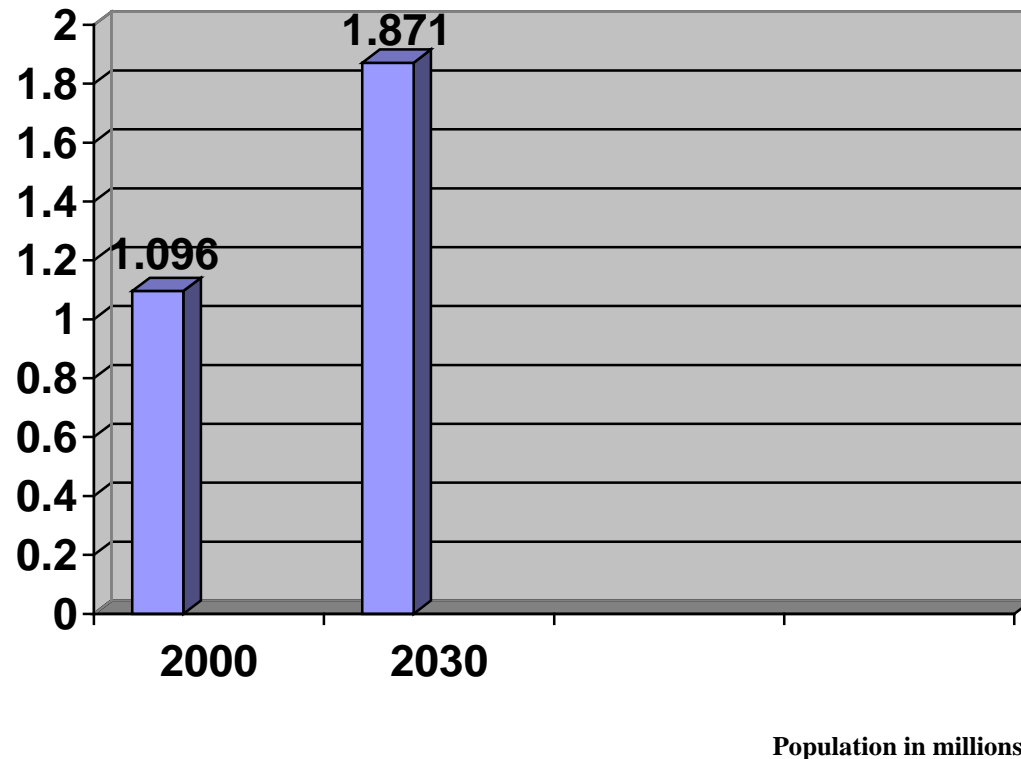


# **Mass Home Care FY 2013 Budget Request**



**Getting Back On Track**

# The Elderly Population In Massachusetts Will Grow 71% Between 2000 and 2030



**Massachusetts will add 774,700 more people over the age of 60 between the years 2000 and 2030. Elders are the fastest growing population group in the state. One in four households in Massachusetts (653,103 households) have someone on them over the age of 65, and 19% of the population is over 60.**

## \$25 Million Cut From Home Care Since FY 2009

The FY 2012 budget funds elder services at \$218.6 million. After adjusting for approximately \$1.5 million in information technology costs shifted to the Executive Office of Health and Human Services, funding for elder services has been cut by \$26.9 million compared to the FY 2009 inflation-adjusted funding level of \$247.0. **Adjusting for inflation, cuts to the following key elder services budget since FY 2009 came to nearly \$25 million:**

- **Elder Home Care: \$18.8 million cut**

Funding for elder home care services in the FY 2009 budget was \$147.1 million, \$152.3 million when adjusted for inflation. The FY 2012 budget cut the funding to \$133.5 million, a cut of \$18.8 million. At one point, there was hope that the waiting list for elder home care could be eliminated. With reductions in funding for home care each year since FY 2009, the waiting lists have returned.

- **Enhanced Elder Home Care Program: \$4.2 million cut**

Funding for the enhanced elder home care program in the FY 2009 budget was \$48.2 million, \$49.9 million when adjusted for inflation. The FY 2012 budget cut the funding to \$45.8 million, a cut of \$4.1 million.

- **Protective Services: \$1.6 million cut**

Protective services programs, which investigate concerns about the abuse or neglect of elders living in the community, were funded at \$16.2 million in the FY 2009 budget, or \$16.8 million when adjusted for inflation. These services were cut in FY 2010 and in FY 2011, and the FY 2012 budget funds protective services at \$16.3 million. This is a \$569,000 budget cut when adjusted for inflation.

**Published August 31, 2011.**

# Summary of Mass Home Care Budget Request: Getting Back On Track For “Community First”

All figures in millions

<b>Three Priority Areas:</b>	<b>FY 2009</b>	<b>FY 2012</b>	<b>FY 2013 House 2 Governor</b>	<b>FY 2013 Request</b>
<b>9110-1636 Protective Services</b>	\$16.246	\$ 16.25	\$16.628	\$ 17.936
<b>9110-1630 Home Care Services</b>	\$102.747	\$ 97.78	\$97.78	\$102.747
<b>9110-1633 Care Management</b>	\$ 37.568	\$ 35.738	\$35.738	\$ 37.568
<b>9110-1500 ECOP</b>	\$ 48.199	\$ 45.789	\$46.461	\$ 48.199
<b>9110-1900 Elder Meals</b>	\$ 6.6	\$ 6.325	\$ 4.810	\$ 6.325
<b>TOTAL</b>	<b>\$211.36</b>	<b>\$201.882</b>	<b>\$201.417</b>	<b>\$ 212.775</b>

Mass Home Care’s request is 5.8% higher than Governor Patrick’s budget, or \$11.358 M higher. Compared to line item funding in FY 2009---4 fiscal years ago---this request is just \$1.4 M higher, or only .006% over FY 2009 funding levels.

# What Happened to “Community First” Rebalancing ?

In keeping with the framework of *Olmstead v. L.C.* and the Patrick Administration’s commitment to a “community first” long-term care policy, this plan embraces a vision of choice and opportunity that requires the deliberate development of more accessible and effective long-term supports in local communities. Thus, the Plan supports the Administration’s commitment to **shifting focus of long-term care financing from institutions to the community.**

–Olmstead Plan Summary, Sept. 2008

**MassHealth LTSS Spending FY 2009 (Source: Money Follows the Person Protocols Jan 2011)**

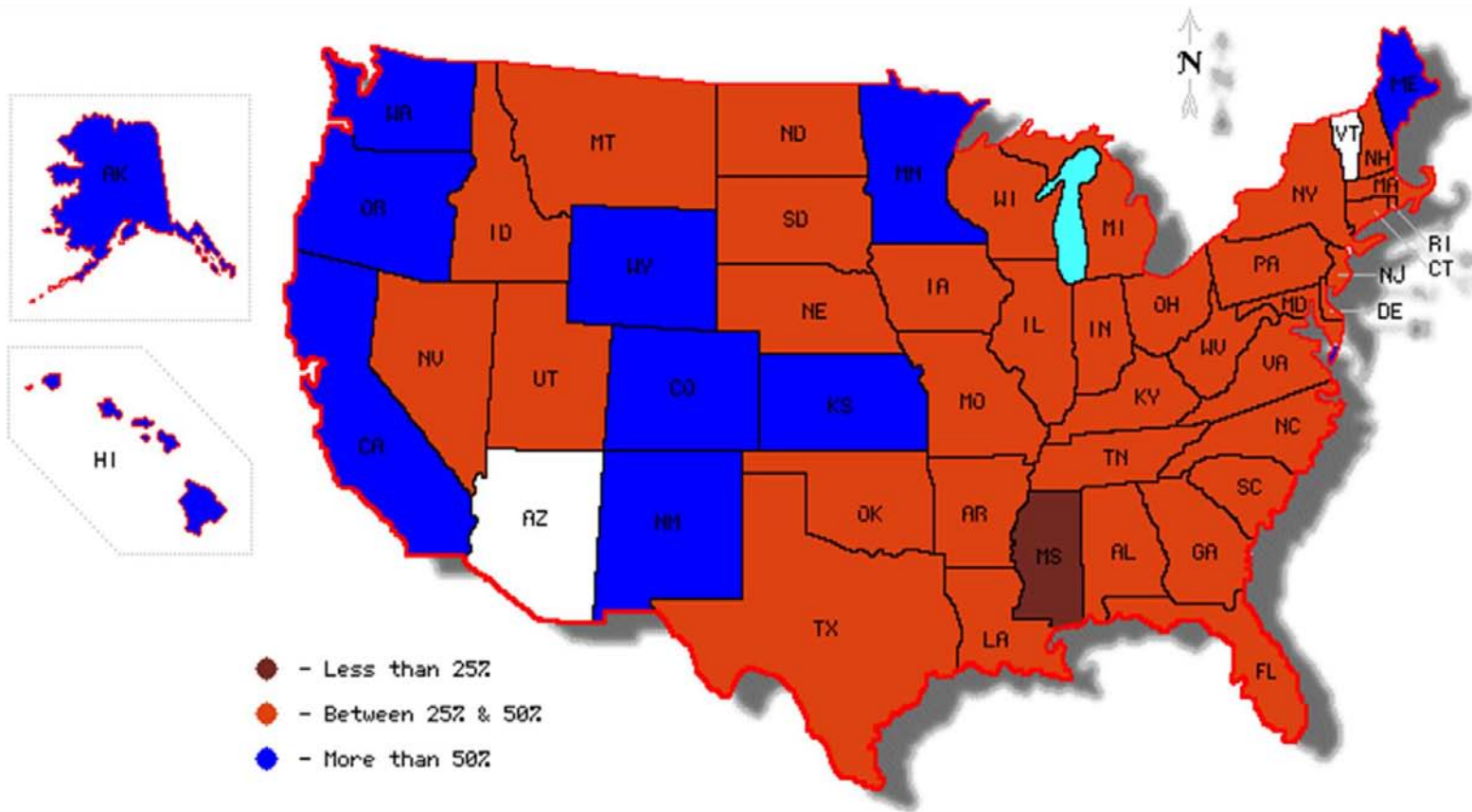
Setting	Members			Expenditures		
	Elders (65+)	Disabled (<65)	Total	Elders (65+)	Disabled (<65)	Total
<b>Community</b>	58,532	110,691	169,223	\$736 million	\$1.235 billion	\$2.001 billion
<b>Facility-based*</b>	41,941	10,430	52,371	\$1.411 billion	\$293 million	\$1.704 billion
<b>Total</b>	<b>100,473</b>	<b>121,121</b>	<b>221,594</b>	<b>\$2.147 billion</b>	<b>\$1.558 million</b>	<b>\$3.705 billion</b>

\* Includes nursing facilities and inpatient rehab/chronic.

According to a January, 2011 Money Follows the Person report, MassHealth LTC spending in FY 2009 in the community was 34.3% of total spending. Long Term Care spending by MassHealth for institutions, at 65.7%, is still the dominant form of spending. If the two sectors were rebalanced to have a 50/50 share of funding, community based care would see a gain of \$337.5 million. If the percentage share of LTC expenditures were reversed to give community care a 65.7% share of funding, community care would receive \$674.6 million in additional funds. If Massachusetts rebalanced its MassHealth spending to match Oregon’s 55% share for community care, the elderly and disabled spending in the community would rise by \$444.8 million.

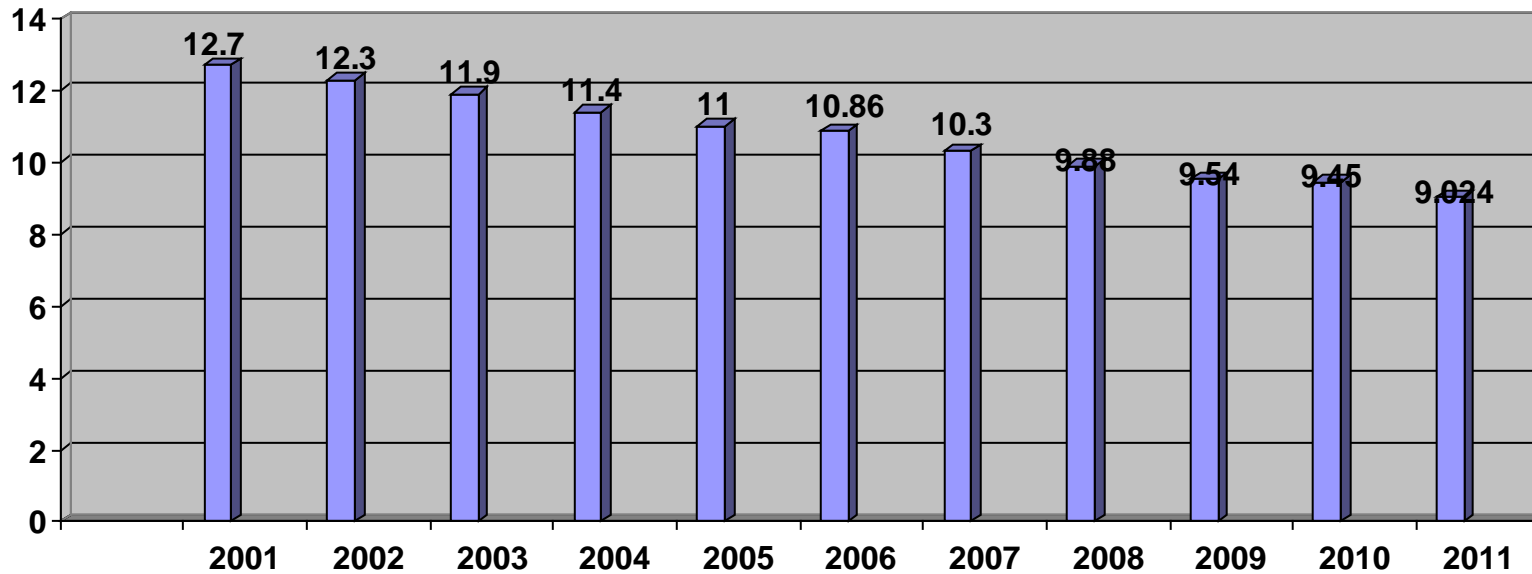
# Massachusetts Is Not A Leader in “Rebalancing” its LTSS Spending

Medicaid LTSS Spending on Community Based Care as a % of all LTSS Spending, 2009



Source: Ng, J.D., M.A., Terence. The Affordable Care Act & Home and Community-Based Services. University of California, San Francisco. [www.academyhealth.org/files/2011/tuesday/weissert.pdf](http://www.academyhealth.org/files/2011/tuesday/weissert.pdf)

# MassHealth NF patient days have fallen 3.7 Million days (-29%) in last decade



Investing in community care saves money. In FY 2011, nursing home patient days paid for by MassHealth were 3,676,000 days lower than in FY 2000. Based on \$161 per day for MassHealth nursing home services (FY 2008 data, not including other state plan services), the Commonwealth has avoided \$592 million through lowered institutional utilization. This is the “Community First Dividend” that could be invested in community-based care based on the saved patient days from people diverted from nursing facilities.

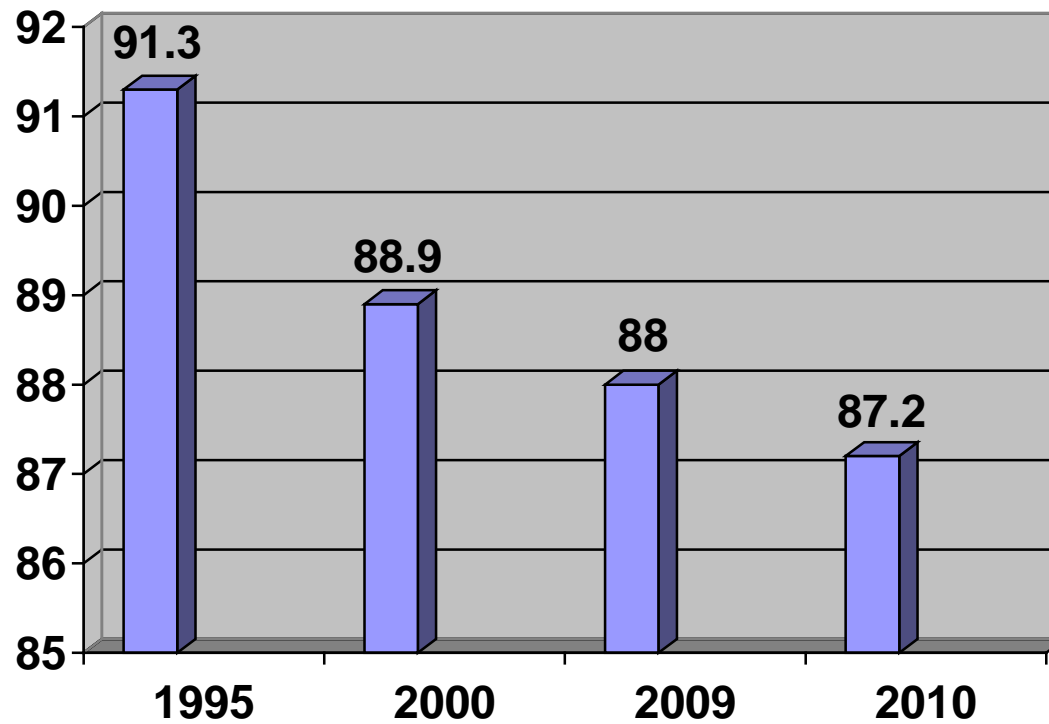
<b>Nursing Home Beds/1,000 Population 65+,2010 State</b>	<b>2010 Population Age 65+</b>	<b>2010 Nursing Home Beds</b>	<b>Beds/1,000 65+</b>
<b>State</b>	<b>Pop 65+</b>	<b>NF Beds</b>	<b>NF Beds per 1,000 elders</b>
<b>Massachusetts</b>	902,724	49,175	54.5
<b>Oklahoma</b>	506,714	28,932	57.1
<b>Ohio</b>	1,622,015	93,043	57.4
<b>Connecticut</b>	506,559	29,255	57.8
<b>Rhode Island</b>	151,881	8,802	58.0
<b>Arkansas</b>	419,981	24,548	58.5
<b>Illinois</b>	1,609,213	101,061	62.8
<b>Louisiana</b>	557,857	36,098	64.7
<b>Nebraska</b>	246,677	16,065	65.1
<b>North Dakota</b>	97,477	6,438	66.0
<b>Missouri</b>	838,294	55,393	66.1
<b>South Dakota</b>	116,581	7,932	68.0
<b>Kansas</b>	376,116	25,598	68.1
<b>Indiana</b>	841,108	57,721	68.6
<b>Iowa</b>	452,888	32,842	72.5

Sources: US Census Bureau. Table 117

## **Massachusetts Ranks 15<sup>th</sup> Highest in the nation for number of nursing facility beds as a percentage of elders**

# 13% of Nursing Facility Beds Are Empty

## Occupancy Rates Have Fallen to 87.2%



# 1. 9110-1636. Protective Services: 50 New Abuse Reports Per Day

Chapter 19A, sections 14 to 26 create an elder protective services program, which is the Commonwealth’s only reporting and investigation program for elder abuse and neglect in the community. Abuse in nursing homes is handled by the Department of Public Health. The protective services statute is “subject to appropriation,” and over the years, appropriations have not kept up with reports of elder abuse and neglect. In FY 2012, the final funding level of \$16.25 million was roughly the same funding level the program had 4 years ago in FY 2009:

## Elder Abuse Funding Same As 4 Years Ago

FY 2008	FY 2009	FY 2010	FY 2010 9c cut	FY 2011	FY 2012
\$15.009	\$16.246	\$16.246	\$15.246	\$15.25	\$16.25

During this same time period (2008 to 2011), elder abuse reports have risen by 22.6%. When protective services were first created in FY 1984, a total of 1,529 reports were investigated. By 2011, reports had increased 11-fold to 18,282. Based on FY 2011 annual reports, the Massachusetts elder protective program is handling an average of 50 new abuse reports each day of the year.

## Elder Abuse Reports

FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
14,909	15,935	17,053	18,282	19,432 projected*

\*based on first quarter of FY 2012 reports

The FY 2008 Protective Services (PS) appropriation was \$15 million, a 7.5% increase over the fiscal year 2007 funding level of \$13.961 million. In FY 2009, protective services funding was increased to \$16.246 million, where it stayed for FY 2010, until \$1 million was cut in a 9c reduction by the Governor. Protective services took additional cuts in FY 2011. On June 30, 2010, the Governor reduced the Protective Services account from \$16.7 million to \$15.251 million---a loss of \$1.583 million. On September 27, 2010, when the General Court restored lost FMAP funding---the home care account receive \$3.97 million in FMAP restoration, the 1633 account received \$1.426 million in FMAP, but the protective services account received no FMAP restoration, and the \$1.483 million cut was never restored.

## Background: Abuse and Neglect

The protective services program investigates and resolves elder abuse and neglect, and deals with very complex and volatile family situations. This elder abuse law is ‘subject to appropriation,’ and every year, the protective services agencies, are forced to subsidize the program with funding from other sources. The protective services programs, which are housed in designated Aging Services Access Points (ASAPs) have to use other funds to cover the structural deficits in line item 9110-1636, because certain services implicit in this program are not funded by the state, including legal services to handle cases which end up court-involved. In 2004, the elder abuse law was amended, at Mass Home Care’s request, to conform with most other state’s abuse laws, to include ‘self-neglect’ cases. By 2009, confirmed cases of self-neglect (2,391) were slightly higher than confirmed cases of abuse by caregivers.

(2,347). Self-neglect cases have become a major driver of increased pressures on the limited protective services funding. In 2004 there were 2,836 reports of self-neglect. By 2009, self-neglect had increased nearly 2.5 times to 6,824 reports.

Some of the major components of the PS program include:

**Protective Services Caseload:** The core function of this line item is to create the capacity across the state to receive reports of elder abuse, investigate those reports, and attempt through casework to mitigate and resolve the abuse. In recent years, the number of abuse reports has been increasing by more than 5% per year. The typical PS worker carries a caseload of 20 elders per worker. As of FY 2009, there were roughly 189 case workers---this was before the 9c reductions were made in the fall of 2009.

**Guardianship:** One of the main costs of the PS program is securing guardians for elders who need help with their resources due to self-neglect or abuse by others. Clients in need of conservator or guardianship services are the most impaired and vulnerable elders we serve. When a guardianship slot is not available for a PS client, it is extremely difficult to stabilize the case, thereby increasing the risk of continued abuse against the elder, and risk of institutionalization.

**Legal Services:** Legal expenses incurred during the conduct of protective services cases are not charged to the protective services program, but have to be taken from other accounts. None of the \$788,000 in legal costs in FY 2010 was charged to the protective services account, because there was no funding to pay for it. The protective agencies need to retain lawyers to represent their agencies every time they bring a case to the Probate Court.

**The Elder Abuse Hotline:** This hotline accepts reports of abuse on a 24/7 basis. In fiscal years 2007 and 2008 the number of abuse calls to the hotline were 14,500 calls in each of these years.

**Money Management:** The Money Management program was created by Mass Home Care, AARP and EOEA in 1991 to address the needs of consumers who were no longer able to manage their personal finances, and were facing a series of problems, ranging from eviction to credit card debt, because of their financial problems. The Money Management program provides a volunteer who helps the senior get his or her finances back on course, and prevent financial exploitation and scam artists from preying on these consumers. As of October, 2010, there were 1,488 elders receiving Money Management services, provided by 1,329 volunteers. There were 188 elders on a waiting list for a Money Management volunteer.

**Structural Deficits:**

Mass Home Care conducted a survey of protective services agencies to determine how much additional funding agencies were having to invest in program operations. Protective services agencies have to subsidize the operation of their protective services program, because their state appropriation is not sufficient to cover their expenses. PS agencies were surveyed in August of 2007, asking them how much they spent in each of the functional categories below in excess of their state appropriation. The numbers below are in millions:

State PS Appropriation*	Total PS Expenditures	Personnel Deficit	Legal Deficit	Support Deficit	Other Deficit	Total Deficit
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10.875	13.8927	1.146	.5877	.428	.856	3.0177
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\* 20 out of 21 PS agencies reported for this survey.

**Survey Findings:**

1. In Fiscal year 2007, the protective services program ran a deficit of roughly \$3.01 million.
2. The state PS appropriation covered roughly 78% of total expenditures. 22% were covered by other revenues (other state line item, corporate retained revenues, unrestricted corporate funds, etc.)
3. Of the 2.85 million subsidy to PS:
  - 38% was to hire additional personnel (\$1.146 M)
  - 19.4% was for legal expenses (\$587,700)
  - 14.2% was for support costs (\$428,000)
  - and 28.4% was for other PS related costs. (\$856,000)

**TOTAL: \$3.01 Million in Protective Subsidy in FY 2007**

A survey by EOEa indicates that some of this deficit funding has grown worse since FY 2007. For example, the unfunded legal services costs for protective services work in the Probate Courts has now risen to \$788,000 per year. This funding is not provided within this line item, but must be taken from other accounts.

In FY 2011 and FY 2012, here is how the Protective Services funding was allocated. These numbers are roughly how the funding cut was absorbed:

<b>Item</b>	<b>FY 2011</b>	<b>FY 2012</b>
ELD Admin	\$ 330,000	\$ 433,396 *
Contracts to PS agencies	\$12,405,786	\$13,379,522.05
Money Management	\$856,593	\$856,593
PS Hotline	\$ 412,670	\$317,049.95
Guardianship Slots	\$1,235,505	\$ 1,253,993
Training	\$10,000	\$ 10,000
<b>TOTAL</b>	<b>\$15,252,499</b>	<b>\$16,250,555</b>

**EOEA admin in 2012 includes supplemental licensing for access to SIMS-APS**

In FY 2011, the conference committee budget raised the protective appropriation from \$15.25 million to \$16.733 million. But on June 30, 2010, the Governor vetoed \$1.483 million from the protective account, lowering available funding to **\$15.251 million. This funding cut was not restored.**

This account had suffered two straight years of budget cutbacks, with no restorations. In FY 2012, the appropriation was raised by \$1 million to \$16.25 million.

According to the Mass Center on Budget & Policy, in nominal dollars (i.e. not adjusted for inflation) the protective services account has increased just under 1% compared to three years ago in FY 2009. During the same time period, elder abuse reports increased by 22%.

For FY 2013, Mass Home Care is requesting:

1. Level funding for ELD Admin (includes SIMS licensing)
2. A 6.3% increase in Contracts for PS agencies to keep pace with the 6.3% increase in elder abuse reports.
3. Restoration of Money Management Funding to FY 2010 appropriation level
4. Protective hotline at FY 2011 levels, use for after normal work hours and weekends only.
5. Guardianship slots: level funding at FY 2012 levels
6. Legal Services funded at \$788,000 instead of having to come from other programs

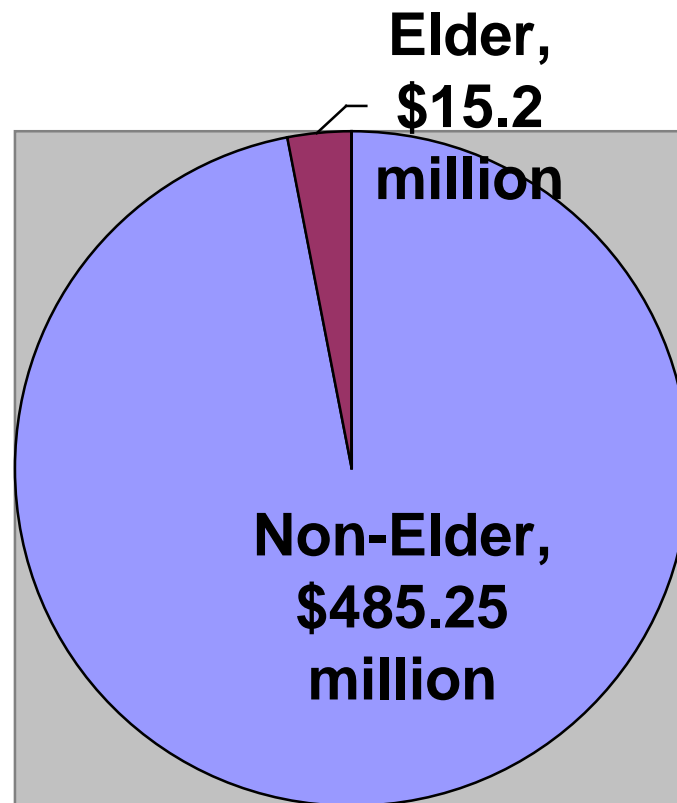
<b>Item</b>	<b>FY 2013</b>
ELD Admin	\$ 433,396
Contracts to PS agencies	\$ 14,207,617
Money Management	\$ 926,593
PS Hotline	\$ 317,049
Guardianship Slots	\$ 1,253,993
Legal Services	\$ 788,000
Training	\$ 10,000
<b>TOTAL</b>	<b>\$ 17,936,648</b>

- PS contracts for protective workers to be increased to \$14.217 million, or 8.3% above the original FY 2010 contract level to keep pace with the increased reports of abuse and neglect.
- Money Management to be increased to \$1.019 million
- Legal services to be funded at \$788,000 instead of coming from the home care account
- Total of roughly \$2 million above the 9c cut level for 2011

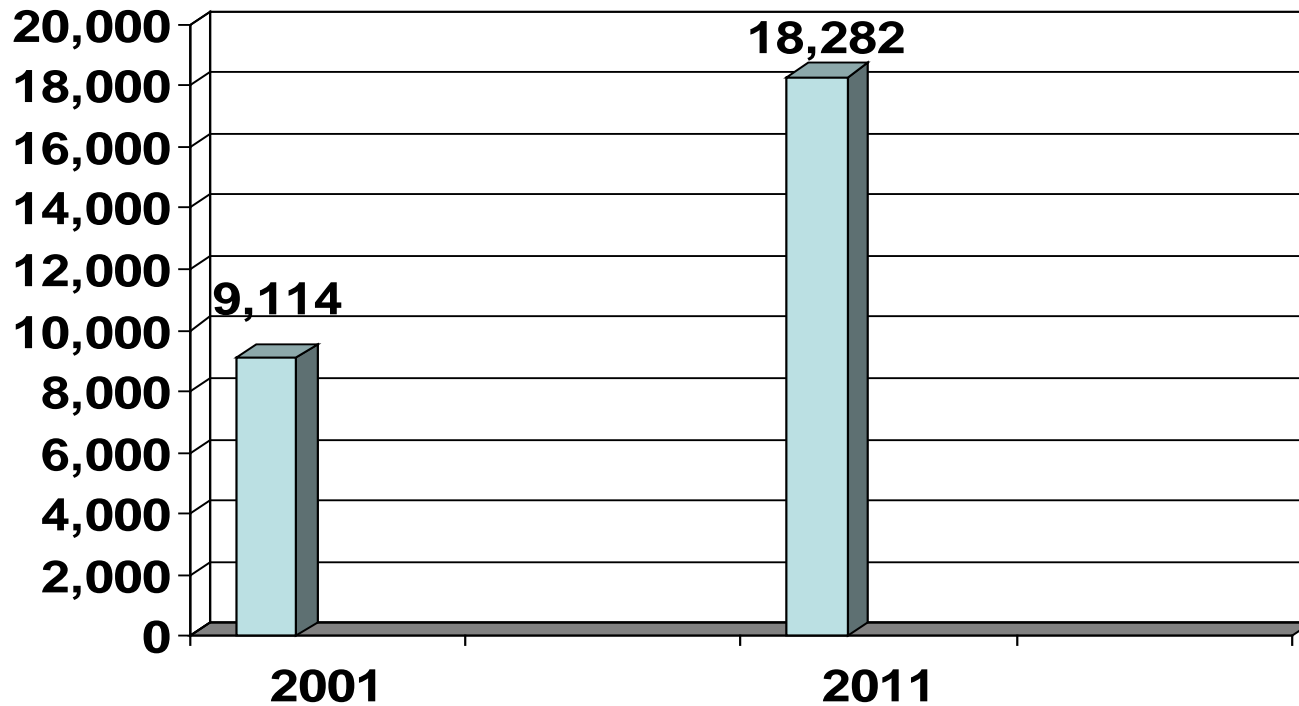
**See data below on state protective services appropriations.**

**Historically, Abuse Prevention Services for non-elders (children and women) has been much higher than for elders.**

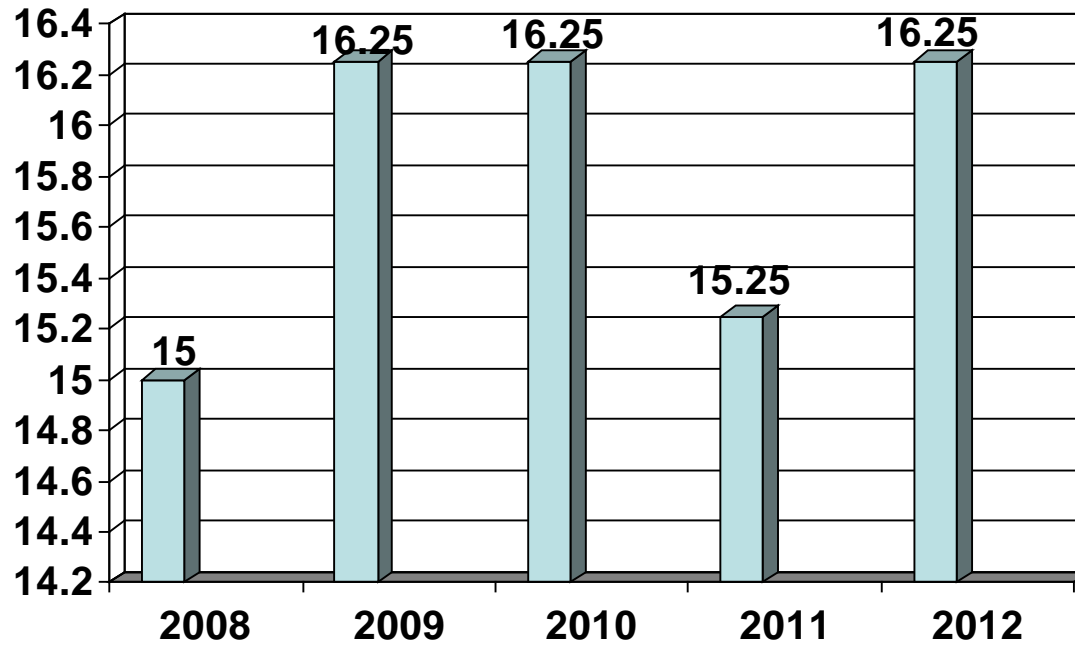
### **Elder vs Non-Elder Protective Spending**



# Protective Reports Have Doubled over the past decade:



# Protective Services Appropriations 2008-2012



# Elder Abuse Far More Common Than Previously Known

November 23, 2010-Press Release

Contact: Kathleen Quinn, Executive Director 202-558-4850. **NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION (NAPSA)**

Data from a recent statewide study in New York State found **alarming rates of undetected elder abuse, neglect and exploitation**. The study, which was headed up by Mark Lachs, MD of Cornell University's Weill Medical College, and Jackie Berman, PhD of the New York City Department for the Aging, conducted random telephone surveys of 4,000 New York residents 60 years and older, and compared the occurrence of elder abuse uncovered by the surveys to the numbers of cases reported to adult protective services, law enforcement, prosecutors' offices, victim services agencies, domestic violence programs, and aging services providers.

The study's results demonstrate that **elder abuse is far more rampant than previously known: for all types of elder abuse, there are 23.5 unreported cases to every one reported to any agency**. For financial exploitation, the ratio is 43.9 self-reported cases to every one reported to an agency. And the ratio of neglect cases is even higher, with 57.2 cases going unreported for every one that comes to the attention of any services system. Because the study did not include older persons who could not participate in a telephone survey, the actual prevalence of elder abuse in the total older population may be even higher. Approximately **one in thirteen persons 60 and older (7.6%) suffers from at least one form of elder abuse**. While emotional/psychological abuse is the most common form reported to agencies, followed by physical abuse, the self-reported study found financial exploitation to be the most prevalent form of elder mistreatment.

These significant findings underscore the urgent need for Congress to appropriate funding for the Elder Justice Act, the first and only comprehensive federal law addressing elder abuse. The Act authorizes up to \$100 million in funding per year for state and local Adult Protective Services (APS) Programs, which could provide an estimated 1,700 protective services investigators throughout the country. As the number of seniors, and in particular the number of cases of financial exploitation, rises exponentially, APS Programs throughout the country are being slashed because of faltering state budgets, severely compromising their ability to investigate elder abuse and to take measures to protect frail, often extremely vulnerable older victims. The Elder Justice Act also authorizes funding for critically needed research, forensic centers, demonstration programs and additional protections for long-term care residents.

Older persons, and younger adults with disabilities, who are victimized by violence, neglect and exploitation, are the only category of crime and abuse victims who receive no dedicated help from the federal government. The National Adult Protective Services Association (NAPSA), which represents APS Programs, professionals and clients, urges Congress to rectify this gross injustice by fully funding the Elder Justice Act.

The New York State Elder Abuse Prevalence Study, the second largest ever conducted on the prevalence of elder abuse and the first statewide study to compare self-reported data to reported case data over the same time period, was partially funded by the New York State Children and Family Trust Fund, a program administered under the New York State (NYS) Office of Children and Family Services (OCFS). The contents of the study itself are not yet available, pending release by NYS OCFS. The findings presented here are based on a presentation by Dr. Lachs and Dr. Berman at the New York State Elder Abuse Summit in Albany, NY on November 17, 2010.

## 2. Basic Home Care Purchased Services: 9110-1630

Home care is one of the basic preventive programs that helps consumers avoid premature institutionalization. Since 2000, the number of patient days in nursing homes paid for by MassHealth has fallen a staggering 29%. The various home-based services are a significant factor in alternative placement for people who otherwise would be in a nursing home. Since 2006, the mission of the MassHealth long term care program has been to provide care for the disabled and elderly in the “least restrictive setting” appropriate to their needs. Yet the doors to nursing homes in 2011 are wide open, and the home care programs had significant waiting lists in both FY 2010 and FY 2011.

Here is the history of home care purchased services appropriations since 2004: (in millions)

<b>Fiscal Year</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Purchased Services	\$94.16	\$97.06	\$98.58	\$102.99	\$105.22	\$102.79	\$100.3	\$101.68	\$97.78

The General Court appropriated \$103.251 million for FY 2011 for home care purchased services. But on June 30, 2010, the Governor vetoed \$7.941 million, lowering the account to \$95.311 million, which was an astonishing 89.3% of the FY 2009 appropriation. Roughly three months later, on September 27, 2010, the General Court restored \$3.970 million—or 50% of the lost FMAP funding. This brought the account up to \$99.281 million. The General Court added another \$2.4 million to bring the account up to \$101.68 million---which was lower than the FY 2009 appropriation. In 2012, the legislature lowered the home care services account by \$3.9 million below FY 2011 levels.

(millions)

<b>FY 2009</b>	<b>FY 2009 9c cut</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2011 After Veto</b>	<b>FY 2011 Restored</b>	<b>FY 2012</b>
\$106.716	\$102.717	\$100.3	\$103.251	\$95.311	\$101.68	\$97.78

Home care services took significant cuts in 2009 and 2011, and waiting lists had to be imposed in both years that reached historic levels in the autumn of FY 2011. At one point, waiting lists had almost reached 4,000 seniors.

The FY 2012 month by month projections for growth in the home care purchased services account is as follows:

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total	
30,116	30,257	30,400	30,542	30,685	30,831	30,974	31,121	31,268	31,415	31,562	31,710	370,881	<b>FY 12 current</b>
30,573	30,573	30,573	30,573	30,573	30,573	30,573	30,573	30,573	30,573	30,573	30,573	366,876	<b>FY 12 Projected</b>
457	316	173	31	- 112	-258	-401	548	-695	- 842	-989	-1,137	4,005	<b>Difference</b>

Based on FY 2012 caseload growth projections, our target numbers for the growth in home care billable units for FY 2012 will be approximately .47% per month (1.0047) for a total annual need of 370,881 units. The current 9110-1630 appropriation will support 366,880 billable units. There is a gap of 4,005 units x \$266.52 per unit= \$1,067,412 in additional funding to avoid waiting lists.

### Request FY 2013

Projecting the same growth rate in billable units for FY 2013 (1.0047), Mass Home Care is projecting a total of

July	AUG	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
31,859	32,009	32,159	32,310	32,462	32,615	32,768	32,922	33,076	33,231	33,387	33,544	392,342

Based on the FY 2012 rate of \$266.52, a total of \$104.567 million would be required to avoid waiting lists. Mass Home Care is requesting the same level of funding we received in FY 2009, **\$102.747 million**, which will fund 385,513 units, which is 6,829 units below projection, or \$1.82 million short of what we project will be needed. A waiting list would be needed at some point in FY 2013 based on these projections.

### 3. Home Care/Care Management

#### Background 9110-1633

(millions)

FY 2009	FY 2009 9c cut	FY 2010	FY 2010 9c cut	FY 2011	FY 2011 veto	FY 2011 with FMAP	FY 2012
\$40.368	\$37.568	\$37.568	\$36.068	\$37.165	\$34.312	\$35.738	\$35.738

This account is the companion account to 9110-1630. This line item pays for the care managers who coordinate the services provided to clients in the home care purchased services program. This account also covers the program operations costs for the care managers at the 27 Aging Services Access Points (ASAPs). It is important that these accounts stay in balance in relationship to each other, and for this reason, the General Court has established a 3% transferability between purchased services (9110-1630) and care management services (9110-1633).

In nominal dollars, this account in FY 2012 is only 3/10<sup>th</sup> of 1% higher than it was 11 years ago in FY 2001, when the appropriation level was \$35.618 million. The General Court appropriated \$37.165 million for FY 2011, but on June 30, 2010, the Governor vetoed \$2.853 million for this account to deal with the lack of federal FMAP funds. When the FMAP funds arrived, 50% of the Governor’s veto was restored, or \$1.426 million, bringing the account up to \$35.738. The account was level-funded at that level for FY 2012. According to the Mass Center for Budget and Policy, in adjusted dollars this account has plummeted -42% since FY 2001.

Up until the mid 1990s, the home care program was one unified account, including purchased services and care management. Over the past 12 years, the care management account has grown at one-third the rate of the purchased services account: (in millions)

Account	FY 1998	FY 2012	% Change since 1998
9110-1630 Services	\$78.124	\$97.781	+25 %
9110-1633 Care management	\$32.978	\$35.738	+8.4%

The care management account today has only \$2.76 million more than it had 14 years ago in FY 1998. In 1998, the care management account was 29.68% of the overall two home care line items. Today care management has fallen to 27.8% of the overall accounts.

Based on our request for home care purchased services in the 1630 account of \$104.567 million, to keep the 1633 care management account from falling further as a percentage of the overall home care program, Mass Home Care projects we need \$40.245 million to keep 1633 at roughly 27.8% of the account. But Mass Home Care is requesting **\$37.568 million** to return us to the same level of support we had for this account in FY 2009. This request is \$2.677 million short of what we project would be needed in FY 2013.

## 4. Enhanced Community Options Program (ECOP)

### Background: 9110-1500

Account (in millions)	FY 2008	FY 2009 Final after 9c cuts Oct 08	FY 2010 Final after 9c and impoundments	FY 2011	FY 2012
<b>9110-1500 ECOP</b>	<b>\$47.41</b>	<b>\$ 48.199</b>	<b>\$45.789</b>	<b>\$ 45.789</b>	<b>\$45.789</b>

The ECOP program, which combined two separate accounts in 2003, is targeted exclusively to seniors who are 1) not on MassHealth and 2) are eligible to be in a nursing home. This is a program that some basic home care program clients will transfer into as their functional capacity declines. As a result, this program is the only alternative to a nursing facility for people who are not yet on MassHealth. The ECOP program is 100% targeted to disabled seniors.

According to the Mass Budget and Policy Center, this program increased in nominal dollars by 18% since 2003, when the appropriation stood at \$37.488 million. In inflation adjusted dollars, however, which is a better measure of what this program can buy for seniors, this account has fallen -11%. In 2009, the ECOP appropriation stood at \$48.199 million. Three years later, in FY 2012, the account had fallen -5% (- \$2.41 million) because of 9c impoundments that were never restored. In FY 2010, FY 2011, and FY 2012, the ECOP account was frozen.

Based on the FY 2012 appropriation level of \$45.789 million (level funded to FY 2011), the ASAPs have a target figure of serving 4,365 elders per month in the ECOP program, or 52,383 units on an annual basis. The unit rate in FY 2012 is \$874.12 per month.

As of mid November, 2011 there were **742 elders waiting to get into the ECOP program**. Most of these elders are people who are in the basic home care program---but their increasing disability and impairment have made it necessary to move them into a program with a higher level of care. (The basic home care program only provides around 3 hours of homemaker a week, and is not sufficient for people who are nursing facility level of care.) **The cost of an ECOP benefit currently is \$874.12 per month**, or \$10,489 per year----which is roughly **18% of the cost of a nursing facility** (using \$161 per day, or \$58,765 as the MassHealth cost). It is clearly a great savings to the Commonwealth to keep these individuals living at home.

### Cost of Reducing the Wait List in FY 2012

As of January 15, 2012, there were a total of 980 people on the ECOP Waiting list. The Executive Office of Elder Affairs is projecting a \$2.6 million shortfall in ECOP funding for FY 2012, or a need for \$48.389 million. For FY 2013, Mass Home Care is requesting **\$48.199 million** for ECOP, which is the same funding level for this item as in FY 2009. This level will result in some waiting lists in this program for FY 2013, but less than the wait list that will result from House 2 level of \$46.461 million.

## 5. Elder Nutrition

Account (in millions)	FY 2009	FY 2012	FY 2013 Gov.
9110-1900 Elder Nutrition	\$ 6.6	\$6.325	\$4.810

**Background:** The Governor’s budget for FY 2013 slashes the elder nutrition program line item by \$1.5 million, or 24%---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, at \$5.237 million. This funding is used at the local level to pay for meals at both congregate meals sites and home delivered meals.

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.

Mass Home Care is requesting that this line item in FY 2013 be funded at the FY 2012 level of **\$6.325 million**, which is still lower than this account was funded in FY 2009.

*“Currently the long-term care system in Massachusetts favors institutional care over care in the community and at home. This neither respects the wishes of most older adults, nor follows the law of requiring care in the least restrictive environment, nor spends public dollars prudently... A large portion of older and disabled adults see community care as the best choice. Massachusetts has made efforts and significant progress toward the rebalancing of the long term care system through support of community-based services...However, there is far more that needs to be done to fundamentally rebalance the system.*



**--Deval Patrick, Mass Home Care Candidate's Survey, June 16, 2006**