the City of Boston. If you would like to further discuss these issues, please do not hesitate to contact me directly. You can also reach Jennifer Cruickshank in my Office of Intergovernmental Relations at (617) 635-4478 or Commissioner Tom Tinlin at the Boston Transportation Department at (617) 635-3073.

Sincerely,



Thomas M. Menino
Mayor of Boston

cc: Governor Deval Patrick
Senate President Therese Murray
Speaker Robert DeLeo
General Manager Jonathan Davis
Boston Delegation

MCOA Legislative Update: Via MCOA Board Member Pam Hunt



Senior Nutrition Services in the Community

SHARE:



January 9, 2012

By Marietta Bobba, NISC Public Policy Committee

In discussions about the upcoming reauthorization of the Older Americans Act (OAA), one area spurring a great deal of conversation is the funding of nutrition programs. In a recent NCOA/NISC survey of senior centers, over 75% of respondents spoke to what's currently happening in their own centers regarding meal programs. Various national organizations have weighed in, both pro and con, on combining congregate and home-delivered meal monies, so states and local areas can decide how to prioritize how dollars are spent. As you can imagine, concerns about the impact of changing formulas and guidelines for decision-making has caused some apprehension about the stability of existing community programs. Last year, the Leadership Council of Aging Organizations (LCAO) released a [Consensus Document](#) containing a number of proposals for OAA reauthorization that had been negotiated and agreed to by more than 60 national aging services advocates. NCOA helped lead the effort to develop this consensus. Recommendations include:

- Enhance the current flexibility in the allocation of Senior Nutrition Program funding in local communities while preserving the integrity of the separate congregate and home-delivered meal programs. (p. 10)
- Clarify the importance of the AAA's responsibility to seek information, input, and expertise from community-based organizations serving older adults, other service providers under the Act, independent experts, and other advocates in the planning and service area when developing the area plan, particularly as it pertains to determining community needs, identifying pressing issues, and proposing solutions. The process by which this input is solicited and considered should be as transparent as possible. (p. 8)

What senior centers are saying

In the recent NCOA/NISC survey of senior centers, here's what respondents said they're seeing as a result of their own meal programs:

- **Decreased isolation**, improved fellowship, and better nutrition through the opportunities provided by locally based community meal service programs.
- **Increased need**, senior participation, and food costs as the result of a more difficult economic climate in the country, as well as increased use of food banks/pantries by seniors.
- **A move toward modernizing** the dining experience with salad bars or side salads at each location, iced tea, breakfast sandwiches, morning snacks, and other opportunities to decrease isolation and update the experience.

Other respondents offered to provide years of documented surveys supporting the value of senior center meal programs. Yet, some said they no longer participate in the program because of outdated requirements and difficulty on the local level with program contracting and administration. In upcoming months, there will be more discussion concerning meal programs and funding. If you're interested in being a voice in that discussion, please email Maureen Arsenault, NISC coordinator, at Maureen.Arsenault@ncoa.org.

MCOA Legislative Update: Very Valid Point

Reaction to Governor Deval Patrick's State of the Commonwealth Speech

Mass Home Care, Jan 24, 2012

Where Have All The Elders Gone?

For the sixth year in a row, Governor Deval Patrick has said little or nothing about his vision of how to improve the lot of older and disabled individuals living in the Commonwealth.

Since his first Inaugural Address in January of 2007, the Governor has barely mentioned this population group — remarkable because the 60+ population in Massachusetts today is now almost one in five (19.4%), and is the most rapidly growing segment of the state's population.

Older people have not historically made much of an appearance in the Governor's annual message to citizens:

- **In his Jan, 2007** Inaugural speech the Governor told an anecdote about an 82 year old woman in Worcester who was recovering from cancer and a broken hip. The narration described how this elderly woman was determined to get down 6 flights of stairs to vote. "That frail 82-year-old did not walk down six flights of stairs for us to conduct the business of government the same old way," the Governor concluded. "It is time for a change."
- **In his January, 2008** State of the Commonwealth, there was no reference to seniors.
- **In his January, 2009** State of the Commonwealth, the Governor noted that home health aides, "who deliver vital services," were working without a contract or adequate pay." He also added later in the speech: "We are going to have to learn to lean on each other, to live as members of a community. That means check in on your elderly neighbor when it's cold to make sure the heat is on."
- **In January, 2010**, the Governor recalled that he met a grandmother in Lynn "who told me about moving her son and daughter and their kids, 9 of them strong, into her home because they're out of work and strapped for cash." The Governor explained that this woman had lost her job, and said: "She's not asking for much, just a chance to work to provide for her family, and a little help holding on until she can make her own way."
- **In January of 2011**, in his Second Inaugural Address, the Governor made a passing reference to "the service and sacrifice of our parents and grandparents."
- **In his January, 2012** State of the Commonwealth, the Governor returned to a common theme of generational responsibility and noted: "there are parents across our state who wonder tonight whether they will be able to do as well for their children as their parents did for them." He mentioned putting an end to the "fee-for-service" health care payment model — which will affect over 1 million Medicare beneficiaries, who by federal law have a right to Original Medicare fee-for-service. Finally, the Governor said that "people in their thirties or forties or fifties, don't have the proper training for those jobs," but he said nothing about people in the 60s and older who still have to work to survive in this weak economy, with little or no pension income.

Over the years, the Governor has given older citizens little by way of an 'elder vision' to shape his public policy initiatives. Elderly people are burdened by the high cost of health care, and general living expenses. They want to remain living in their homes independently, yet find waiting lists for home care. There is much that the Governor could have spoken about, but his State of the Commonwealth speech was silent on the needs of older residents.

The record on senior issues in the Commonwealth over the past few years has been spotty:

MCOA Legislative Update: Very Valid Point, continued

- In September 2005, Massachusetts was awarded a multi-million dollar Systems Transformation grant from the feds to transform the state's long-term support system for elders and people with disabilities. But very little transformation actually took place.
- In August of 2006, the equal choice law guaranteed adults on MassHealth a choice of care in “the least restrictive setting appropriate to their needs.” But today, the MassHealth state plan and regulations only guarantees nursing facility care, and 64% of our long term care spending still goes to nursing facilities.
- On July 1, 2008, the Administration’s 1115 waiver was supposed to begin, promising expanded home and community based services. After two years of state planning, a waiver was submitted to the federal government — but ultimately was abandoned.
- In September of 2008, the Governor’s *Olmstead Plan* was released, with the mission of creating a “community first” long-term care policy,” and “the deliberate development of more accessible and effective long-term supports in local communities.” The Olmstead Plan promised to shift the “focus of long-term care financing from institutions to the community.” But, as noted above, only 36% to community first care, and the home care program has a waiting list.
- In 2009 and 2010 advocates fought the Administration to get \$2.5 million in state funds released for the Equal Choice “Options Counseling” that manages the front door of nursing facilities, to inform people of their options in the community before they decide on a nursing facility. This program is woefully underfunded, as is the program that funds diversion efforts targeted to people already in nursing facilities.
- In 2009, elder advocates beat back a plan from the Administration to do an Article 87 reorganization that would have diminished the role and responsibility of the Executive Office of Elder Affairs. The Administration went ahead with its plan anyway without formal response from the General Court.
- Two months ago a national report from AARP said that Massachusetts ranked 40th in the nation for Medicaid LTSS users first receiving services in the community. According to this report, if Massachusetts improved its performance to the level of the highest-performing state, 10,203 more new users of Medicaid LTSS would first receive services in home and community based settings instead of nursing homes; 3,945 nursing home residents with low care needs would instead be able to receive LTSS in the community.
- In 2011, the state submitted an ‘Integrated Care Organization’ grant for federal funding that would turn over total control of LTSS for people on MassHealth to large hospital and physician networks — despite the fact that these managed care entities have no experience in managing LTSS, and if anything have demonstrated an institutional bias in their referral patterns.

The Governor’s State of the Commonwealth speeches often return to the themes of hope, and generational responsibility. But in terms of tangible actions and policy initiatives to address the needs and hopes of seniors —these speeches leave little to hold onto— leaving advocates to ask: Where have all the elders gone?

MCOA Legislative Update: Allies Testimony



COUNCIL UPDATE – December 8, 2011

LEGISLATIVE UPDATE

\$10 MILLION FOR SALARY RESERVE IN SUPPLEMENTAL BUDGET

This fall, the Legislature and Governor Patrick approved a supplemental spending plan to make use of a \$460 million surplus that remained at the end of FY11. The Council is extremely pleased that their plan included language to allocate \$10 million for a one-time Direct Care Worker's Salary Reserve.

It is important to note that the language included in the supplemental budget is different than the Salary Reserve language as it has been written in previous years. According to this new language, the Reserve would be established if tax revenues meet or exceed a \$20.6 billion benchmark by January 15, 2012. The Salary Reserve language in the bill reads as follows:

Council Update December 8, 2011

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SECTION 95. Notwithstanding any general or special law to the contrary, if as of January 15, 2012, tax revenues as estimated under section 5B of chapter 29 of the general laws meet or exceed \$20,615,000,000, there shall be established and set up on the books of the commonwealth a human salary reserve fund. Provided that upon the establishment of this fund, the comptroller shall transfer \$10,000,000 from the general fund to the human service salary reserve fund. Provided that any funds transferred under this section shall be used to provide one time salary bonuses to personnel earning less than \$40,000 in annual compensation who are employed by private human service providers that deliver human and social services under contracts with departments within the executive office of health and human services and the executive office of elder affairs.

If revenues continue to exceed benchmarks, the \$10 million will be on track for implementation. The Council is extremely grateful to the Legislature and the Governor for recognizing the direct care workforce in their spending package. Thank you also to the Massachusetts Council of Human Service Providers (Provider's Council) for their leadership on this initiative. In September, members of the Council Board joined 170 individuals from the business community and signed onto a letter in support of the Salary Reserve spearheaded by the Provider's Council. The Council will continue to follow this issue and share information as it becomes available.

EOHHS RELEASES DRAFT PROPOSAL ON DUAL ELIGIBLE INTEGRATION

Since January, Massachusetts has been engaged in an initiative to integrate the care and financing for "Dual Eligible" adults – individuals between the ages of 21-64 who are eligible for Medicaid (MassHealth) and Medicare. Through this initiative, the state seeks to ensure access to appropriate services, integrate comprehensive services at the person level, improve care coordination across the health care and long-term support delivery systems, and create payment systems that hold providers accountable for the care they deliver.

Massachusetts was one of 15 states to receive planning grants from the Center for Medicaid and Medicare (CMS). Through their demonstration, MassHealth proposes to combine Medicare and Medicaid funding for Dual Eligibles. MassHealth then expects to procure contracts with "Integrated Care Organizations" (ICO) to integrate comprehensive care to provide both MassHealth and Medicare funded services.

This week, EOHHS released their draft Demonstration Proposal to CMS under this initiative. A copy of this proposal can be found on the Council's website at: www.mahomecareaiders.com/documents/DualsProposal.pdf

MassHealth will hold two public hearings about the proposal. The first hearing will be held on December 16, 2011 from 1 pm - 4 pm at the Worcester Public Library. The second will take place on January 4, 2012 from 9 am - 12 noon at the State Transportation Building in Boston. The state will also be accepting written comments from all stakeholders and members of the public on this draft proposal. The public comment period will remain open until 5 pm, January 10, 2012. Comments may be sent to: duals@state.ma.us, or mailed to: Executive Office of Health and Human Services, Attn: Lisa Wong, One Ashburton Place, Rm. 1109, Boston, MA 02108.

Council Update December 8, 2011

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The Council will review this draft proposal and submit comments. We are looking for feedback from our members regarding this proposal. If your agency has any thoughts or recommendations regarding this draft proposal, please email them to Lisa Gurgone at lgurgone@mahomecareaiders.com by Monday, January 2nd.

MCOA Legislative Update: Allies Respond to House 2

Today, **Governor Deval Patrick** released his FY13 budget proposal for the Commonwealth. Attached is a chart outlining the funding proposed in this budget of interest to Council members. Below is a quick overview based on the Council's initial review.

HIGHLIGHTS

- The Council is pleased to report that the Governor level-funds, and in a few cases provides slight funding increases, to the majority of elder affairs accounts.
- **Accounts that received funding increases in the Governor's proposal:**
 - **4000-0600 MassHealth Senior Care Account** (funds MassHealth nursing home care, certified home health services, adult day health services, SCOs, etc.)
 - Increased from \$2.51 billion to \$2.76 billion
 - Comment attached to appropriation notes: "Increased funding to meet projected need"
 - **9110-1500 Enhanced Community Options Program**
 - Increased from \$45.7 million to \$46.4 million
 - Important to note: Mass Home Care is reporting that there are currently **close to 1,000 individuals** statewide on the waitlist to enter this program.
 - **9110-1700 Elder Protective Services**
 - Increased from \$16.2 million to \$16.6 million
 - **9110-1604 Supportive Senior Housing Program**
 - Increased from \$4 million to \$4.1 million
 - **9110-9002 Councils on Aging**
 - Increased from \$8.2 million to \$8.4 million
 - **9110-1660 Congregate House Program**
 - Gained an additional \$47,500
 - **9110-1630 Home Care Purchased Services**
 - Gained an additional \$2,163
- **Accounts that received funding decreases in the Governor's proposal:**
 - **9110-1455 Senior Prescription Advantage Program**
 - Decreased from \$21.6 million to \$18.9 million
 - Comment attached to appropriation notes: "Decreased funding to meet projected need"
 - **9110-1900 Elder Nutrition Program**
 - Decreased from \$6.3 million to \$4.8 million
 - Comment attached to appropriation notes: "Reduced state subsidy"
 - **4120-5000 Mass Rehab Commission (MRC) Home Care Assistance Program**
 - Decreased from \$4.33 million to \$4.28 million
- Governor's budget proposes to establish a new account: 4000-1604, **Health Care System Reform**
 - The budget language attached to this account states: "For the MassHealth costs associated with the implementation of the Patient Protection and Affordable Care Act and payment reform provided, that no expenditures shall be made from this item that are not federally reimbursable"
- The Governor's FY13 Budget proposal does not include funding for an **FY13 Salary Reserve**

The Council will continue to gather feedback on the Governor's FY13 budget proposal and provide updated information in our next Council Update. To review the Governor's proposal, you can access it online at:

http://www.mass.gov/bb/h1/fy13h1/brec_13/ga_13/hhhs.htm

Sincerely,

Lisa Gurgone, Executive Director
MA Council for Home Care Aide Services
174 Portland Street
Boston, MA 02114
617-224-4141; fax 617-227-1190
lgurgone@mahomecareaiders.com
www.mahomecareaiders.com

MCOA Legislative Update: Allies Respond

MA Council for Home Care Aide Services FY13 Governor's Budget Proposal

Line-item	Description	Final FY12 Budget	Governor's FY13 Budget Proposal	Comments Included in Governor's Proposal
1599-6901	Salary Reserve	\$10 million included in FY12 Supplemental Budget for One-time Bonus Salary Reserve	\$0	
4000-0600	MassHealth - Senior Care Plans	\$2,515,602,264	\$2,763,630,662	Increased funding to meet projected need
4000-0640	MassHealth Nursing Home Supplemental Rates	288,500,000	\$288,500,000	
4000-1604	Health Care System Reform	NEW LINE-ITEM	\$3,125,000	For MassHealth costs associated with the implementation of the Patient Protection and Affordable Care Act and payment reform; provided, that no expenditures shall be made from this item that are not federally reimbursable
4120-5000	MRC Home Care Assistance Program	\$4,337,006	\$4,280,624	
9110-0100	Department for Elder Affairs Administration	\$1,994,374	\$2,164,588	
9110-1455	Senior Prescription Drug Insurance	\$21,602,546	\$18,996,516	Decreased funding to meet projected need
9110-1500	Elder Enhanced Community Options	\$45,789,340	\$46,461,487	
9110-1604	Supportive Senior Housing Program	\$4,014,802	\$4,106,339	
9110-1630	Elder Home Care Purchased Services	\$97,780,898	\$97,783,061	
9110-1633	Elder Home Care Case Management	\$35,738,377	\$35,738,377	
9110-1636	Elder Protective Services	\$16,250,554	\$16,628,729	
9110-1660	Congregate Housing Program	\$1,610,617	\$1,658,117	
9110-1700	Elder Homeless Placement	\$136,000	\$139,101	
9110-1900	Elder Nutrition Program	\$6,325,328	\$4,810,824	Reduced state subsidy.
9110-9002	Grants to Councils on Aging	\$8,254,327	\$8,433,748	

MCOA Legislative Update: Background



<http://www.massbudget.org/>

A First Look: The Governor's FY 2013 Budget January 25, 2012 This "First Look" presents an overview of the proposals and initiatives contained in the Governor's Fy 2013 Budget.

Demystifying General Local Aid in Massachusetts January 20, 2012 The money that the state provides to cities and towns for core local services is called General Local Aid. Our new factsheet describes the history of general local aid, the dramatic cuts of the last four years (amounting to roughly 1/3 of all funds), and various options for reform.

FY 2013 Budget Preview January 18, 2012 Looking ahead to the fiscal challenges the Commonwealth faces in FY 2013, our Budget Preview shows that the budget deficit will be well over \$1 billion

The State of Working Massachusetts 2011 January 1, 2012 For workers across the country, 2011 was yet another year of economic struggle. MassBudget's end-of-year assessment, **The State of Working Massachusetts 2011**, shows that while Massachusetts has shared in this hardship, its economy is performing better than the rest of the country. What is more, our commitment to education has, over time, helped to make us one of the highest-income states in the nation.

MCOA Legislative Update: MPHA Submitted Testimony re: House 2

MCOA support MPHA's Agenda as detailed below

101 Tremont St • Boston, MA 02108 • TEL: (857) 263-7072 • FAX: (857) 263-7076 • www.mphaweb.org

Karen van Unen, *President*

Valerie Bassett, *Executive Director*

December 9, 2011



Secretary JudyAnn Bigby
Executive Office of Health and Human Services
1 Ashburton Place, 11th Floor
Boston, MA 02108

Re: FY2013 Budget Testimony

Secretary Bigby:

Thank you for opportunity to submit testimony about the FY13 EOHHS budget on behalf of the Massachusetts Public Health Association (MPHA). MPHA is a statewide organization of 1,000 members focused on improving the public's health by promoting laws, policies and programs that *prevent* disease and injury.

We understand that despite higher than expected state revenue, there will be tremendous pressure on the FY13 budget due to higher program caseloads and decreasing federal support. Because of this, it is vital that we invest smartly in health and safety programs that provide critical protections to our residents and that help to reduce costly health conditions. We ask for your support to invest adequately in two areas that will allow us to accomplish this - public health infrastructure and primary prevention.

Department of Public Health funding on non-hospital spending is down 20% since FY09, with accounts supporting primary prevention cut significantly more. We ask for your support in FY13 to shore up crumbling public health programs.

PUBLIC HEALTH INFRASTRUCTURE

Critical Operations and Essential Services (4510-0100). In recent years, the state has disinvested in public health infrastructure. This account supports key staff across the department, including in emergency preparedness, environmental health assessments, implementation and enforcement of regulations, reducing disparities in health care, and monitoring and inspections of nursing homes, food safety, and water quality. Even after accounting for the mid-year supplemental budget, funding for this account is down 19% since FY09.

We appreciate the Administration's support for the \$2.3m in supplemental funding appropriated as part of Chapter 142 of the Acts of 2011. As you know, this funding helped to support activities that were previously funded by the federal Preventive Health Services Block Grant. With the loss of this federal funding, timely state action helped avoid a devastating loss of staff and capacity in basic administration, environmental health (including inspections of public pools), health care safety and quality, violence and injury prevention and response (including funding for our network of Rape Crisis Centers), and health statistics, research, and evaluation. These are essential public health services that cannot be eliminated. However, without continued state support, these staff and services will be eliminated in state FY13. Therefore, we urge you to support FY13 funding at \$17.7m, including the annualization of the \$2.3m in supplemental funding.

Environmental Public Health Services (4510-0600). Despite being relatively protected in the last several years, this line item is chronically underfunded. The state's ability to protect our food and prevent illness from food, water, air, radiation, and other environmental sources depend on these services. A 22% cut from FY09 has seriously hampered our ability to perform these basic functions. We ask you to level fund this account at \$3.2 million.

State Laboratory and Communicable Disease Control (4516-1000). A 17% drop in funding for the Hinton State Lab Institute since FY09 has also compromised the states ability to protect residents from epidemics, insect-borne diseases, lead-poisoning and bio-terrorism threats. This state lab the only place of its kind in Massachusetts and further cuts would jeopardize its basic functioning. Please support level funding at \$17 million.

MCOA Legislative Update: MPHA Submitted Testimony re: House 2 MCOA support MPHA's Agenda as detailed below, continued

PRIMARY PREVENTION

Health Promotion and Disease Prevention (4513-111). The Department of Public Health's Health Promotion and Disease Prevention line item has faced among the most drastic cuts in recent years, down 43% since last year and a devastating 77% since FY09. Given the savings potential of public health interventions, we should instead be increasing this investment in primary prevention. In order to minimize preventable spending on healthcare and other government services, we must prevent the conditions that lead to the need for services in the first place. In addition to funding for the successful Mass in Motion program, this account (along with federal funds) supports cancer screening, cardiovascular risk reduction education, and care coordination for 20,000 high risk, underserved, low income women and men at 28 community health centers across the state – services not otherwise reimbursable by health insurance. We ask you to fund this account at the FY11 level of \$5.9 million.

The Women, Infants and Children Nutrition Program (WIC) (4513-1002). The WIC Program is a preventive nutrition program targeted at low-to moderate income women as well as infants, and children up to age five years who are at increased health risk in comparison to the general population. WIC's goal is the early detection of potential health and nutritional risks accompanied by appropriate interventions. WIC provides nutrition education and counseling, referrals to health care providers, social service agencies, and other assistance programs and vouchers/checks to purchase nutritious and healthy foods for participating women, infants, and children. According to Children's Health Watch, children under age three who receive WIC are more likely to be in good health. Children who are eligible for WIC but do not receive it due to access problems are more likely to be in poor health, at risk for developmental delays, food insecure, underweight, and short for their age.

Despite this success, WIC has been cut nearly 10% in the last three years, and was proposed to be cut by more than 20% in the governor's FY11 budget proposal. We ask that you support funding at the FY11 level of \$12.4 million.

Other Tobacco Products. It is time we ended the tax loophole on small cigars and smokeless tobacco products. These items have become increasingly popular with youth, recently eclipsing usage of cigarettes by youth for the first time. Significant tobacco tax increases are a proven strategy to sharply reduce tobacco use, and thus, tobacco-caused disease, death and costs. However, when excise taxes were last raised on cigarettes, excise taxes were not raised on non-cigarette tobacco products. As a result, sales of those more inexpensive products have risen significantly as many youth have switched to cheaper nicotine delivery vehicles. According to projections by the campaign for Tobacco-Free Kids, addressing this discrepancy would also raise about \$125 million in badly-needed revenues for the Commonwealth, while saving the state millions more in reduced health care costs.

Simply put, the Department of Public Health, one-fifth gone, cannot continue to deliver core services and maintain basic necessary public health infrastructure to keep our population healthy.

We urge you to maintain funding for public health, and specifically that you prioritize public health infrastructure and primary prevention as you address the states budget needs.

Thank you very much for your time, and please contact us at 857-263-7072 if we can be helpful to your efforts in any way.

Sincerely,



Valerie Bassett
Executive Director



Maddie Ribble
Director of Policy and Communications

MCOA Legislative Update: Background



DESPITE RISE IN TAX RECEIPTS, STATE'S FIXED COSTS MEAN MORE SPENDING CUTS
By Kyle Cheney STATE HOUSE NEWS SERVICE

STATE HOUSE, BOSTON, JAN. 12, 2012.....Massachusetts residents should brace for another year of program cuts and elimination of services, Gov. Deval Patrick's top budget adviser warned Thursday, citing the growth of budget-busting accounts that he said will be the target of a new round of reforms.

Even with revenue forecasters expecting a \$940 million uptick in tax collections in the upcoming budget year, spending on fixed costs in several major areas – Medicaid services for low-income and disabled residents, debt service, public pensions and collective bargaining agreements – are on track to easily swallow up those revenues and much more, said Jay Gonzalez, secretary of administration and finance.

"It's heading in the right direction but we still have a ways to go to dig ourselves out of the hole of the recession,"

Gonzalez said in a phone interview. "We've got some serious budget challenges."

Gonzalez said the fixed costs, if left unchecked, would grow by \$1.6 billion in fiscal 2013, the budget year that begins on July 1, outpacing tax growth by more than \$600 million and cutting into revenues for other services. As a result, he said, the Patrick administration plans to unveil a raft of reforms to keep those costs in check. The rest of state government, he said, would see an overall reduction in spending, with limited increases and "many, many" programs level-funded, some slashed, and others eliminated altogether.

"We're going to try to do more creative cost control things ... to try to deliver government services more efficiently and effectively," he said.

Gonzalez declined to estimate the gap between expected spending and revenues, arguing that he'd prefer to focus on ways the Patrick administration plans to change state government operations.

In a separate interview, Sen. Stephen Brewer (D-Barre) estimated the budget gap would fall between \$800 million and \$900 million, a lower estimate than in recent years.

"We have certain exposures and an economy that still remains sluggish. Human services needs continue to grow at a rapid rate, health care needs continue to grow at a rapid rate," Brewer told reporters outside a Senate caucus. "We are making significant progress. But we still have a ways to go."

Brewer cited the cost of fuel and the potential for snow and ice removal costs as variables in the size of the budget gap. Gonzalez said the governor's budget, due for release on Jan. 25, would include "what we believe to be appropriate, responsible onetime resources" and "modest" revenue increases, although he declined to offer specifics. He said he has warded off demands from interest groups seeking funding increases.

"What I tell all of them is, their expectations are out of line with our budget reality and our new fiscal reality," he said.

Gonzalez's remarks indicate that discretionary programs – from environmental protection initiatives to human services and local aid for cities and towns – which have absorbed an onslaught of budget cuts in recent years, will face stiff competition to fend off budget reductions and reverse years of cuts.

In part, budget writers' hands are tied by a fiscal formula that prioritizes safety net spending, as well as automatic funding for "off-budget" transportation, infrastructure and pension programs.

Although state officials are anticipating a 4.5 percent bump in tax collections beginning July 1 – projecting a \$21.95 billion take in fiscal 2013 – more than \$3 billion is already marked for the MBTA, school building assistance, public employee pensions and a workforce training program.

A tax revenue estimate released Thursday by state budget writers concluded that state law requires \$1.55 billion in fiscal 2013 spending on public pensions, a \$768.8 million appropriation for the MBTA, a \$689.4 million expenditure on school building, and a \$20.2 million infusion for a workforce training fund.

Those carve-outs leave \$18.8 billion in tax revenues remaining for the rest of the budget.

Spending on Medicaid – health programs for about 1.3 million poor, elderly and disabled residents – typically consumes billions of dollars in tax revenue, and servicing the state's debt also requires about \$2 billion. Another \$1 billion expense is likely for Commonwealth Care, a health insurance exchange that connects low-income residents to heavily subsidized plans.

In addition, state officials are bracing for potentially devastating cuts in federal funding over the next decade, increasing pressure to backfill the cost of programs like heating assistance for low-income residents.

[Matt Murphy contributed reporting.]

-END-

1/12/2012

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MCOA Legislative Update: Background, continued



PATRICK, LEGISLATIVE LEADERS AGREE ON FY '13 REVENUE ESTIMATE
By Michael Norton
STATE HOUSE NEWS SERVICE

STATE HOUSE, BOSTON, JAN. 12, 2012.....Legislative leaders and the Patrick administration have agreed to base their fiscal 2013 budget bills on the expectation that taxpayers will generate \$21.95 billion in taxes, according to a State House source. That's a 6.9 percent increase over the original estimate used to build this year's state budget.

Patrick administration officials in October increased their estimate of expected fiscal 2012 tax collections to \$21.01 billion and the projected tax take for next fiscal year is 4.5 percent more than that figure.

While the collection estimate is a major variable in the budget every year – it largely determines the extent of budget investments and reductions – a potentially greater variable next fiscal year is the level of federal aid, with state officials saying they're uncertain how deficit reduction efforts in Washington will affect bottom line budget decisions.

Patrick and his budget deputies have made most of their major fiscal 2013 budget decisions and municipal officials expect the governor to discuss his local aid plans late next week. Patrick plans to release his full fiscal 2013 spending plan on Jan. 25, two days after he delivers his State of the State address.

State law calls for legislative leaders and budget officials in the executive branch to agree on a tax revenue estimate each year by Jan. 15. The estimates are usually off the mark, often by hundreds of millions of dollars, but serve as a starting point for budget deliberations, which over the years have come to feature passage of numerous midyear spending bills, such as a \$131 spending bill that was being teed up Thursday morning by the House Ways and Means Committee.

The fiscal 2013 tax revenue estimate reflects the impact of a pair of tax cuts that took effect on Jan. 1 – a 0.05 percentage point reduction in the personal income tax and a 0.25 percentage point cut in the state corporate tax. The income tax cut is estimated to be worth between \$111 and \$117 million in revenue.

State officials have warned that despite an expected increase in tax collections, residents should brace for additional budget cuts due to continued high demand for government safety net and entitlement programs, such as Medicaid.

[Kyle Cheney and Matt Murphy contributed reporting.] -END-1/12/2012 Serving the working press since 1910

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STATE CAPITOL BRIEFS – LUNCH EDITION – FRIDAY, JAN. 27, 2012
STATE HOUSE NEWS SERVICE

REPORT: STATE ECONOMIC GROWTH SLOWS, BUT PICKUP EXPECTED

For the first time since the second quarter of 2010, the Massachusetts economy grew at a slower rate than the national economy during the fourth quarter of 2011, according to a report released Friday. According to the University of Massachusetts report, gross state product grew at a 2.3 percent annualized rate last October, November and December while the gross domestic product of the U.S. grew at a 2.8 percent annualized rate over that same period. The national GDP figure was released Friday morning by the U.S. Bureau of Economic Analysis. The report forecasts the state economy will accelerate to a 3.5 percent growth rate during the first quarter of 2012 and a 4 percent growth rate in the second quarter. The UMass report attributed the slowdown to Massachusetts employers downshifting on hiring after a burst in hiring over the first half of 2011, a slowdown in demand for information technology products, and the impact on Massachusetts exports of the European debt crisis. While exports remain an area to watch, the report indicates economists believe there's reason for optimism about the Massachusetts economy, including a "stunning" 24 percent annualized rate of growth in fourth quarter spending on items subject to the state sales tax, including automobiles. In a statement, Dr. Martin Romitti, director of economic and public policy research at the UMass Donahue Institute, said, "The rise in stock prices of leading Massachusetts firms, improved consumer confidence, and sharp increases in discretionary consumer spending in recent months are all encouraging signs that the recovery underway can maintain its momentum." In the first three quarters of 2011, the Massachusetts economy grew at annualized rates of 1.9 percent, 4.1 percent and 3.2 percent, respectively.

ACTIVISTS LOOK TO HOUSE TO RESTORE ELDER MEAL PROGRAM FUNDING

Advocates on Friday expressed surprise at Gov. Deval Patrick's proposed cut in a state meals program for the elderly, saying the reduction in elder nutrition program funding would ratchet back funding to 2006 levels. "This literally is taking food off the table for older people," Al Norman, executive director of Mass Home Care, said in a statement. This is one of the most visible, and popular senior programs in the state. We never would have predicted a cut in such a key service." Mass Home Care estimates the funding reduction, from \$6.3 million to \$4.8 million, will cut about 250,000 meals in fiscal 2013. Patrick administration officials say that despite an increase in tax collections, the use of rainy day fund revenues and \$260 million in proposed taxes and fees, growth in a few large budget areas - pensions, health care and debt service - was forcing cuts in other state programs and services. The proposed cut was included in Patrick's \$32.3 billion fiscal 2013 budget, which has been sent to the House Ways and Means Committee.

MCOA Legislative Update: Background, continued



By Kyle Cheney and Matt Murphy
STATE HOUSE NEWS SERVICE

STATE HOUSE, BOSTON, JAN. 3, 2012.....The cost of a single subway ride could rise to \$2.40 from \$1.70 and bus fares could increase to \$1.75 from \$1.25 under MBTA fare hike scenarios being considered by state transportation officials.

Fares across all modes of transportation would climb 43 percent under the most drastic fare scenario unveiled Tuesday by MBTA officials, who will discuss the proposal, along with another, smaller fare hike scenario at a morning meeting of the Massachusetts Department of Transportation's Standing Committee on Audit & Finance.

Under the more modest proposal, a 35 percent hike across all transportation modes, subway fares would climb to \$2.25 and bus fares would rise to \$1.75.

Both plans would include sharp increases in the cost of the RIDE, a service for residents with disabilities ranging from a 50 percent hike to \$3 per trip to a 125 percent hike to \$4.50 per trip. Residents requesting the RIDE service outside of legally required territory would be charged premium fares of either \$5 or \$12, under the two scenarios.

The fare increases would also be accompanied by unspecified service eliminations and reductions for commuter rail, bus, light rail, ferry and RIDE service areas, a plan likely to meet resistance from riders who depend on public transportation. T officials acknowledge that some service reduction proposals could leave current customers without MBTA service in their area.

MBTA officials say the fare hikes and service cuts will be needed to close a \$185 million budget gap predicted for the fiscal year that begins on July 1.

"It is not our wish to reduce transportation options for any customers but it is our responsibility to present a balanced budget," MBTA senior director Charles Planck said in prepared remarks that he plans to deliver to an MBTA subcommittee Tuesday morning. "In light of our increasing operating costs we are faced with choices about the service we will provide in the next fiscal year and with public input on the proposals we are presenting, we hope to reach the best outcome for the most people."

According to Planck, 22 of 24 U.S. cities with urban rail service have raised fares since 2007, the last time the MBTA raised its fares, and many have enacted service reductions over that period.

The fare proposals will be the subject of more than 20 public meetings, T officials disclosed last week, and state Transportation Secretary Richard Davey has noted that final proposals nearly always change after public input. He has warned, however, that fare increases and service cuts are "almost impossible" to avoid, particularly after going five years without an increase, the longest of any major public transit agency in the country.

In recent years, three rounds of fare hikes and the dedication of state sales tax revenues to the authority have failed to stabilize the finances of the MBTA, which is advancing major expansion projects that would run the Green Line further north from Boston and extend commuter rail service to the New Bedford and Fall River areas.

[Editor's Note: A write-through of this story will follow, including reporting from the subcommittee meeting]

-END-
1/3/2011

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MCOA Legislative Update: Background, continued

MASS. IN LINE FOR 26 % MEDICAID FUNDING HIKE IN NEW FEDERAL PACT

By Kyle Cheney STATE HOUSE NEWS SERVICE



STATE HOUSE, BOSTON, DEC. 20, 2011.....The Patrick administration has struck a \$26.75 billion deal with the Obama administration that the governor says will set the stage for a “new round of innovations” in Massachusetts’s health care system and that federal officials say will serve as a precursor to sweeping changes in the way health care is delivered in the Bay State.

The deal, a three-year Medicaid pact authorized by the U.S. Department of Health and Human Services, represents a \$5.69 billion, 26.2 percent increase over the last three-year deal, which was approved by the administration of President George W. Bush in 2008. The last waiver deal, a three-year pact approved in 2008 by the Bush administration, was valued at about \$21.2 billion and hailed as a victory for state health programs by Gov. Deval Patrick and U.S. Sen. Edward Kennedy.

The new deal was reached last week when Patrick met with U.S. Secretary of Health and Human Services Kathleen Sebelius in Washington D.C., and details were finalized in the days since the meeting, according to an administration official.

“This is the result of one hell of a team effort. We all stayed at the table so Massachusetts received what we needed to keep revolutionizing quality, affordable care,” U.S. Sen. John Kerry said in a statement announcing the deal.

The agreement was also hailed by other members of the Massachusetts Congressional delegation, including its lone Republican member, U.S. Sen. Scott Brown.

“I applaud the efforts of all parties – providers and the state – to negotiate the terms of Massachusetts’ Medicaid waiver, which is critical to ensuring the success of Massachusetts state health reform and access to care for every Bay Stater,” Brown said in a statement.

MassHealth, the state’s Medicaid program, provides 1.3 million low-income or disabled Massachusetts residents with subsidized coverage and has been a major part of the state’s efforts to provide near-universal coverage.

Under the terms of the deal, also known as a Medicaid waiver, safety net hospitals in Massachusetts – including Boston Medical Center and Cambridge Health Alliance – will be required to make major changes to the way they deliver health care in order to access a \$120-million-a-year pot of funds. The changes include moving away from a health care system that pays doctors based on the volume of tests they perform, rather than the health outcomes for their patients.

Gov. Patrick has pressed lawmakers to act on a bill that would make this shift the norm in the Massachusetts health care industry, but the Legislature has deferred action until next year. House Speaker Robert DeLeo and Senate President Therese Murray have indicated plans to tackle the issue before formal sessions end next July.

Under the waiver, Massachusetts will establish a pilot program aimed at expanding coverage for pediatric asthma services. This provision of the waiver closely mirrors a Medicaid program adopted in a state budget 18 months ago aimed at preventing unnecessary hospital admissions for pediatric asthma patients.

The state will also “streamline eligibility procedures” for about 140,000 parents with children who receive food stamps, and the waiver also covers expanded “early intervention” services for children with developmental delays and disabilities.

But Massachusetts officials also withdrew a number of requests, according to the federal Centers for Medicare and Medicaid Services, which sent a letter to Patrick administration health and human services chief JudyAnn Bigby. The withdrawn proposals include integrated care for residents eligible for both Medicare and Medicaid, which the Patrick administration plans to tackle independently. The administration had also requested the ability to increase pharmacy co-pays “above allowable State plan levels” and to institute a co-pay for non-emergency medical transportation,” according to the letter.

The Medicaid waiver, a critical element of Massachusetts health care financing scheme, was due to be finalized in July, but negotiators sought a series of one-month extensions, unable to reach agreement as news of major pressure to cut federal spending dominated the dialogue in Washington.

Proponents of the deal said it would preserve the state’s health care programs established in 2006, when Gov. Mitt Romney signed a health care law intended to guarantee access to insurance for nearly all Massachusetts residents. Since the law was signed, about 411,000 previously uninsured residents obtained health care coverage, and the Patrick administration estimates that 98 percent of all residents are insured.

The cornerstone of that legislation, a health insurance exchange called Commonwealth Care, served as a model for exchanges included as part of the federal Affordable Care Act signed by President Obama nearly two years ago. Commonwealth Care helps enroll low-income residents in heavily subsidized private insurance plans.

Commonwealth Care and a separate program that covers care for a diminishing pool of uninsured residents will receive \$500 million a year, under the new waiver deal. The Patrick administration has also committed to implementing all provisions of the Affordable Care Act by Jan. 1, 2014, when most major provisions of the federal law take effect.

The waiver may carry some political significance heading into a presidential year, as Romney campaigns for the Republican nomination to take on President Obama.

Romney has repeatedly been forced to defend the health care law he signed as an affordable plan that works for Massachusetts. But critics say the state’s programs survive because of a broad lifeline provided by the federal government, a critique unlikely to be quelled by the major increase in Medicaid funding announced Tuesday.

Patrick also plans to play a major role in Obama’s reelection campaign in 2012, and he has frequently been described as a close ally and friend of the president. -END-
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MCOA Legislative Update: Background, continued



Coalition for Senior Housing

Fact Sheet:

Steering Committee:

B'nai B'rith Housing New England
CenterPoint Foundation
Citizens' Housing and Planning Association
HEARTH
Hebrew Senior Life
Jewish Community Housing for the Elderly
Leading Age Massachusetts
MA Association of Older Americans
MA NAHRD
MA Assisted Living Facilities Association
MA Councils on Aging
MA Home Care Association
MA Senior Action Council

The Need for Expanded Housing and Service Choices for Seniors

- Approximately 900,000 Massachusetts residents are age 65+, totaling 13.7% of the population. Over 143,000 residents are age 85+.ⁱ
- Massachusetts' 85+ population will grow 52% from 2010 to 2030,ⁱⁱ while the 65+ population will grow by 37% over the same period.^{iv}
- 89% of Americans age 55+ want to stay in their homes for as long as they can, a percentage that increases to 92% of those 62-75 and 95% of the 75+ population.^v
- Housing is the single largest expense for older households.^{vi}
- 71,435 Massachusetts households aged 65+ are living below the federal poverty line, with an annual income below \$14,710 for a household of two.^{vii}
- Over 1.4 million Massachusetts residents rely on Medicaid.^{viii} Home and Community Based Services (HCBS) waivers allow Medicaid recipients to receive Medicaid funding for in-home care and in Massachusetts, Medicaid allows some to choose in-home care instead of more expensive nursing home care. Massachusetts spends 24% of its Medicaid long-term care dollars on HCBS, with the other 76% goes to nursing home care, placing the state 22nd in the US in spending on home care services for this population.^{ix}

5 Steps to Enable Seniors to Live in Community-Based Housing

- Enact *An Act Relative to Community Housing and Service (H.368 and S.1967 pending before the Comm. on House Ways and Means)* to create 1,000 new units of permanent supportive housing through a coordinated interagency process.
- Maintain and support the Group Adult Foster Care (GAFC) Program and other state programs that provide community-based services that enable seniors to have the choice to avoid more costly institutional living.
- Adequately support state Public Housing (7004-9005), two-thirds of which is reserved for seniors and persons with disabilities.
- Increase heating assistance for low income residents in Massachusetts (LIHEAP).
- Expand the use of Medicaid resources for community-based services that enable seniors to receive the care they need in their home.

c/o CHAPA • 18 Tremont Street, Suite 401 • Boston, MA 02108 • (617) 742-0820

ⁱ U.S. Census Bureau Massachusetts QuickFacts.

URL: <http://quickfacts.census.gov/qfd/states/25000.html>

ⁱⁱ U.S. Census Bureau, Population Division. Estimates of Resident Population by Selected Age Groups for the United States and Puerto Rico: July 1, 2008. Released May 14, 2009.

URL: <http://www.census.gov/popest/states/asrh/SC-EST2008-01.html>

ⁱⁱⁱ Gibson, Mary Jo, Fox-Grange, Wendy, Houser, Ari. *Across the States 2009: Profiles of Long-Term Care and Independent Living: Executive Summary, State Data, and Rankings*. Page 34. AARP Public Policy Institute. Washington D.C.

URL: http://www.aarp.org/research/ppi/lc/other/articles/across_the_states_2009_profiles_of_long-term_care_and_independent_living.html

^{iv} Executive Office of Elder Affairs, Elder Population Statistics. MA Elderly 60+ Projections by town and AAA, 2010-2020: December, 2002.

URL: <http://www.mass.gov/?baseID=eldersubtopic&L1=3&L0=Home&L1=Regulations+and+Statistics&L2=Elder+Population+Statistics&sid=Elders>

^v AARP Public Policy Institute. *State of 50+ America: 2006*. Washington, DC: AARP, 2006.

^{vi} AARP Massachusetts

^{vii} U.S. Census Bureau State Quick Facts.

^{viii} The Henry J. Kaiser Family Foundation, statehealthfacts.org. Massachusetts & United States Fact Sheet. February 25, 2011.

URL: <http://www.statehealthfacts.org/mfs.jsp?rgn=23&rgn=1>

^{ix} Gibson, Mary Jo, Fox-Grange, Wendy, Houser, Ari. *Across the States 2009: Profiles of Long-Term Care and Independent Living: Executive Summary, State Data, and Rankings*. Page 45. AARP Public Policy Institute. Washington D.C.

URL: http://www.aarp.org/research/ppi/lc/other/articles/across_the_states_2009_profiles_of_long-term_care_and_independent_living.html

MCOA Legislative Update: Action Needed

alzheimer advocacy action day

*Let's make quality care a reality for ALL
with Alzheimer's disease in MA!*

**Tuesday, Feb. 7, 2012
State House, Boston
Grand Staircase**

**10:00 a.m. - 10:30 a.m.
Continental Breakfast**

**10:30 a.m. - 12:00 noon
Program and Legislative visits**



**Bring along a photo of
your loved one**

**Let's "put a face"
on Alzheimer's**



FREE & Open to the public.
Register at www.alz.org/MANH
Info: Jennifer.Carter@alz.org

**alzheimer's 
association®**

MCOA Legislative Update: Action Needed – NCOA



<http://www.ncoa.org/press-room/press-release/top-6-policy-issues-affecting.html>

January 23, 2012

NCOA Media Contact:

Ken Schwartz

Director, Marketing & Communications

202-600-3131

ken.schwartz@ncoa.org

Election Year Politics and Reauthorization of the Older Americans Act Will Play Key Role in the Lives of Older Adults this Year

Washington, D.C. – With Congress back in session and the presidential election year in full swing, the National Council on Aging (NCOA) encourages older adults and their caregivers to advocate for key issues that could greatly affect their lives, and their livelihoods.

While Medicare, Medicaid, and Social Security are top priorities, and will likely receive the bulk of media attention, NCOA doesn't anticipate any significant movement on these issues in 2012.

However, NCOA has developed a list of the top 6 issues that seniors should understand, track, and speak out on in 2012:

1. Older Americans Act (OAA)

The OAA is up for reauthorization, which offers a prime opportunity to strengthen and modernize aging services to ensure that we meet the diverse needs of our growing older population—especially those who are vulnerable and disadvantaged. The OAA funds critical, cost-effective programs that allow seniors to stay healthy and independent in their communities. These include job training and placement (under the Senior Community Service Employment Program - SCSEP), health promotion and disease prevention, senior nutrition programs, senior centers, caregiver support, and more. Action in the Senate is expected soon.

MCOA Legislative Update: Action Needed – NCOA, continued

2. Extensions of Medicare Low-Income Protections, “Doc Fix,” and Unemployment Insurance

At the end of last year, Congress passed a bill to extend until Feb. 29 several programs that provide key benefits to the most vulnerable older adults. Now lawmakers must pass a long-term extension to continue these programs. They include the Qualified Individual (QI) program, which helps disadvantaged seniors pay their Medicare Part B premiums; Medicare physician payments (the “doc fix”), to prevent serious cuts in payments to doctors under Medicare; and Unemployment Insurance benefits to continue support for individuals struggling to find work. Seniors should also be mindful that some want to cut Medicare or prevention benefits to pay for these and other extensions.

3. Senior Program Funding Cuts

Budget cuts over the past year have significantly affected the most vulnerable older adults, with major reductions in housing, energy, and employment assistance for low-income seniors. The combination of these funding cuts, a rapidly growing senior population, and increased demand for economic assistance means millions of older adults will not get the services they need to make ends meet. Funding for senior programs will continue to be in jeopardy throughout the year.

4. Long-Term Care

As part of the Affordable Care Act, Congress passed a new voluntary, long-term care insurance program called the Community Living Assistance Services and Supports Program (CLASS). CLASS would allow individuals to plan for long-term services as they age and remain at home rather than being forced to spend-down their life savings or enter a nursing home. However, implementation of CLASS has been suspended. Some opponents in Congress believe the program should be repealed, but have offered nothing in its place to address the growing problem that millions of families and caregivers struggle with every day. NCOA and a broad range of organizations representing seniors and people with disabilities believe CLASS can be fixed and must not be repealed – at least until a consensus can be developed on a viable alternative.

5. Access to Preventive Benefits

In addition to funding for senior health promotion and disease prevention under the OAA, some members of Congress have tried to repeal or significantly cut other preventive benefits. For example, the Prevention and Public Health Fund, which includes resources for proven chronic disease self-management programs for seniors, has been specifically targeted for repeal and major budget cuts. The Senate also proposed last year to include new investments for elder falls prevention under this fund. The proposed repeals of health care reform also would mean elimination of the new Medicare annual wellness visit and increased copayments for other preventive services that are now free under Medicare.

MCOA Legislative Update: Action Needed – NCOA, continued

6. Hunger and Food Insecurity

In addition to funding for Meals on Wheels, congregate meals programs, and food banks, renewal of agriculture legislation (the Farm Bill) provides an opportunity to increase access to nutrition assistance for seniors. Only one-third of low-income seniors who are eligible currently participate in the Supplemental Nutrition Assistance Program (SNAP; formerly Food Stamps). Changes that can increase access and benefits include altering eligibility rules, increasing the minimum benefit, streamlining and modernizing applications, and enhancing access to healthy food options. However, in the name of deficit reduction, some in Congress are likely to propose reducing access to these benefits.

“America’s seniors have never been a group to stay silent,” said Jim Firman, NCOA president and CEO. “Collectively, they can help raise the voices of millions of older adults and fight for much-needed services and supports for our most vulnerable population.”

For tips on how to advocate, additional information on these issues, and directions for contacting your members of Congress, please visit www.ncoa.org/Toolkit.

###

About NCOA The National Council on Aging is a nonprofit service and advocacy organization headquartered in Washington, DC. NCOA’s mission is to improve the lives of millions of older adults, especially those who are vulnerable and disadvantaged. NCOA is a national voice for older Americans and the community organizations that serve them. It brings together nonprofit organizations, businesses, and government to develop creative solutions that improve the lives of all older adults. NCOA works with thousands of organizations across the country to help seniors find jobs and benefits, improve their health, live independently, and remain active in their communities.

www.NCOA.org | www.facebook.com/NCOAging | www.twitter.com/NCOAging

Action Taken to Member-Raised Issues: Repeating

1. Protective Service Task Force

Recently several issues were brought forward by the membership concerning the Protective Service Program and the way the recent change in the law that makes COAs mandated reporters is being implemented locally. MCOA met with the Secretary of Elder Affairs, Ann Hartstein, and she has appointed Under Secretary Sandy Albright to lead a task force to review the current relationship of this program with COAs. **MCOA President Barbara Farnsworth will take the lead and will be joined during the discussion by Heather Sylvia, Gail Farrugia, Lynne Waterman and Terri Marciello. MCOA Members are asked to submit comments and concerns to these members who will share them during the process.** Thanks to these volunteers!

AGENCY NAME	CONTACT PERSON	E MAIL ADDRESS	STREET ADDRESS	CITY/STATE/ZIP	TELEPHONE
Hingham Dept of Elder Services	Barbara Farnsworth	Farnsworthb@hingham-ma.com	224 Central Street	Hingham, MA 02043-2745	(781)741-1458
Acushnet COA	Heather Sylvia		59 ½ South Main Street	Acushnet, MA 02743-2848	(508)998-0280
Mansfield COA	Gale I. Farrugia	gfarrugia@mansfieldma.com	P O Box 232/255 Hope St	Mansfield, MA 02048-0232	(508)261-7368
Mashpee COA	Lynne Waterman		26 Frank E. Hicks Drive	Mashpee, MA 02649-3274	(508)539-1440
Wilmington COA	Terri Marciello	tmarciello@townofwilmingtonma.com	15 School Street	Wilmington, MA 0188-2329	(978)657-7595

2. CPi / LPi Contracts

Another area of concern that was recently raised by our members is the contracting process by CPI. On November 18th, following the MCOA Membership Meeting, some members met and formed a task force to review the concerns that have been raised. **Nancy Hill, Jacqueline Coucci and Eileen Bogle have agreed to co-chair with Jayne Colino (MCOA's VP) acting as the Board Liaison. If members have concerns or questions please forward them directly to these individuals.**

Weston COA	Eileen Bogle	Bogle.e@westonmass.org	20 Alphabet Lane	Weston, MA 02493-2555	(781)786-6280
Bridgewater COA	Nancy G. Hill	nhill@ebmass.com	137 Central Street	East Bridgewater, MA 02333-1912	(508)378-1610
Mattapoisett COA	Jacqueline Coucci	coadirector@mattapoisett.net	PO Box 528/16 Main St	Mattapoisett, MA 02739-0528	(508)758-4110
Newton COA	Jayne Colino	jcolino@newtonma.gov	345 Walnut Street	Newtonville, MA 02460-1989	(617)796-1660

We are collecting info on any cuts...

SAVE OUR Senior Centers Task Force: Is actively tracking the impact the FY12 budget on senior centers and staffing. Please send updates and your concerns to Ruthann Dobek/Brookline — Ruthann_Dobek@town.brookline.ma.us and Jayne Colino/ Newton — jcolino@newtonma.gov We also need a copy sent to Peter@mcoonline.com

ALWAYS ONLINE @ www.mcoonline.com

The latest MCOA Monthly Newsletter — **December 2011**

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(Right-Click on the open Bulletin Board to save as an icon on your Desktop.)

MCOANews You Should Use

Home Oxygen Fire Safety Campaign

Suggested Newsletter Article

Department of Fire Services • Commonwealth of Massachusetts
1 State Road • P.O. Box 1025 • Stow, MA 01775 • (978) 567-3380

November 2011

New Home Oxygen Fire Safety Campaign

Do you use home oxygen or know someone who does? Do you know that using home oxygen increases the risk of fire and burns?

<Organization Name> has been working with State Fire Marshal Stephen D. Coan and the *Task Force on Home Oxygen Safety* to educate patients, families, caregivers and even physicians about the increased fire dangers when you bring oxygen into the home.

Since 1997 home oxygen has been involved in 31 fire deaths in Massachusetts, caused more than 57 serious injuries, seven firefighter injuries and over 80 identifiable incidents¹. In 2010 alone there were seven severe fire incidents with home oxygen; all but one included smoking materials.

“Tragic blazes such as the Lynn fatal fire in February 2010, the Quincy fatal fire on December 26, 2009, the Whitman fire May 2008, and the South Boston fire of 2002 — where a smoker using home oxygen ignited a fire resulting in the death of an eight-year-old girl — highlight the risks associated with home oxygen use,” says State Fire Marshal Coan.

“As the baby boomer generation ages, more and more patients are treated in their homes with portable medical oxygen,” says Colleen Ryan, MD, Staff Surgeon, Sumner Redstone Burn Center, Massachusetts General Hospital and an Associate Professor of Surgery, Harvard Medical School. “It’s crucial that patients, their families, physicians and other caregivers are aware of and understand fire risks associated with home oxygen use.”

What Are the Fire Risks?

Home oxygen adds more oxygen in the air; it makes fires burn faster and hotter. Furniture, clothes, bedding and hair absorb oxygen and can catch fire more easily. Keep 10 feet away from any flame or heat source such as electric razors, gas stoves, heaters, hair dryers, and candles. It is important to avoid using flammable products such as petroleum-based lip balms or lotions. These can easily ignite.

Until You Quit

There is no safe way to smoke in the presence of oxygen, only a less dangerous way. Disconnect the oxygen; wait ten minutes then go outside to smoke. This gives the oxygen time to come off your hair and clothes into the open air. Just shutting off the oxygen alone is not enough, and in fact is quite dangerous.

¹ As of November 8, 2011.

MCOANews You Should Use: continued

Home Oxygen Fire Safety Campaign continued

Home Fire Safety

Simple home fire safety is important for everyone but more so for people on home oxygen. Make sure smoke alarms are working. Make and practice a home escape plan with a meeting place outside. Make sure pathways to the exit are kept clear.

Smoking Is Deadly: Quitting is Best

The main danger is smoking. You should not smoke, and no one should smoke around you, the fire danger is too great. It puts everyone nearby – families, neighbors and pets - at risk. Quitting smoking is the best thing for a patient's health and safety. There are more resources for patients trying to quit smoking today than ever before. Physicians should encourage and help patients quit smoking. Patients should ask their doctors about new tools to help. A lot has changed since they smoked their first cigarette.

Help Quitting: www.trytostop.org

There's FREE help to quit smoking. The Massachusetts Smokers' Helpline at 1-800-QUIT NOW can help you quit. The helpline offers free telephone counseling information and referral services for Massachusetts residents who want to stop smoking. A free help booklet can be ordered on the hotline or at www.trytostop.org.

The Campaign

The campaign includes television and radio public service announcements, a printed brochure, and educational guidelines for firefighters, injury prevention professionals, and first responders. The television and radio public service announcements ran May through June, with additional spots planned for 2012.

Breathe Easy- Using Home Oxygen Safely Pamphlet

Download the *Breathe Easy- Using Home Oxygen Safely* pamphlet from www.mass.gov/dfs, then click on *Fire Safety Topics* then *Home Oxygen Safety*. For more information call the Department of Fire Services at (978) 567-3380.

The *Task Force on Home Oxygen Safety* is made up of members from diverse groups: the fire service, public health, tobacco control, home oxygen medical equipment providers, councils on aging, American Red Cross, elder affairs, physicians, National Fire Protection Association, visiting nurses, and the insurance industry.

MCOANews You Should Use: continued



2012 Older Americans Month Theme

Older Americans Month is celebrated each May to honor and recognize older Americans for the contributions they make to our families, communities and society. To assist our National Aging Network and other groups plan for activities during the month of May or throughout the year, the Administration on Aging (AoA) issues a theme for Older Americans Month. This year's theme "**Never Too Old to Play**" encourages older Americans to stay engaged, active and involved in their own lives and in their communities. Additional information coming soon.

Binge drinking in Older Adults

Please see the attached new CDC report on binge drinking which identifies older adults-65+- as the age group that drinks most often; also Massachusetts is one of the states reporting high rates of binge drinking overall.

<http://www.cdc.gov/VitalSigns/BingeDrinking/>

Please spread the word to your colleagues about this important data; also, many of you already take advantage of our free materials on elder substance abuse; for those who haven't seen them, please see

www.maclearinghouse.com.

Ruth Grabel, MPA, Program Specialist Healthy Aging and Disability Unit

Massachusetts Department of Public Health 250 Washington St.- 4th floor Boston, MA 02108

T-617-624-5488 F-617-624-5075 email: ruth.grabel@state.ma.us Website: www.mass.gov/dph/healthyaging

Blog: [HTTP://PUBLICHEALTH.BLOG.STATE.MA.US](http://PUBLICHEALTH.BLOG.STATE.MA.US)

BCBSMA Partners with MDPH on Keep Moving Program

Blue Cross Blue Shield of Massachusetts (BCBSMA*) has partnered with the Massachusetts Department of Public Health (MDPH) to promote the Keep Moving Program and Fall Prevention Information Line (**1-800-227-SAFE (7233)**). BCBSMA created a *Prescription for Healthy Bones*, to be handed out to patients by a physician, to facilitate discussion about how to reduce the risk of falls and fractures. "Prescribed" interventions include eating a healthy diet, joining a walking club, learning about fall prevention, and keeping up with osteoporosis screenings.

The prescription pad points members to contact the MDPH "Keep Moving" program to look for a local walking club in their community. Since many Councils on Aging sponsor walking clubs, you may be hearing from those interested in joining. The prescription pad also promotes the MDPH Falls Prevention Information Line as a resource to learn more about preventing a fall. The promotion of these programs may increase the volume of inquiries to your organization among Medicare Advantage members regarding bone health. If you have questions call Sue Flanagan at BCBSMA, at **617-246-6344**.

To read more about the "Keep Moving" program visit www.mass.gov/dph/keepmoving.

MCOANews You Should Use: continued, NISC Update

To NISC Delegate and Members:

We want to let you know that a decision has been made to bring the management of the NISC accreditation program in-house. The program will be managed by Maureen, with assistance from Caroline Lubin, who manages NISC member services. The management of the program will be fully transitioned from East Valley Adult Resources to NCOA by the end of March. Due to budget constraints, NCOA has found it necessary to bring in-house a number of business functions that had previously been managed through partnerships with consultants. Making this decision at this time will make it possible to maintain our current level of staff support for NISC. While the timing of this decision is directly related to the budget, we believe that this transition is also an opportunity to strengthen and expand the accreditation program and give standards and accreditation higher visibility within the work of NCOA/NISC. Here are some of the advantages we see in bringing the program in-house:

- * Having more direct contact with senior centers interested in and going through the accreditation process will give NCOA more opportunity to promote and market the program, potentially increasing accreditation program income.
- * Having more direct contact with centers that are going through the accreditation process and those that become accredited, will provide greater opportunity to engage these high-performing organizations in the mission and work of NCOA/NISC.
- * There will be increased capacity for managing and reporting on all aspects of the accreditation program through use of NCOA's Salesforce database, which is currently being used to manage all accreditation financial information. Tracking the accreditation process in Salesforce will make it possible for staff to provide reviewers, the accreditation board and others involved in the accreditation program the information they need in a timely manner.
- * By managing the accreditation program in-house we can more closely track and evaluate the costs of administering the program, which will help informed decisions regarding the fee structure required to sustain the program.
- * We believe that bringing the accreditation program in-house will make it possible to provide an even higher level of customer service to prospective, in-process, and accredited centers through a more centralized and integrated member services.

We appreciate very much the good work that East Valley Adult Resources has done over the past eleven years in managing the NISC accreditation program and in supporting the over two hundred senior centers that have gone through the process. Maureen is working closely with Dan and Carla to insure a smooth transition for the senior centers currently going through the review and accreditation process. Here is a timeline for the transition of the program from East Valley to NCOA:

- * East Valley will continue to manage the relationship with the centers that will receive their accreditation before March 31, 2012.
- * Beginning February 1, 2012, NCOA will be responsible for responding to inquiries about the NISC accreditation program and managing the relationship with new centers submitting an "Intent to Self Assess" form.
- * During the month of February, East Valley will transition to NCOA the management of all centers that are currently in the accreditation process that will not be completed by March 31, 2012, or have submitted an "Intent to Self Assess" form, but have not started the accreditation process.

The first week in February we will update the contact information for the NISC accreditation program on NCOA.org/NISC. If you have questions about this change, please contact Maureen at Maureen.arsenault@ncoa.org <<mailto:Maureen.arsenault@ncoa.org>> .

David Taylor, NISC Chair and Dianne Stone, NISC Accreditation Board Chair with Maureen Arsenault, NISC Coordinator

MCOANews You Should Use: continued

Changes to the SSI Program April 1st

Bottom Line: To save about \$15 million, the state has opted to issue the state supplemental portion of the SSI program directly to recipients. Nothing changes except recipients will get two checks either delivered in the mail or directly deposited into their bank accounts. It is important to get the word out about this change to alleviate any fears that might arise. Recipients will receive a letter around mid February informing them of this change. Help spread the word. More information is posted on our website home page www.mcoaonline.com



Massachusetts SSI State Supplement Program (SSP)



What you need to know for April 1, 2012:

- **SSP payments will now come from the state instead of from the federal Social Security Administration.**
- **Eligibility requirements are not changing.**
- **Payment amounts are not changing.**
- **Payments will be sent at the same time and by the same method they are issued by the Social Security Administration.**
- **For certain applicants not eligible for SSI, their disability determination may be conducted by the state instead of the Social Security Administration.**
- **Letters about the upcoming transition will be mailed to SSP recipients beginning February 10, 2012.**
- **Beginning February 13, 2012, the SSP website and Customer Service Call Center will be available.**

***Massachusetts SSI State Supplement Program (SSP)
Customer Service Call Center Toll-Free number
(877)-863-1128***

MCOANews You Should Use: continued

SHINE's Beacon for January

Waiver of Part D Cost Sharing for HCBS Waiver Members; Dispelling Myths about Medicare Premiums; Reminder: Part D Transition Policy; First Health Issues and Related Special Enrollment Period; New Part D Pharmacy Notice Rules; MassHealth: Where to Send What?; MassHealth Mail/Fax Cover Sheet; MassHealth Drug List Updated; MassHealth Payment Plans and Hardship Waivers; SHINE Events; Outside Events
SHINE Page: <http://www.mcoaonline.com/content/wellness/SHINE.php>

Updated Health & Wellness Webpage

Updated webpage: <http://www.mcoaonline.com/content/wellness/index.php>

See MCOA's Updated Webinar webpage

Webinars: <http://www.mcoaonline.com/content/webinar/index.php>

Updated Medicare/Medicaid Webpage

Example: **Center for Medicare Advocacy & CMA Alerts** — under Medicare/Medicaid
(Click on link to CMA under Table of Contents at top of page)

Updated webpage: <http://www.mcoaonline.com/content/medicare/index.php#cma>

MA Office of Consumer Affairs...

Massachusetts Office of Consumer Affairs & Business Regulation — www.mass.gov/consumer

The Massachusetts Office of Consumer Affairs and Business Regulation works to protect and educate Massachusetts consumers about their rights in the marketplace. Our efforts range from shopping rights and landlord/tenant rights to concerns regarding identity theft, home improvement, and foreclosures.

The Office has recently launched an educational campaign with a website that contains valuable information about how to protect the consumer public. There are two components to this website: the first is a "teaser" page that appears to sell the consumer a work-from-home job that guarantees results no matter the situation of the individual consumer. It has been modeled to look very much like many of the websites that promise guaranteed results, but in fact deliver nothing in return for the consumer's money, or result in identity theft of consumer's personal information. On clicking any of the links to find out more information, the consumer is directed to a second page that reveals that the first page is an example of a scam and is brought to the consumer by the Massachusetts Office of Consumer Affairs. Most importantly, there is information about spotting fake work from home advertisements.

The website also contains valuable information about how to protect yourself as a consumer, and a number of resources to consult if a consumer has become a victim of a scam.

Please help us publicize this website and further educate consumers about false advertising by adding this link to your website: <http://topmassachusettsdeals.com/Work-at-home.html>

MassHealth Eligibility Figures 2012-Jan-1

MassHealth Figures Update – Effective January 1, 2012 Some of the MassHealth amounts have changed effective Jan 1
MassHealth/SHINE Chart: <http://www.mcoaonline.com/content/wellness/SHINE.php>

Women's Fund of Western MA Grants

The Women's Fund of Western Massachusetts provides funding to organizations and programs working to benefit women and girls in the four counties of western Massachusetts. The fund seeks to support diverse programs and projects that directly impact individual participants as well as efforts that address the broader social issues affecting women and girls, including advocacy and efforts to change systems and policies. Last year the fund supported nineteen organizations in Berkshire, Franklin, Hampden, and Hampshire counties. The fund makes grants and advances social change in three major focus areas: Educational Access and Success, Economic Justice, and Safety and Freedom from Violence.

The fund will award \$150,000 in grants in the coming year in three funding categories **Deadline: January 31, 2012**

Detailed Information: <http://www.mcoaonline.com/content/grants/index.php>

MCOANews You Should Use: continued

NCOA's New Benefits Website

National Center for Benefits Outreach & Enrollment

The National Center's website has moved and improved—and now includes a host of new features to help benefits counselors find news and resources. As always, you can download fact sheets with the detailed info you need about core benefits programs, find promising practices in our clearinghouse, and get the latest information related to your work. The site also includes a library where you can find sample outreach materials, webinar slides and Q&A, and publications, searchable by topic, state, and keyword. New Website: http://www.ncoa.org/enhance-economic-security/center-for-benefits/?utm_source=BenefitsAlert_120104&utm_medium=newsletter&utm_campaign=BenefitsAlert

RMV 2012 Safe Driving Workshops

Attached is a letter from MassDOT/RMV Registrar Rachel Kaprielian announcing the 2012 Safe Driving Workshop Series. If you have difficulty opening the attachments, please go to <http://www.mass.gov/rmv/forms/eldform.pdf> and follow the instructions on the form. I look forward to hearing from you. Thank you and best wishes for a safe and happy holiday! Sincerely, Michele Ellicks, Community Outreach, MassDOT/Registry of Motor Vehicles, 10 Park Plaza, Suite 6620, Boston MA 02115
Letter & Form: <http://www.mcoaonline.com/content/roads/index.php>

Soldier ON for Veteran Senior Housing

On any given night, more than 275,000 veterans can be found huddled on the streets and under the bridges of our country. One in five homeless Americans is a veteran. The veterans we serve are men and women who have served our country and who now struggle with a variety of issues. They have mental health problems, including post-traumatic stress disorder, substance abuse problems, and other issues that require treatment. The Department of Veterans Affairs provides health services, but was not created to address homelessness. And other organizations that work with the homeless are not equipped to deal with the unique needs of veterans. We're here [as a non-profit] to fill the gap and to help those who have served reclaim their lives and their place in the community. Information: <http://www.mcoaonline.com/content/consumer/veterans.php>

MEMA Winter Preparedness Releases

Dec 7 — Storm Preparedness Dec 14 — Roof Collapse & Storm Drain Safety
Press Releases: <http://www.mcoaonline.com/content/EM/index.php>

SNAP Information Page at NCOA

NCOA's "Everything you wanted to know about SNAP (but were afraid to ask)"

The Supplemental Nutrition Assistance Program (SNAP), formerly called the Food Stamp program, helps your clients with limited income and resources afford to eat well. Yet only 3 out of 10 eligible seniors get SNAP. Learn how to connect your clients to this critical benefit. Learn what SNAP is, how it works, and the eligibility criteria. Information: <http://www.mcoaonline.com/content/consumer/foodstamps.php>

SNAP's Medical Expense Deductions

Please know that a user-friendly website with respect to Medical Expense Deductions that may enhance support from the SNAP program may be found at <http://www.masslegalhelp.org/income-benefits/food-stamps/medical-expense-deductions>. (with special thanks to Kathy Urquhart and Colleen Ranshaw-Fiorello) Courtesy: Emmett Schmarsow, Prog. Mgr. COAs & Senior Centers, ELD

Newsletter Highlights:

Ruth Anne Bleakney has volunteered to resume her column that highlights new and unique programs and activities that are described in your monthly newsletters. Please put Ruth Ann on your mailing lists to receive copies of your newsletter. If there is something specific that you wish her to highlight – contact her directly.

Milford COA	Ruth Anne Bleakney	msc@worldband.net	60 North Bow Street	Milford MA 01757-3405	Tel: (508)473-8334	Fax: (508)634-2339
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Member Requests

Non-English Outreach Grantwriting ? Hello Fellow Directors, If you have written a grant for outreach to non-English speaking seniors and you are willing to share your work. Please email me at dfolopoulos@cityofmelrose.org Thanks, Dawn Folopoulos

Volunteer Drivers for Elder Transport ? Our town administration (Framingham, MA) has expressed concern over our prospective use of volunteer drivers using their vehicles to transport our older residents both within and outside the community. The prospect from the town's perspective of unknown drivers transporting unknown riders to and from unknown locations at unknown times seems daunting to the municipality. We at the Callahan Center, Town of Framingham COA, are interested in learning of other organizations' policies and procedures in regard to use of volunteer drivers to provide transportation with their own vehicles to clients. Sam Swisher, Volunteer Outreach Coordinator Email: ccvolrec@gmail.com
Callahan Center, 535 Union Avenue, Framingham MA 01702 Inquiry Document:
<http://www.mcoaonline.com/content/nonpage/>

COAs That Are Also Town's HS Depts ? I am looking for any information on COAs which is also the town's human service department. Please email me with your name and phone number so I may call you with questions/concerns. Thank you. Susan Schwager, Marion COA — sschwager@marionma.gov

Newly Built Sr. Center Costs & Info ? My TA is looking for information on recently built senior centers: Cost, square footage, what town, Population of that town... Is this something anyone may have handy? Michelle A. Drumm, Director, Grafton Senior Center, 30 Providence Road, Grafton MA 01519
DrummM@grafton-ma.gov — 508-839-9242 — fax 508.839.7306 — www.grafton-ma.gov

Employment Contracts for Directors ?

I would like to know if most COA Directors have an employment contract. Would anyone be willing to share a copy of their contract? The salary can be blacked-out. Thanks.
Carole Mullen, Hopedale COA — ckmullen@comcast.net

Zipcars & Volunteers to Transport Srs ?

If your COA is using Zipcars to transport seniors with or without the help of volunteers. Please respond via email. Thank you. Dawn Folopoulos, Director, Melrose Council on Aging, COA@cityofmelrose.org

Successful Presentation Topics ?

Our presentations are no longer bringing out the crowds... even when there is food.
If you have had successful presentations please share the topics? Thank you.
Dawn Folopoulos, Director, Melrose Council on Aging, COA@cityofmelrose.org

RUOK or Select Reverse 911 Programs ?

Our Consortium has recognized that the physical isolation of many of our seniors puts them at risk, especially when we have severe weather conditions. We are looking at a variety of means of lessening this risk. One of the services we are considering is the RUOK program or possibly a select reverse 911 program. We are also considering a program using volunteers to make calls to seniors. We are interested in knowing if you know of any COAs in Massachusetts who have a successful RUOK or volunteer calling program? We would like to contact them and learn from their experience rather than possibly making unnecessary mistakes and gain recommendations and knowledge from them. George M. Reichert, Coordinator II, Southern Hilltown COA Consortium — 413-348-9909

Special Event 'COA-Group' Fundraising?

Volunteers at a number of seniors centers would like to form a group to fundraise for special events, etc. Monies raised would be donated to the senior center for the particular event or necessity. To your knowledge has this been done at other senior centers without calling themselves "The Friends of....."? We want to make sure this is something we can do without concerns of any sort. Felice Monteiro, COA Coordinator, 181 Hillman St., Bldg. 9, New Bedford MA 02740
508-991-6251 — 508-979-1514 Fax — Felice.Monteiro@newbedford-ma.gov

MCOA Transitions:



JOHN ROBERTSON has been promoted to legislative director of the Massachusetts Municipal Association, succeeding **DAVID BAIER**, who has retired. “David’s countless contributions to the MMA throughout the years have been wonderful for us and for cities and towns, and we will miss him greatly as a member of our staff. It will be extraordinarily difficult to fill his shoes,” MMA Executive Director Geoff Beckwith said when making the announcement in late December. Beckwith expressed confidence in Robertson, calling him “our new top lobbyist, advocate and division director.”

LEADHOLM LEAVING MENTAL HEALTH DEPARTMENT

Mental Health Commissioner Barbara Leadholm will step down at the end of next month, according to the Patrick administration, to take on a new position as principal in the Boston office of Health Management Associated. Leadholm has served as the head of Department of Mental Health since the start of Gov. Deval Patrick’s administration in 2007. Deputy Commissioner for Mental Health Services Marcia Fowler will take over as interim commissioner when Leadholm steps aside on Jan. 31. “Commissioner Leadholm has an unmatched commitment to ensuring that people with mental illness have access to high quality services and opportunities for recovery,” Patrick said in a statement on Thursday. “On behalf of the Commonwealth, I am thankful for her leadership and service, and I know she will continue to show leadership in advocating for the importance of behavioral health services in the broader health care system.” The administration credited Leadholm’s work for implementing a "Community First" initiative for people with serious mental illness, and for launching the Community Based Flexible Supports (CBFS) program. During Leadholm's tenure, the department also successfully closed Westborough State Hospital within nine months and helped manage the design and groundbreaking of the new Worcester State Hospital, a 320-bed facility focused on recovery and rehabilitation. “It has been a privilege as Commissioner to lead Massachusetts’s transformation of the mental health system to a recovery and community based system of services and supports. I am proud of the Department’s leadership team and line staff who developed community based flexible services and work every day with some of our most vulnerable residents,” Leadholm said in a statement. Fowler has worked as deputy commissioner since January 2009 and has been responsible for the operations of all state and contracted mental health inpatient and community-based programs and services, as well as monitoring and oversight. Prior to her appointment as deputy commissioner, she worked within the department as Northeast area director and as director of investigations.

MCOA Changes to Contact Information:

Please know that Sherri Sore/EOEA, can now be reached at **617-223-9928**. All other contact information remains the same. Her former number [617.222.7576] is no longer valid.

MCOA Congratulations: North Andover:

MCOA and Elder Affairs are delighted to forward an announcement that the North Andover Council on Aging has received the "Programs of Excellence Award" in the category of education from the National Institute of Senior Centers. Our kudos to Elder Services Director Irene O’Brien, Outreach Coordinator Donna Delaney, and the facilitators who conducted a free support program for Alzheimer’s patients and their caregivers last year.

MCOA Job Opportunities:

EOEA/ELDER – Positions Open

These positions involve senior administrative oversight of ongoing programs. Particulars follow below. Also, if you know of someone who might be interested in one of these positions, feel free to pass along this announcement.

Director of Coordinator Care Plans for Elders

https://jobs.hrd.state.ma.us/recruit/public/31100001/job/job_view.do?postingId=J28374&code=search.public&federalStipulus=no&companyId=10

Director Institutional, Residential and Day Programs

https://jobs.hrd.state.ma.us/recruit/public/31100001/job/job_view.do?postingId=J28901&code=search.public&federalStipulus=no&companyId=10

Assistant Director of Community Services/LTSS

https://jobs.hrd.state.ma.us/recruit/public/31100001/job/job_view.do?postingId=J28917&code=search.public&federalStipulus=no&companyId=10

Courtesy — Emmett Schmarsow, Prog. Mgr. COAs & Senior Centers

Arlington – COA Executive Director

Professional, supervisory, administrative, and clinical work developing and implementing programs of the Council on Aging; all other related work, as required. See Town of Arlington website:

http://www.town.arlington.ma.us/Public_Documents/ArlingtonMA_Personnel/jobdescriptions/Executive%20Director%20COA

Westport – Transportation Clerk PT

The Westport Council on Aging seeks qualified applicants for the position of Transportation Clerk for 16 hours per week.

Deadline 3pm Monday 30 January 2012.

Full Job Description: <http://www.mcoaonline.com/content/jobs/index.php>

Westport – Social Day Care Director PT

The Westport Council on Aging seeks qualified applicants for the position of Director - Social Day Care Program - 25 hours per week. **Deadline 3pm Monday 30 January 2012.**

Full Job Description: <http://www.mcoaonline.com/content/jobs/index.php>

Norwood – Outreach Worker

The Norwood Council on Aging is seeking a qualified, energetic and creative candidate for the position of Outreach Worker. Please see www.norwoodma.gov under Employment Opportunities for a detailed vacancy notice.

Job Posting and Requirements: <http://www.mcoaonline.com/content/jobs/index.php>

Orleans – Director, Council on Aging

The Town of Orleans is seeking a qualified individual to fill the position of Council on Aging Director. This is a management position with full benefits. Full Job Description: <http://www.mcoaonline.com/content/jobs/index.php>

Danvers – Social Service Coordinator

This is a 30 hour benefitted position. A valid driver's license and personal transportation is required. Must be proficient with Microsoft Office applications. Full Job Description: <http://www.mcoaonline.com/content/jobs/index.php>

MCOA Job Opportunities: continued

Executive Director Job Description Beacon Hill Village

Beacon Hill Village (BHV) (www.beaconhillvillage.org) is a non-profit organization now ten years old serving over 360 people age 50 and over living primarily in Boston's Beacon Hill and Back Bay and adjacent areas of downtown Boston. Its mission is to help its members remain in their own homes living their lives to the fullest as they age. It provides its members with social, cultural and educational activities, exercise opportunities and access to household and home health services. BHV pioneered the model that generated the "Village" movement with some 75 "Villages" open throughout the United States and hundreds more in development.

The Executive Director will lead a staff of part-time employees (at present 7 or approximately 4.5 FTE) in BHV's offices at 74 Joy Street on Beacon Hill in Boston operating under the oversight of the Board of Directors and reporting to the Board's President. BHV has a board of directors that is actively involved in all policy matters and whose members often lead committees where much of the organization's outreach efforts are focused. BHV is also a partner with the Washington DC based non-profit NCB Capital Impact (www.ncbdc.org) in having created Village to Village Network LLC (VtV) (www.vtvnetwork.org) to assist Villages to form, operate and thrive. The Executive Director will be the key liaison between BHV and VtV.

Strong personal skills including communication skills, the ability to delegate effectively, high energy and a positive outlook are key requirements as is the ability to supervise effectively staff and volunteers. The Executive Director should have an understanding of the needs of people 50 and over as they age in their homes and the resources needed and available to assist them. A background in working with people 50 and over, and experience in managing employees and developing grassroots community organizations and their programs is important. A full-time commitment is required. Salary is expected to be in the range of \$60,000 to \$70,000 per annum but will depend on the desired experience.

More specifically, the Executive Director will work closely with the Board and committees to implement the organization's vision including:

- Building and managing the effectiveness of BHV as a grassroots organization.
- Overseeing with committees marketing and membership enrollment and retention activities, developing new benefits and activities of interest to members, expanding and vetting service providers to members, working with individual members and their families to resolve aging issues and supporting an extensive volunteer program.
- Fundraising from foundations and businesses, seeking grants for BHV's low/moderate income program and overseeing general organizational fundraising.
- Developing and maintaining effective office systems, budgets and personnel policies.
- Working with press inquiries and allied organizations.
- Maintaining close liaison with Village to Village Network spending up to 20% of time on VtV matters.

The current Executive Director is leaving BHV to become the director of Village to Village Network. She will be available to assist in the transition.

Interest questions and resumes should be sent electronically to daniel.taylor@dlapiper.com by February 29, 2012

PLEASE PUT "BHV" IN THE SUBJECT LINE OF YOUR EMAIL RESPONSE

UpComing Events

CMS Medicare training webinar schedule

These training sessions provide current, accurate, consistent Medicare information and materials for people who are new to Medicare and those people wanting a refresher. The Centers for Medicare & Medicaid Services (CMS) is authorized by The International Association for Continuing Education and Training (IACET) to offer 0.4 Continuing Education Units (CEUs) for this program.

Four training sessions: ~~1-2 November 2011~~ / 6-7 March 2012 / 5-6 June 2012 / 2-3 October 2012

Flyer: <http://www.mcoaonline.com/content/conferences/index.php>

AAA Western Mass Eldercare Conference

May 22, 2012 — ~Aging Well, Living Well~ — 22nd Western Massachusetts Elder Conference
Holyoke Community College, Kittredge Center, 303 Homestead Avenue, Holyoke MA 01040

Attached, you will find our Save the Date card to announce our Western Mass Eldercare Conference. Please send this out to your mailing lists, agencies, and any other appropriate recipients. I would appreciate a quick email back telling me who you sent it to and also an email with responses.

I hope you all have a warm and wonderful Thanksgiving, Heather Jolicoeur, AAA Community Coordinator, (Area Agency on Aging), Greater Springfield Senior Services, (413)781-8800 ext. 148

Attached Flyer: <http://www.mcoaonline.com/content/conferences/index.php>

Aging With Dignity 2012 Conference

“Preventing and Responding to Substance Use and Related Problems in Older Adults”

Wednesday, June 6, 2012

College of the Holy Cross, Worcester, MA

Flyer: <http://www.mcoaonline.com/content/conferences/index.php>

See MCOA’s Webinar Update page

Webinars: <http://www.mcoaonline.com/content/webinar/index.php>

Save the Date: MCOA Outreach Summits from 2012 are scheduled for April 4th and November 7th at the Worcester COA. Please inform your Outreach Staff to save these dates!

MASS DOT (RMV) Driving Workshops

Dear Council on Aging Director,

Attached is a letter from MassDOT/RMV Registrar Rachel Kaprielian announcing the 2012 Safe Driving Workshop Series. If you have difficulty opening the attachments, please click here:

<http://www.mass.gov/rmv/forms/eldform.pdf> and follow the instructions on the form.

I look forward to hearing from you. Thank you and best wishes for a safe and happy holiday!

Sincerely, Michele Ellicks, Community Outreach

MassDOT/Registry of Motor Vehicles

10 Park Plaza, Suite 6620 Boston, MA 02115

p. 617-973-8995 f. 617-973-7996

Michele.Ellicks@state.ma.us

<http://www.massdot.state.ma.us/rmv/>

Remember to buckle up! Every trip, every time.

UpComing Events: continued, MASS DOT (RMV)



Deval L. Patrick, Governor
Timothy P. Murray, Lt. Governor
Richard A. Davey, Secretary & CEO
Rachel Kaprielian, Registrar



December 21, 2011

Dear Council on Aging Director,

Although research shows that older drivers are safe drivers, the motor vehicle fatality rate for older drivers increases slightly at age 75 and markedly at age 80. (CDC)

To assist older drivers with driving questions and/or issues, MassDOT Registry of Motor Vehicles Division (RMV) offers a series of **free**, safe driving workshops. The RMV's safe driving program, now in its eleventh year, covers a wide range of topics from new laws to the affects of aging on one's ability to drive. Most importantly, the program offers older drivers, family members, and providers an opportunity to speak one-on-one with a Registry of Motor Vehicles representative.

Free Workshops:

- 1.) *Road Scholar* – What are the rules of the road? Topics include new laws, regulations, rules of the road, and safe driving tips;
- 2.) *The Driving Decision* – Advice for caregivers and professionals who are concerned about an unsafe driver;
- 3.) *Disability Plates and Placards* – How to obtain a disability placard or plate, how to correctly display a placard and what constitutes illegal use of a placard or plate.

Visit <http://www.mass.gov/rmv/forms/eldform.pdf> to download a request form. Email completed forms to Michele.Ellicks@state.ma.us; fax to (617) 973-7277; or mail to Michele Ellicks, 10 Park Plaza, #6620, Boston, MA 02116.

The RMV appreciates the opportunity to serve you and your community.

Sincerely,
Rachel Kaprielian

Rachel Kaprielian
Registrar

UpComing Events: continued, MASS DOT (RMV)

The Registry of Motor Vehicles offers free, hour-long presentations on issues facing mature drivers, their families, and caregivers: 1) *Road Scholar* – rules of the road, defensive driving, and safe driving tips; 2) *The Driving Decision* – advice for caregivers and professionals who deal with unsafe drivers; and 3) *Disability Placards and Plates* – information on how to obtain a placard or plate and the laws governing them. To request a program, please complete the entire form and mail or email it with a set of directions to:

Michele Ellicks

Community Outreach Coordinator
Registry of Motor Vehicles
10 Park Plaza, Suite 6620, Boston, MA 02116
Phone: 617-973-8995
Fax: 617-973-7277
Email: Michele.Ellicks@state.ma.us

Please complete all of the information listed below.

Name and address of organization: _____

Contact name: _____

Contact e-mail: _____

Contact phone number: _____

Please suggest 3 dates and times, and indicate which workshop you would like.

1.) First choice: _____

2.) Second choice: _____

3.) Third choice: _____

The approximate number of people attending this presentation: _____

Is there a movie screen available: Yes No

Will there be a speaker system available: Yes No

The site for this presentation is: Room Auditorium

Is your site wheelchair accessible? Yes No

You will be contacted by the Registry for confirmation of the date indicated.

MassDOT/ Registry of Motor Vehicles

www.mass.gov/rmv

UpComing Events: continued

Please Post!

LGBT Elders in a Changing World

AN INTERDISCIPLINARY PRACTICE AND POLICY CONFERENCE
FOR WORKING WITH LESBIAN, GAY, BISEXUAL AND TRANSGENDER
OLDER ADULTS AND CAREGIVERS

Friday March 16, 2012

8:30 am—4:00 pm

**Salem State University School of Social Work
Marsh Conference Center, Central Campus
Salem, Massachusetts**

Keynote Speaker: Judith B. Bradford, Ph.D Director of the Center for
Population Research in LGBT Health at The Fenway Institute



Cost: \$95 includes conference and lunch
\$45 for seniors (60+) and students with current student ID
\$30 for 4.5 Social Work CEU's

Registration: www.lgbt2012.eventbrite.com

Presented By:



Keynote and Topics will include:

- Programming and Direct Service
- HIV and Aging
- LGBT Bereavement
- Transgender Aging
- Screening of *Gen Silent*

Over 15 workshops planned!

C.E.U.'s Available

For more Information on travel or accommodations:
(978) 624-2261

Local Host:



UpComing Events: continued

The Official Website of the Department of Revenue (DOR)
[Department of Revenue](#)

Senior Circuit Breaker Credit Information Sessions Announced

The Department of Revenue has planned an extensive two-month series of presentations to educate taxpayers 65 and older about the benefits of the Senior Circuit Breaker Tax Credit.

For tax year 2011, the credit is worth as much as \$980 for eligible taxpayers 65 and older who either own or rent their home. The credit is refundable, meaning that if a taxpayer does not have an offsetting state tax liability, or has a liability that is smaller than the credit, they receive a check from the Commonwealth for either the entire credit or for the portion left after taxes are paid.

Seniors who live in public or subsidized housing are not eligible for the credit.

In tax year 2009, 80,566 taxpayers received \$61.1 million in tax credits, an average of \$759 per taxpayers. For more information on how the credit works and is calculated, go to this OpenDOR [blog post](#).

Brian Lynch, of DOR's office of Advocacy, Training and Communication, will conduct 14 sessions on the credit in various Massachusetts Council on Aging (COA) offices. We hope to see you there!

Upcoming sites are noted here:

Feb 6 10:00 a.m., Carlisle COA, [66 Westford St.](#), 978-371-2895

Feb 6 1:00 p.m., North Attleboro COA, [204 Elm St.](#), 508-699-0131

Feb 7 10:00 a.m., Attleboro COA, [25 South Main St.](#), 508-223-2235

Feb 7 1:00 p.m., Norfolk COA, [28 Medway Branch Rd.](#), 508-528-4430

Feb 8 10:30 a.m., Chelmsford COA, [75 Groton Rd.](#), 978-251-0533

Feb 15 11:00 a.m., Concord Senior Center, [1276 Main St.](#), 978-318-0856

Feb 17 10:00 a.m., Franklin COA, [10 Daniel McCahill St.](#), 508-520-4945

Feb 22 1:00 p.m., Natick COA, [90 Oak St.](#), 508-647-6540

<http://www.mass.gov/dor/businesses/help-and-resources/legal-library/tirs/tirs-by-years/2011-releases/tir-11-11.html>