A DRC

#### AGING & DISABILITY RESOURCE CENTER

Of Jefferson County 1541 Annex Road Jefferson, WI 53549

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September 10, 2013

US Senate 328 Hart Senate Office Building Washington, DC 20510

Dear Senator,

I am writing on behalf of the Jefferson County Aging & Disability Resource Center (ADRC) Advisory Committee to express our concerns about how sequestration is hurting older Americans. The federal Older American's Act or OAA programs are critical to helping seniors stay healthy and independent in their own homes. OAA funding has not kept pace with inflation or the rising demand for services and due to sequester cuts many seniors are on waiting lists or being denied services, such as home delivered meals.

According to the Meals on Wheels Association of America, 1 in 7 seniors is threatened by hunger; 8.3 million Seniors faced the threat of hunger in 2010 and this reflects a 78% increase since 2001 - and a 34% increase since the start of the recession in 2007. The threat of hunger for seniors increased in 44 states since 2007. On average the cost of one home delivered meal in Wisconsin is \$8.98 and the noon meal, when combined with a daily visit by an unpaid volunteer, often makes a world of difference in the life of an older adult who wishes to remain at home, but moves into an assisted living facility because inhome services are not available. Assisted living exceeds the cost of a meal nearly nine times over!

We ask you to please support the Senate Labor-HHS appropriations bill that reverses sequester cuts for OAA programs this year, as well as proposals to eliminate the sequester entirely. We would also ask for your support in reauthorizing the Older Americans Act this year, (s. 1028 Older American's Act Amendments of 2013). The law was scheduled to be reauthorized two years ago and needs to be updated to reflect the changing needs of the growing senior population and to promote innovation.

Thank you for taking the time to hear our concerns, and for your ongoing support concerning senior issues.

Sincerely,

Earlene Ronk, Chair Jefferson County, ADRC Advisory Committee



# What Aging Advocates Need to Know About Sequestration July 2013

While comprehensive data on the measurable effects of sequestration have yet to emerge or be compiled by national organizations like n4a, advocates still need to be ready to push Congress to turn off this terrible budget mechanism this fall.

The following is a simple primer on the sequester—how it came into being and why it threatens successful community aging for years to come—for advocates to use in their education efforts with staff, providers, the media and the broader community. This fall will be an important time to press Congress to turn off the sequester, so please stay tuned for policy developments reported through n4a *Legislative Updates* to members, as well as a second sequestration survey we will send to all Area Agencies on Aging and Title VI Native American aging programs in September, which will provide us with critical data to use in our advocacy efforts. Additionally, check out our online resources at "Sequestration Central" in the member-only section of <a href="https://www.n4a.org">www.n4a.org</a>.

# **Background: The Budget Control Act of 2011 and Sequestration**

The Budget Control Act of 2011 (BCA) was passed in an effort to reduce the country's growing federal debt. First, the BCA created spending caps for all discretionary programs through 2021.

To find additional savings beyond the caps, the BCA also created a "Super Committee" of Members of Congress and tasked them with identifying \$1.2 trillion over 10 years from all parts of the federal budget. Should the Super Committee fail, the BCA mandated that an across-the-board cut to all discretionary programs, known as sequestration, would take effect. It was conventional wisdom at the time that such drastic and arbitrary cuts would help force legislators to compromise.

Unfortunately, the Super Committee was unable to reach consensus on a spending and revenue plan and sequestration went into effect on March 1, 2013. The sequester arbitrarily cut roughly 5 percent from all NDD programs, including the OAA programs and services developed by AAAs for older adults.

Discretionary funding is that which is annually determined by the Appropriations Committees in Congress; it represents less than one-third of all federal government spending and is comprised of both non-defense discretionary (NDD) programs including the Older Americans Act (OAA) and defense discretionary programs.

Mandatory spending (e.g., Medicare, Medicaid, Social Security, etc.), on the other hand, is spent as need demands or until Congress updates the laws governing said mandatory program. Mandatory spending represents nearly two-thirds of all federal government spending, with interest on the debt making up the remaining single-digit percentage.

# **Beyond the First Cut: Sequestration in the Out Years**

The sequester will not be a one-year austerity measure unless Congress amends the BCA. If left in effect for the full 10 years, sequestration will drive \$1.2 trillion in savings, the same target number that the Super Committee was unable to reach. It does so by cutting \$109 billion in each of the next nine fiscal years beyond FY 2013 (i.e., FY 2014–FY 2021).

However, the BCA treats the sequester in FY 2014 and the other "out years" (through FY 2021) very differently than the FY 2013 sequestration process. Unlike FY 2013, where all NDD programs were arbitrarily cut a certain percent regardless of their value or effectiveness, the out years approach gives Congress discretion relative to where the cuts will be made.

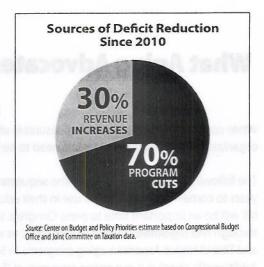
The Members of Congress on Appropriations Committees would determine how best to reach that fiscal year's \$109 billion sequester level. Essentially, the sequester now works as an additional cap on top of the existing BCA caps by further reducing

overall discretionary spending. For every program that receives level funding or a cut less than the average needed to achieve \$109 billion in savings, there will out of necessity be other programs that will suffer deeper, unsustainable cuts. [Editor's Note: Given the challenges of negotiating annual appropriations bills between the Senate and House in recent years, it is unclear how FY 2014 sequestration would work if programs like OAA are under a continuing resolution.]

# A Question of Fairness and Balance: Why Is One-Third of the Budget Taking On Two-Thirds of the Deficit Reduction?

Sequestration and capping spending for the foreseeable future are not real solutions to deficit reduction. Sequestration only inflicts deeper pain on a host of important federal investments rather than force a reluctant Congress to make a comprehensive set of spending and revenue decisions.

Unfortunately, the deficit reduction accomplished to date has *not* been based on a balanced approach. While some taxes were raised on high-earners in the American Taxpayer Relief Act of 2013 to the tune of \$600 billion, the other 70 percent of deficit reduction accomplished in the past three years has come from program cuts, totaling \$1.5 trillion *before* the sequester is taken into account.



Furthermore, discretionary funding represents roughly one-third of all federal spending, yet has produced *all* of the program savings captured before the sequester. And nearly all of the sequester's savings come from discretionary programs, as well. This means we are doubly unbalanced: imbalance between revenues (30 percent) and program cuts (70 percent) and imbalance between mandatory programs and discretionary programs (100 percent of pre-sequester program cuts).

And it's not as if discretionary programs were growing out of control; aside from a few years of growth due to two rounds of economic stimulus, NDD programs represented just 3.4 percent of our country's Gross Domestic Product (GDP) in 2011, which is consistent with historical levels. [Note: Under the BCA funding caps, by 2021 NDD programs will decline to just 2.5 percent of GDP, the lowest level in at least 50 years. And that doesn't include the sequester! Source: <a href="www.nddunited.org">www.nddunited.org</a>]

### **Seniors Will Pay the Price**

Sequestration—on top of eroding funding in recent years and the growth in the aging population—will undoubtedly effect the ability of older Americans to age in their communities with dignity and independence. Moreover, the reduction in investment in systems that provide the means for older adults to age in place ironically may cost more dollars than it saves. Because older adults will be forced to age in more costly nursing homes and other institutional settings due to a lack of community services and supports, dollars saved through sequestration will simply shift additional exponential costs to mandatory programs such as Medicare and Medicaid.

Sequestration is already forcing local aging providers to reduce critical services such as nutrition, in-home supports, transportation and family caregiver programs. Further reductions in funding will affect the quantity of services available to seniors and families and will consequentially lead to significant negative ramifications for older adults' quality of life and independence.

In a Spring 2013 sequestration survey conducted by n4a, 44 percent of AAAs surveyed do not have any other resources to offset the sequester. Seventy-five percent of AAAs that will have resources available for FY 2013 do not believe that those same resources will be available next year. In September, n4a will launch a follow-up survey to capture deeper data on the effects of this ill-devised and ill-implemented budgeting gimmick.

→ For More Info: Get in touch with your public policy and advocacy team at n4a: Amy Gotwals (agotwals@n4a.org) and Neal Karkhanis (nkarkhanis@n4a.org) can be reached at 202.872.0888.

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# 2013 Third Quarter Report



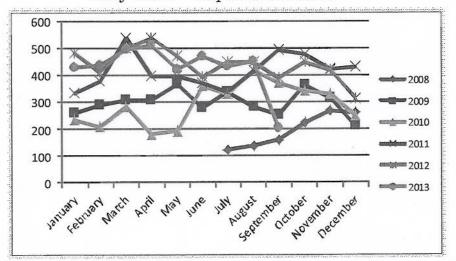


Aging & Disability Resource Center of Jefferson County

Aging and Disability Resource Centers (ADRC's) offer the general public a single entry point of access for information and assistance on issues affecting older people and people with disabilities, regardless of their income. Individuals, family members, friends or professionals working with issues related to aging, physical disabilities, or developmental disabilities can receive information specifically tailored to each person's situation.

In July, we reported 435 contacts, August, 455 contacts and so far in September 207 contacts.

## July 2008—September 2013



Month	2008	2009	2010	2011	2012	2013
January		259	233	335	483	430
February		292	209	378	413	439
March		308	284	537	500	499
April		309	184	399	539	511
May		369	195	399	473	423
June		278	361	370	393	472
July	122	339	332	340	449	435
August	137	283	420	418	448	455
September	162	252	371	493	389	207
October	223	366	342	479	451	
November	267	316	330	424	420	
December	260	214	248	432	313	
Totals	1171	3585	3509	5004	5271	3,871

July, August and September



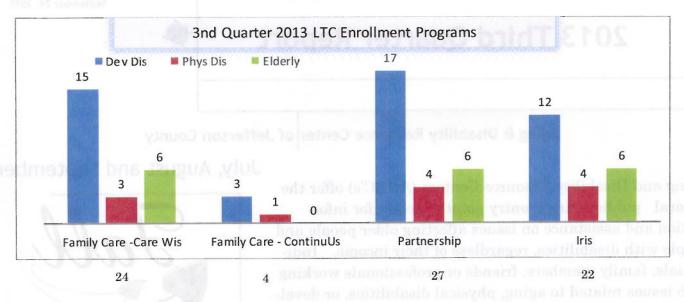
#### Type of Contacts

Emails 76 Fax 15 Home Visit 98 Incoming calls 510 Office Visits 26 Outgoing calls 182 Walk ins 33 Written Correspondence 157

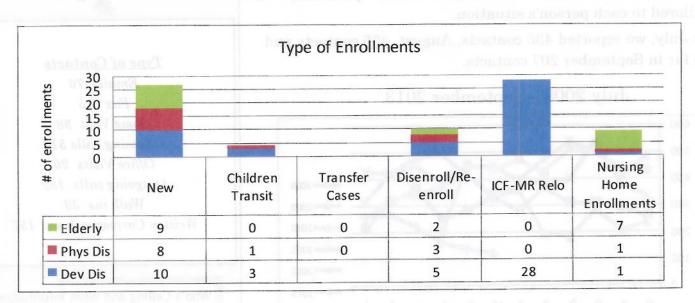
Who's Calling and What Information are Consumers Interested In

Our statistical information that is tracked within our database allows us to paint a picture as to who is calling the ADRC, what topics they are primarily interested in and which communities are consumers calling from. Our statistics show that in this quarter 59% of known contacts were on behalf people 60+; the three primary topics that people contacted the ADRC for was information related to Public Benefits 84%, Housing 28% and Assisted Living 17%; and our three primary communities of call ins are Watertown Fort Atkinson, 224, and Jefferson 136.

# ADRC Enrollments into Publicly Funded Long Term Care Programs—77



July 22 Enrollments ~ August 26 Enrollments ~ September 29 Enrollments



Per the State of Wisconsin's monthly snapshot of enrollment data (dated 7/1/2013) in Jefferson County, there are:

778 members enrolled in the Family Care Program,

Frail Elderly—248 Physically Disabled—79

Developmentally Disabled-451

86 enrollees into the Partnership Program

Frail Elderly—46 Physically Disabled—17

Developmentally Disabled-23

97 participants enrolled in the IRIS program.



# Health Changes & Exchanges!

# What About Annual or Lifetime Insurance Limits?

The law prohibits plans and insurers from imposing annual dollar limits on coverage for "essential health benefits" beginning January 1, 2014. Annual limits have been slowly phased out by health reform since 2010. Health Reform also eliminates lifetime limits.

# Who is Eligible for Medicaid?

Wisconsin rejected federal money to expand
Medicaid. The state biennial budget 2013-2015
says that BadgerCare Plus is available for adults
only up to 100% of the Federal Poverty
Level. Children's eligibility for
BadgerCare Plus remains unchanged.
The state is asking the federal
government for approval of additional
program changes for 2014.

# Am I Eligible for Assistance to Make Insurance Affordable?

Beginning in 2014, the law provides tax credits to eligible individuals who purchase coverage in the new Insurance Marketplace and who have income between 100 and 400% of the Federal Poverty Level (\$45,960 for an individual, \$94,200 for a family of 4). To be eligible for the premium tax credits, individuals must not be eligible for public coverage—including Medicaid, the Children's Health Insurance Program, Medicare, or military coverage—and must not have affordable access to health insurance through an employer.



# What Patient Protections are There in Health Reform?

Health Reform, called the "Patient Protection and Affordable Care Act" places an emphasis on protecting patients *in its title*. Consumers are guaranteed the right to choose any available doctor in their health plan network as their primary doctor. Parents can choose any available pediatrician in the plan as their child's primary doctor. In most plans, women can seek care from an in-network specialist in obstetrics or gynecology without having to get a referral or prior authorization. Additionally, some health care plans have previously made reduced payments or required prior authorization for out-of-network emergency care.

## How Do I Learn More?

# www.HealthCare.gov



Families USA: http://www.familiesusa.org/health-reform-central/

Kaiser Family Foundation Health Reform Source: http://healthreform.kff.org/

Kaiser Family Foundation: http://www.kff.org US Department of Labor: http://www.dol.gov/

Wisconsin Office of the Commissioner of Insurance: http://oci.wi.gov/ (800) 236-8517

Wisconsin Department of Health Services: http://www.badgercareplus.org/

# ADVOCACY & BENEFITS COUNSELING FOR HEALTH

# Health Changes & Exchanges!

In Wisconsin, Health Reform means improved access to health coverage and new consumer protections. Health Reform started in 2010, but the major changes occur in 2014. For instance, individuals who don't currently have insurance will need to purchase insurance from an Insurance Marketplace.

Health Reform is reshaping our health care system. Change can be hard and frightening. Back in 1964, Medicare and Medicaid were new and required time, cooperation, and education. Health Reform will be similar. Use this "Frequently asked Questions" sheet to help answer some of your Health Reform questions!

### Do I Have To Buy Insurance?

Most people with employer sponsored health insurance can keep their current coverage. The "individual mandate" in 2014, requires all uninsured individuals who can afford health insurance to purchase insurance. Medicaid, Medicare, or BadgerCare count as coverage. The penalty for not getting insurance is the larger dollar amount of these two options: 1% of your income (in 2014) or a specified dollar amount (\$95 in 2014) with future increases.

## What are Marketplaces?

Health Insurance Marketplaces are places to buy health insurance. These are on-line Marketplaces that offer health plan options and link to Health Care Navigators and others to help consumers better understand their choices.



Marketplace Open Enrollment runs: October 1, 2013 to March 31, 2014.

## Can My Adult Child Stay on My Insurance?



The Health Reform law requires private insurers to continue dependent coverage of children until age 26. A young adult can qualify for this coverage even if he or she is no longer living with a parent, is not a dependent on a parent's tax return, or is no longer a student. Both married and unmarried young adults can qualify for the dependent coverage extension, although that coverage does not extend to a young adult's spouse or children.

## Can I Get Insurance if I Have Pre-Existing Conditions?

Beginning in 2014, health plans may not impose any exclusions for preexisting conditions with respect to a plan or coverage. Pre-existing conditions are defined quite broadly to include limitations or exclusions on existing coverage and total denials of enrollment in coverage. Insurers will not be allowed to charge more to individuals with pre-existing conditions or exclude coverage of those conditions from the insurance plans they sell.

#### What About HIRSP?

The Wisconsin Health Insurance Risk Sharing Program (HIRSP) ends on December 31, 2013 and those enrollees must secure new coverage for 2014.

### ADVOCACY & BENEFITS COUNSELING FOR HEALTH

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# What should you know if you get a letter telling you that your BadgerCare Plus or Core benefits may be ending.

You may soon get a letter telling you that your BadgerCare eligibility may end at the end of December because of your income. The letter also tells you to apply for health insurance through the Health Insurance Marketplace.

If you receive this letter, here's what you need to know -

- You may still be eligible for BadgerCare in 2014 because the income counting rules are changing. BadgerCare will not start using the new rules until January 2014.
- The Health Insurance Marketplace will use the new income counting rules beginning October 1, 2013. If you apply for insurance through the Marketplace anytime after October 1, 2013, the Marketplace will use the new rules to decide whether you can keep your BadgerCare in 2014.
- If the Marketplace decides that you will still be eligible for BadgerCare in 2014, BadgerCare will accept that decision and you will keep your BadgerCare. You will get a letter from BadgerCare telling you that you are still eligible in 2014.
- If the Marketplace decides that you are not eligible for BadgerCare you will need to enroll in insurance through the Marketplace. The Marketplace will help you enroll. The federal government will pay part of your premium. Most people who are now on BadgerCare will also be eligible for limits on co-pays and deductibles.

Here's what you should do -

- Because marketplace will apply the new income rules beginning October 1 but
  BadgerCare will not, the best way to tell whether you will still be eligible for BadgerCare
  in 2014 is to apply through the Health Insurance Marketplace. It is also called the
  Federally Facilitated Marketplace or the Exchange. Apply as soon as you can, beginning
  October 1, 2013.
- To find out how to apply for health insurance, including BadgerCare and Medical
   Assistance through the Marketplace, and how you can get help paying for insurance, and
   limit your co-pays and deductibles, go to:

https://www.healthcare.gov/marketplace/individual/?utm\_medium=email&utm\_source=govdeliv\_ery&utm\_campaign=hcgov\_15days&utm\_content=09\_17\_13#state=wisconsin\_

Or call 1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325)

Prepared by Legal Action of Wisconsin, Inc. September 2013



# Please Join us for HFA's Fall 2013 New Perspectives Program

# Supporting Individuals with Intellectual and Developmental Disabilities Through Serious Illness, Grief, and Loss

Thursday Afternoon

# October 24, 2013

12:45 p.m. Registration 1:00 - 3:00 Live Webcast 3:15 - 4:00 Local Discussion

Comfort Suites 725 Paradise Lane Johnson Creek, WI 53038 (920) 699-2800

# \$10 Registration Fee

(refreshments provided)

2 CE credits available through HFA's on-line system are included in the registration fee.

#### TO REGISTER:

Please email contact information to: shannon.finger@rainbowhospicecare.org.

Checks can be mailed to: Rainbow Hospice Care, 147 W. Rockwell St, Jefferson, WI 53549

Or, you may pay at the door.

If you have questions, please call: Chaplain Shannon Finger at (920) 674-6255 Ethical, medical management, and psychosocial issues for individuals with intellectual and developmental disabilities facing death, grief and loss can be complex. This two-hour educational program focuses on the critical challenges of providing and accessing optimal end-of-life care and bereavement support for this population.

The event is practical for all levels of professionals—entry, intermediate, and advanced. It is especially useful to clergy, counselors, nurses, nursing home administrators, social workers, case managers, psychologists, physicians, funeral directors, marriage and family therapists, caregivers, and those working with death, dying, grief, or bereavement.

Note: The focus of this program is on intellectual disability and generally does not include developmental disabilities where cognitive function is unimpaired.

For program details, please visit: http://www.hospicefoundation.org/2013fallprogram

