

Governor Newsom signs \$214.8 billion “aging-friendly” state budget: Funding increases for IHSS, APS training, Alzheimer’s, Long-Term Care Ombudsman and more

Governor Gavin Newsom signed a 2019-2020 state budget last week that increases funding for aging programs ranging from senior nutrition to Alzheimer’s research to building the health care workforce.

Advocates from all areas of aging services were largely satisfied with the final budget agreement reached by the Legislative Budget Conference Committee, which approved most advocacy requests as originally proposed. The remaining question was whether or not Governor Newsom would use his line-item veto to alter or eliminate any of those dollars. The budget announced late Thursday relieved those fears and made good on the new Governor’s commitment to older Californians.

Among the budget increases are:

- \$873,000 for six positions dedicated to the Governor’s Master Plan on Aging, the Alzheimer’s Prevention and Preparedness Task Force, and the Single Payer Commission;
- \$3 million for Alzheimer’s Research and to administer the Alzheimer’s Prevention and Preparedness Task Force;
- Two years’ restoration of the 7% service hour reduction for IHSS recipients;
- A one-time cost-of-living increase for SSI/SSP recipients;
- Elimination of the SSI/SSP cash-out, making SSI/SSP recipients permanently eligible for CalFresh benefits;
- Permanent restoration of optional Medi-Cal benefits, including optical, audiology, incontinence supplies, podiatry and speech therapy;
- \$4.25 million for the Aging & Disability Resource Connection program;
- \$5.75 million over three years to support training for Adult Protective Service social workers and Public Administrator/Public Guardian/Public Conservators.
- \$10 million to develop the Alzheimer’s Healthy Brain Initiative public health infrastructure;
- \$1 million for the California Aging & Disability Alliance’s actuarial study of long-term care insurance options;
- \$4.2 million for the Long-Term Care Ombudsman in 2019-2020 and \$5.2 million annually thereafter and \$1 million from the Skilled Nursing Facilities Citation Penalties Account;
- \$14.8 million to stabilize reimbursement rates for the Multipurpose Senior Service Program;
- \$30 million for the Caregiver Resource Centers;
- \$4.6 million for fall prevention;

- \$13.7 million ongoing to increase reimbursement rates for the Community Based Adult Services adult day program;
- \$17.5 million to increase senior nutrition annually.
- \$62.4 million to raise Medi-Cal eligibility to 138% of poverty for the Aged and Disabled Medi-Cal program;
- \$300,000 ongoing for the California Senior Legislature.

Following the recommendations of the California Future Health Workforce Commission, the budget also includes \$300 million to address the state's health care workforce shortage. The Commission's February 2019 report recommended a 10-year investment of \$300 million per year to eliminate the primary care physician shortage, as well as to improve the diversity and skill set of the workforce in order to address the needs of an older and more diverse population.

To read the Governor's press release on the signed budget, [click here](#). Full detail of the final 2019-2020 California State Budget will be available on the Department of Finance's website.

Information from CDCAN Disability-Senior Rights Report: June 27, 2019. *Governor Signs 2019-2020 State Budget, 2 Budget Related Bills and 14 Budget Trailer Bills Including Health, Developmental Services, Human Services, Education - Makes Line Item Vetoes In 4 Budget Areas (Judicial, Transportation, Office of Planning & Research, and Public Employment Relations Board)*

and

Baxter, Sandra Hernandez, M. D. and Baxter, Raymond. Cal Matters. Guest Commentary June 25, 2019. *The state budget expands money for the health care workforce. California's new budget invests in overlooked piece of the health care puzzle – workers.*

60,000 Californians could lose benefits under proposed Federal Poverty Level change

A recent proposal from the U.S. Office of Management and Budget (OMB) would change the method of calculating inflation in the federal poverty level (FPL), a change that could make thousands lose critical benefits like Medi-Cal, CalFresh (food stamps), and subsidies that make Medicare and prescription drugs affordable for older adults. Estimates from the UC Berkeley Labor center predict that 60,000 of California's lowest income individuals could lose benefits by 2028 if the Trump Administration moves ahead with the plan.

Because the Chained CPI (Consumer Price Index) calculates inflation at a slower rate, the proposed shift to the Chained CPI from the current approach, using the CPI-U (CPI for All Urban Consumers), would result in fewer people considered to be in poverty. Without changing their economic status or their living expenses, as many as 250,000 older adults and persons with disabilities across the nation would lose eligibility for Medicare Part D prescription drug subsidies and as many as 150,000 would lose help paying Medicare premiums.

The Center for Budget and Policy Priorities estimates that an additional 300,000 children would lose health insurance from Medicaid and the Children's Health Insurance Program using the new method, along with 250,000 adults who gained insurance coverage through the Affordable Care Act. Over 20% of California's older adults live at or near poverty, according to research from the UCLA Center for Health

Policy Research. California's high cost of living is already driving many vulnerable individuals toward homelessness; the loss of federal benefits will only accelerate their fall.

The California Commission on Aging submitted its opposition along with over 2,200 organizations and individuals commenting on the FPL change before the comment period closed on June 21st. Absent further consideration by OMB, the only path to reversing this change would be through Congressional action. Information on contacting your Senate and House representative is available at www.congress.gov.

Information from:

California Health Report, [Proposal to Change Poverty Calculations Could Cause 60,000 to Lose Public Benefits in California](#). By Ron Shinkman • Jun 25, 2019.

Center for Budget & Policy Priorities, [Poverty Line Proposal Would Cut Medicaid, Medicare, and Premium Tax Credits, Causing Millions to Lose or See Reduced Benefits over Time](#). May 22, 2019.

U.S. House Appropriations Bill would boost funding for OAA programs; Senate action will determine the final outcome

The U.S. House of Representatives voted in June in favor of a \$1 trillion spending package that included increased funding for Older Americans Act (OAA) and other aging programs. The Labor-HHS- Education appropriations bill includes \$192.3 million over FY 2019 OAA budget levels and surpasses the President's proposed OAA budget by \$249.2 million.

As passed by the House, substantial increases were approved for Supportive Services, senior nutrition programs, the Family Caregiver Support Program, Title VI Native American programs, elder rights and Adult Protective Services/Elder Justice. While the President's proposal would have reduced OAA Alzheimer's Disease Demonstrations by \$4 million, the House bill would actually increase the appropriation by \$4 million.

Aging programs outside of the Administration on Aging also saw increases in the appropriations bill. The Senior Community Service Employment program was slated for elimination by the President, but would receive an additional \$63.8 million under the House bill. Other programs proposed by the President for elimination, including the Low-income Home Energy Assistance Program (LIHEAP), Social Services Block Grant, Community Services Block Grant and Elder Falls Prevention, also received level or increased funding.

For detail of the House's OAA funding recommendations, NCOA's funding chart can be found [here](#).

Information from: NCOA Week, June 27, 2019. [House of Representatives approves aging funding](#).

More Seniors Are Dying In Falls. Doctors Could Do More To Reduce The Risk.

By [Judith Graham, Kaiser Health News](#) JUNE 27, 2019

Older adults worried about falling typically receive general advice: Take an exercise class. Get your vision checked. Stop taking medications for sleep. Install grab bars in the bathroom.

A new study suggests that sort of advice hasn't proved to be very effective: Nearly three times more adults age 75 and older died from falls in 2016 than in 2000, according to a [recent report](#) in the Journal of the American Medical Association.

In 2016, 25,189 people in this age group died from falls, compared with 8,613 in 2000. The rate of fatal falls for adults 75 and older more than doubled during this period, from 51.6 per 100,000 people in 2000 to 122.2 per 100,000 people in 2016, the report found.

What's needed to check this alarming trend, experts suggest, is a more personalized approach to preventing falls, more involvement by medical practitioners and better ways to motivate older adults to take action.

Elizabeth Burns, a co-author of the report and health scientist at the U.S. Centers for Disease Control and Prevention, said it's not yet clear why fatal falls are increasing. Older adults are probably more vulnerable because they're living longer with conditions such as diabetes and cardiovascular disease and taking more brain-altering medications such as opioids, she noted.

By 2030, the [CDC projects](#), 49 million older adults will fall each year, resulting in 12 million injuries and more than \$100 billion in health-related spending.

She cites evidence from two studies. In one, [published in 2016](#), researchers found that fewer than half of seniors who were considered high risk — people who'd fallen repeatedly or sought medical attention for falls — received a comprehensive fall risk assessment, as recommended by the [CDC](#) and the [American Geriatrics Society](#).

These assessments evaluate a person's gait, lower-body muscle strength, balance, medication use, problems with their feet, blood pressure when rising from a sitting position, vision, vitamin D levels and home environment.

The full article is available from [Kaiser Health News](#).

Excerpted with permission from [Kaiser Health News](#).

<p>California Commission on Aging</p> <p>Betsy Butler, Chair Marina del Rey</p> <p>Jean Schuldberg, Vice Chair Chico</p> <p>Commissioners</p> <p>Marcy Adelman, San Francisco</p> <p>Joaquin Anguera, San Diego</p> <p>Cheryl Brown, San Bernardino</p> <p>Joe Cislowski, West Hollywood</p> <p>Julie Conger, Sonoma</p> <p>Stuart Greenbaum, Sacramento</p> <p>Meea Kang, Davis</p> <p>Shelley Lyford, La Jolla</p> <p>Debbie Meador, Elk Grove</p> <p>Robert Petty, Monterey</p>	<h2 style="text-align: center;">Make the “Commitment to Caring” pledge to support LGBTQ long-term care equality</h2> <p>The Human Rights Campaign Foundation (HRC) and SAGE, the world's largest and oldest organization dedicated to improving the lives of LGBTQ older adults, recently announced a historic partnership to fundamentally improve the experiences of LGBTQ older adults as they seek long-term care and services.</p> <p>A centerpiece of the effort will be the <i>Long-Term Care Equality Index (LEI)</i>, the first-ever nationwide assessment of how long-term care facilities are treating their LGBTQ residents. The new survey will build on the decade-plus success of the HRC Foundation’s <i>Healthcare Equality Index (HEI)</i>, which scores healthcare facilities on policies and practices ensuring the equitable treatment and inclusion of their LGBTQ patients, visitors and employees.</p> <p>As work begins to develop the specific evaluation tools for the LEI, facilities are being asked today to take the first step by signing onto the HRC Foundation and SAGE’s “Commitment to Caring” pledge. Leaders from HRC and SAGE made the announcement today in New Orleans at the annual American Society on Aging Conference -- the nation’s largest multidisciplinary conference covering issues of aging and quality of life for older adults. The American Society on Aging is the first signatory to the pledge.</p> <p>To learn more about the LEI and to sign the Commitment to Caring Pledge, click here.</p> <p>Excerpted from HRC & SAGE Commitment to Caring Pledge.</p>
<p>Jane Rozanski, Camarillo</p> <p>Rita Saenz, Sacramento</p> <p>Sedalia Sanders, El Centro</p> <p>Ellen Schmeding, San Diego</p> <p>Ed Walsh, Rancho Mirage</p>	<h3 style="text-align: center;">Upcoming Events</h3> <p>August 27-28, 2019 – California Commission on Aging Meeting. San Jose, CA. Agenda at www.ccoa.ca.gov</p> <p>September 24-25 – Triple-A Council of California (TACC) Meeting. Sacramento CA. Agenda at https://tacc.ccoa.ca.gov/Meetings/</p> <p>November 19-20, 2019 – California Commission on Aging Meeting. Los Angeles, CA. Agenda at www.ccoa.ca.gov.</p>
<p>AGEWATCH is an occasional publication of the California Commission on Aging (CCoA) intended to inform, educate, and advocate. The CCoA is an independent state agency established in 1973 to serve as the principal state advocate on behalf of older Californians. The CCoA office is located at:</p> <p style="text-align: center;">1300 National Drive, Suite 173, Sacramento, CA 95834. (916) 419-7591 www.ccoa.ca.gov</p> <p style="text-align: center;">to Unsubscribe email coaagewatch@gmail.com</p>	