

EngAGING NH NEWS



A Citizen Voice for the
Aging Experience

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GUEST COLUMNIST OPINION: Carol Stamatakis, Esq.

Long-term Care – We must be Engaged

A caucus of legislators has recently come together to work on the issue of long-term care. I want to be hopeful, but a little voice in me says, “Here we go again.” One of the first tasks of the caucus has been to pull together legislative and other important reports going back many years. Many of these reports conclude the same simple facts:

People who are aging overwhelmingly prefer to stay in their homes (or in their communities), and the cost of home care is on average less costly than institutional care. So why hasn’t more progress been made?

Reports over the years consistently identify the same barriers, often described as of a lack of “infrastructure.” Agencies claim that reimbursement rates are so low that they cannot attract staff. The lack of public transportation in most communities means that for many, the loss of a driver’s license results in painful isolation or the “final straw” that costs an older person their ability to live independently. Policymakers seem to lack the collective political will to make the investments in a home and community-based system that are needed for options to be more available. Few publicly funded supports exist for those who are not eligible for Medicaid, and their needs seem to fall under the radar of social service agencies and legislators. At the local level vulnerable adults are often not visible to those who make decisions affecting qual-

ity of life and how “livable” a community is for those who are aging.

A number of political realities seem to conspire against the public interest. Nursing home care is mandated by federal law (for States that participate in Medicaid), but home and community-based supports are not. The nursing home lobby and that of other special interests is strong, and private citizens cannot easily make their voices heard. Citizens have not been well organized politically around long-term care policy, and many people are unaware of the realities facing those who need long-term supports until they are faced with a personal crisis. Many do not realize that private insurance and Medicare do not cover long-term care.

People who are aging overwhelmingly prefer to stay in their homes

In New Hampshire, the political landscape has been further complicated by a recent change in how

Medicaid long-term care services are funded. The counties now pay all of the costs (subject to certain limitations) of both nursing home and home and community-based care, whereas in the past this was a shared State-County responsibility. While the State continues to administer the programs, the political



In Memory

David Robar

1964-2009

**A friend
in advocacy.
An inspiration
for all of us.**

reality has been that the counties have a much stronger voice than in the past on State policy and funding issues.

Unfortunately, those representing the counties' interests have not been supportive of efforts to expand community-based options, focusing solely on short-term costs without understanding the social and economic benefits.

Real change must begin at the local community level. Community events focusing on long-term care policy and the real challenges facing older adults of all economic means can educate policymakers and the public alike and inspire people to get involved.

We must not overlook our County commissioners and other County officials when planning local efforts. An organized effort to educate County officials about long-term care issues, through people in their own communities, could eventually influence them to support more responsible policies at the State level.

One way that people in all communities can help make a difference is by taking the time to discuss these issues with their friends, organize events at their town hall, senior center or church, and talk with their own Senator and representatives about the needs and challenges facing older people in their communities. Engaging the public, establishing relationships with local leaders, and keeping the discussion going will eventually make a difference!

Carol Stamatakis, Esq. is Director of Planning and Policy for the NH Council on Developmental Disabilities.

From Our Readers

CHANGING WORLD OF AGING

To the Editor: I am deeply appreciative of the April '09 article by Joanne Dodge. Her points are well made and underscore that marginalizing any group is a disservice to us all. It is therefore ironic that the repeated use of "senior" inadvertently does just that! It demonstrates how easily we all fall victim to the programming. It is so important that all people have the opportunity to be participants in an inclusive community, but labels, such as "seniors" do more to exclude and separate than homogenize. Paradoxically, like Ms.

Dodge, I want to point out the value of older adults in part because that boost is so badly needed by all generation. I'm not even sure how we go about achieving a balance. But perhaps the first step is to watch the words we use.

ERL

Editor's Note: Like other minority groups, nomenclature changes with time. Where you find yourself in the aging continuum may influence your "term of art".

ENERGY AUDITS

To the Editor: Thank you for another great issue and in particular the article on Home Energy Efficiency. It was helpful and useful.

Your readers may also be interested to know that some utility companies provide home energy audits at no cost to the homeowner. New Hampshire home-

owners would be wise to contact their local electric service providers or fuel dealers to inquire about their programs to promote energy efficiency.

In the case of this reader, a contractor for the utility company came to our home and gave us suggestions for reducing our energy usage. In addition, the representative replaced all light bulbs with energy efficient bulbs and offered a subsidy for replacement of the refrigerator with a more energy efficient model. The result was a substantial reduction in energy

use. And there was no cost for the audit!

Public Service Company of NH may offer audits for

homeowners who qualify and for those who heat with electricity. Reach them at 800-662-7764. Call the National Grid at: 800-322-3223, and NH Electric Coop at: 800-478-4328.

Readers will also find useful information about making their homes more energy efficient at: www.repa-nh.org/consumerguide/homeenergyaudits.

CWD

Editor's Note: Unitil also conducts audits for homes heated with electricity. We will continue to bring you information

Legislative Updates

STATE: BUDGET GOES TO COMMITTEE OF CONFERENCE

The Senate Conferees have not been officially named as of this newsletter's publication.

The House Conferees for HB 1 (the budget) and HB 2 (the budget trailer bill) are:

Reps. Margie Smith -d, Sharon Nordgren -d, Dan Eaton -d, Susan Almy -d, & Neal Kurk -r.

Alternates for HB 1 are: Reps. Peter Leishman -d, Benjamin Baroody -d, & Doug Scamman -r.

Alternates for HB 2 are: Reps. John DeJoie -d, William Hatch -d, and Norm Major -r.

Since Republicans seem committed to not voting for the budget, this means that in the end, Neal Kurk will likely be replaced by Rep. Mary Jane Wallner or another Democrat to get the unanimous vote needed by the Committee of Conference to pass the budget and send it back for a final up or down vote in both houses.

NH Cares

NH ARRA FUNDS

Federal stimulus money through ARRA (American Recovery & Reinvestment Act) will soon be available for Medicaid services in NH. It is currently estimated that about \$14 M will be available to DHHS between now and FY 12 and the bulk of these funds will be going to NH's counties for long term care costs. According to Commissioner Toumpas, these funds can be used to provide home and community based services. Talk to your County administrators and Commissioners to make certain they are aware of this important information. This money may help to offset anticipated cuts to Social Service Block Grant ser-

vices such as Adult Day Care and Homemaker.

FEDERAL: THE CLASS ACT

We've all heard that over 45 million Americans lack health insurance but did you know that 200 million Americans also lack long term care insurance?

Almost every American family will have to navigate and coordinate a wide array of health care and supportive services a person needs over an extended period due to limited functional capacity or a chronic health care condition.

Many people think Medicare will foot the bill, but it only covers certain short-term needs. Unless you have less than \$2,000 in savings, Medicaid won't help either.

In response to skyrocketing need, Senator Edward Kennedy and Rep. Frank Pallone introduced The CLASS Act last March to establish a social insurance program to help functionally disabled adults pay for the services and supports they need.

According to S. 697 and HR 1721, the CLASS Act will establish a national insurance program, financed by voluntary premium payments collected through payroll withholding (not to exceed \$30 a month) and placed in a "National Independence Fund." People who have contributed to the program for a minimum of 60 months and are unable to perform two or more activities of daily living (ADL), such as feeding, dressing, bathing, toileting, or walking; or individuals who have an equivalent cognitive disability will be eligible to collect a benefit.

Eligibility for benefits will be determined by state disability determination centers on two cash benefit tiers. Tier 1 benefits (\$50/day) will be for individuals who are unable to perform two or more activities of daily living (ADLs) or have the equivalent cognitive impairment. Tier 2 benefits (\$100/day) will help those who are unable to perform four or more ADLs or who have the equivalent cognitive impairment.

Write to NH's congressional delegation and let them know that affordable access to long term care insurance should be part of health reform discussions! (Links to our delegation are provided on the next page.)

TALKING POINTS

- Our nation lacks a coordinated, national public-private system for adequately and efficiently delivering high-quality long-term services and supports in a fiscally responsible manner. This has extreme negative consequences for emerging older adults, baby boomers, and younger persons with disabilities.
- The CLASS Act is a critical piece in creating a new, voluntary national insurance program to help individuals who need assistance stay independent and remain in their communities.
- The CLASS Act promotes the principles of independence, choice, and empowerment in a fiscally responsible way, and amplifies nationwide discussions about the serious long-term care challenges we face.

- The CLASS Act should be a part of any health care reform conversation and legislation. It provides a strong foundation of protection while providing opportunities for personal planning that include a role for private sector options.

WHAT CAN CONGRESS DO?

- We urge you to support S. 697 and H.R. 1721, which would improve the lives of millions of Americans and their families; if you are not a cosponsor of this legislation, we urge you to consider becoming one.
- Support this legislation and include it in the health care reform package.

Alliance for Retired Americans

Medicare & Social Security Update:

CONNECTING THE DOTS Medicare Advantage Plans:

As the discussions on Health Care Reform progress, there will be great pressure from the health care and related industries to minimize profit loss. And, those who fear or oppose a single payer system may see Medicare as a threat.

The attempts to create a public image of Medicare as a failure are both overt and hidden. Medicare Part C “Advantage Plans” Programs are often being sold to the healthier beneficiaries in a scheme that some call “Cherry Picking and Lemon Dropping”. These plans may place restrictions on the benefits that are associated with long term or chronic illness, or the out-of-pocket expenses may be

very high. The plans may drop you if you fall into these categories. Reading the fine print is strongly encouraged.

When these plans were first proposed, they were promoted as a savings to Medicare. Later there was pressure to pay the plans at least the same rates as traditional Medicare and today they receive higher rates, 13-17% more than the same services than the original Medicare. **All Medicare beneficiaries pay an extra \$3 per month in their Part B premiums to subsidize these over payments!**

Not only that, but by “lemon dropping” the sickest patients into the traditional plan, claims can be made that Medicare is too costly. One proposed way to deal with the “donut hole” in the Part D prescription coverage would be to eliminate overpayments to Advantage Plans and use the savings to fill the “hole”.

Part D Plans have not driven down drug costs. Studies show that 73% of seniors, 91% of pharmacists and 92 % of doctors think Part D is too confusing.

Is this intentional? The annual review is so complicated that many decide to continue plans if the premium cost remains the same or are slightly increased. But choosing low or no change in premiums may have hidden costs, including increases in co-pays from a flat rate to a percentage on increased drug costs. There are a variety of programs to help assess your particular situation.

When that cycle comes around again, we will provide resources. For now, consider contacting your

congressional delegation to support our government’s right to bargain for bulk drug prices and to increase our consumer rights to change plans mid-year.

Any discussion of reforming our health care system must include Medicare. Decisions must not be based on separating a system and allowing the savings of one part to shift to the other.

SOCIAL SECURITY:

Trustees project Social Security will be able to pay **full benefits until the year 2037**. After that, Social Security will have sufficient revenue to pay about 75% of benefits. The change in short-term projections is a **fiscal problem, not a Social Security problem**. Social Security’s trust fund surplus is not disappearing as some have claimed.

So here’s what’s happening. The *annual* cash surpluses collected in payroll taxes are below last year’s projections due to the economic downturn. (I.e. when folks are laid off, they no longer pay into Social Security.) Moreover, Trustees report a healthy \$2.6 trillion in accumulated Social Security assets, and project that, even after factoring in the effects of the recession, full benefits will be paid for another 28 years.

But, low inflation could mean two years of **no cost of living increases** for beneficiaries. By statute, zero COLA’s would also mean no Medicare Part B premium increase for about three-quarters of all beneficiaries.

However, the remaining beneficiaries, including newly enrolled seniors and higher income seniors, will see larger premium hikes in Part B to cover the difference. Premiums for Part D, the prescription drug benefit, are not subject to this limitation and are expected to continue increasing by 11% annually through 2018.

Source NCPSSM

Question: Should COLAs be based on inflation, when the major expenses of many beneficiaries, food, transportation, medical care and fuel are increasing at rates higher than inflation?

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Health & Wellness

HEART MUSCLE FINDING:

Swedish scientists have succeeded in measuring a highly controversial property of the human heart: the rate at which its muscle cells are renewed during a person's lifetime. The finding disputes the long held belief that your heart is essentially the same from birth to death—a most important findings in cardiovascular medicine.

Purposeful Living

REMEMBERING DAVID

On May 24th David B. Robar, 44, passed away due to pneumonia, a complication of his disability. His loss is felt deeply by his family, friends, the disability community and all who were graced by his charm, wit, passionate advocacy and dashing good looks.

At age 26, David was in a motorcycle accident that left him paralyzed from the chest down and unable to move his hands. An avid skier and jumper who had tried out for the 1988 Winter Olympics, he met his new challenge with the same warrior outlook. "I'm still a full human being and I can still make a difference." When first injured, he said, "My life will be different, but my life will be good."

Despite the enormity of his situation, he indeed did make a difference. For 17 years he worked at Granite State Independent Living, edited the non-profit's newsletter, coordinated events and was a passionate advocate. While working

on a contest for adaptive technologies he met Dean Kamen and became an early tester for the inventor's iBOT wheelchair, a predecessor to the Segway. More than just a wheelchair, the iBOT allows users to reach high shelves, climb up and down staircases, and cross uneven terrain.

As a politically involved advocate, he worked to pass a law that allows adults with disabilities to work and keep their Medicaid benefits. In today's high tech world, jobs are different from those when Medicaid rules were written. Even the most severely disabled may be gainfully employed, fully participating members of society.

But in a 'Catch 22', the financial gain could make them ineligible for Medicaid and unable to cover the cost of the care needed in order for them to work. This denied people who could and wanted to work that option. He spoke with Bill Clinton about the issue at a roundtable during the president's second term. When speaking in support of changing the law, Clinton often used David's story!

David spoke about that desire to work and his need for assistance at the 2000 Democratic National Convention. When the Federal law changed and states could follow, David's dream came true. In 2001, he was present when Gov. Shaheen signed this important change into New Hampshire law.

On a more personal level he would meet with individuals who had recently suffered spinal cord injuries. While acknowledging their difficulties, chronic pain and chal-

lenges, he was a role model for living a life full of purpose. His gentle encouragement and presence saved many from the downward spiral of hopelessness.

I remember the last time I saw David. It was at a meeting about long term care services and long after the meeting was over, we were still venting in the hallway. On the way to the parking lot, I pushed on the bar to open the door and walked through leaving David behind me. He called my name and softly said, "Ah, could you get the door for me?" Shocked and dismayed at my behavior I blurted out an apology and he grinned and said, "I took it as a compliment that you forgot I was disabled." It's true. I had forgotten as I often did, because all I saw was a remarkable person. And that is the way I will always remember him.

Carol Currier

Board Notes

Kudos

ENH Board member Beverly Arel was recently recognized for her outstanding work as an elder advocate. She was chosen as the Hillsborough County Older Volunteer and presented with the Vaughan Award by Governor John Lynch this past May.

ONGOING ADVOCACY

Few NH adults aren't aware of the fiscal crisis facing our State government, or for that matter, our local governments.

ENH NH Board members participate in a number of groups including the Elder Rights Commission,

the Legislative Caucus on Long Term Care, the DHHS Long Term Care Stakeholders and NH Cares to name a few. What we are hearing from these groups leaves us deeply concerned. While the Bureau of Elderly and Adult Services through their listening sessions confirms what we have known for years--people want to age in place at home or in their communities--much of what we hear makes that seem like an impossible dream.

From the LTC Ombudsman's Office we learned that more nursing homes are beginning to feel stressed and may eventually need to reduce services or in the worse case scenario, close. When homes are talking about feeding residents for \$2.16 per day, things are bad.

From the Home Health Care Association we hear that many of the non-profit agencies just simply can't provide services under the rates paid for by State programs. So some areas of the state are now underserved.

And further, the Senate cut all the funds from the senior volunteer programs (Foster Grandparents, Senior Companions and RSVP). Without even a dollar appropriation, they are no longer part of the Senate Budget. Serving 700 families, these programs did much to promote volunteerism and foster intergenerational relationships. The state's cost of \$320,000 brings \$1.8M into NH.

NH, tied with FL, has the 4th oldest population in the country. We are concerned that the infrastructure is crumbling and that there is no Statewide planning for the inevitable.

Service providers will turn to those who can afford to pay higher rates, even in the short term. A Long Term Care System will emerge, market driven, expensive and inadequate. We must look beyond Medicaid and other funding sources. We must consider both medical and supportive needs. We must build relationships amongst various pilots, programs, volunteers and people of all ages.

Join Our Voices!

Since the newsletter is our main tool for communicating, linking, and sharing, we hope to expand regular features. We welcome your suggestions and comments.

Starting next month we will begin a feature on shopping and cooking food. And here's a thought:

Many people who live alone find it difficult to cook for just one. Here's a spin on the dinner part idea: Why not get together a couple of single people you know and rotate nights for sharing a meal. And don't forget those younger single friends.

MAKE A DIFFERENCE!

PLEASE--share this newsletter with family, friends, neighbors and others in your community.

To add your name to our mailing list, contact:
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