



IowaAging.gov AgingWatch

Volume 14, Issue 4 | April 2, 2014

The link to policy affecting older Iowans

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Budget Bills Moving Forward

Anyone who has closely followed the Iowa Legislature knows that session is nearing an end when budget bills begin to move through the House and Senate. Traditionally, the health and human services budget bill is the last budget bill to move. This session has proven to follow tradition.

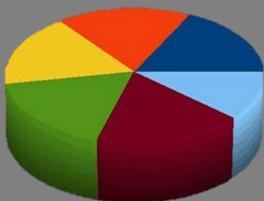
With the exception of the health and human services budget bill, all budget bills have been introduced and have passed at least one chamber. With this much movement, it is only a matter of time before the health and human services budget bill is introduced. The House portion of the Health and Human Services Joint Appropriations Committee is scheduled to review the bill today.

For those not familiar with the health and human services budget bill, the bill appropriates funding for four executive-branch departments: Department on Aging, Department of Public Health, Department of Veterans Affairs, and the Department of Human Services. The budget for the Department of Human Services is the vast portion of the bill and includes the annual budget for Medicaid.

The Iowa Department on Aging is seeking status quo appropriations and two new funding initiatives. The two new initiatives are recognized by and included within the Governor's proposed budget. These initiatives are reestablishment of the Office of Substitute Decision Maker as a first step towards addressing financial exploitation and abuse of vulnerable adults and the creation of a discharge specialist position within the Office of the State Long-Term Care Ombudsman to assist and advocate for residents and tenants being discharged, transferred and evicted. A synopsis of these initiatives was provided in the [January 24 edition of AgingWatch](#).

The introduction of the health and human services budget bill is imminent. Readers who feel that these initiatives are important should express support for the Governor's budget to legislative members.

Readers can locate their Senator and Representative [here](#).



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A listing of members of the Health and Human Services Joint Appropriations Committee can be found [here](#).

A listing of members of the Senate Appropriations Committee can be found [here](#).

A listing of members of the House Appropriations Committee can be found [here](#).

LifeLong Links:

Helping Consumers Access Resources and Navigate Systems

LifeLong Links connects the aging and disability communities with information and services. LifeLong Links is available toll-free Monday through Friday from 8:00 a.m. to 4:30 p.m.



Elder Abuse Bill Passes Out of House, Goes Back to Senate

The legislation drafted to address elder abuse, [SF2239](#), has continued to move through the legislative process. After passing the Senate, the bill proceeded to the House and was assigned to the Judiciary Committee.

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The Judiciary Committee amended the bill and voted it out of Committee. The amendment, [H-8119](#), was a strike-and-replace amendment that made significant changes to the bill. The bill was amended again during House debate before passage. An outline follows that explains some of the differences between the House and Senate versions.

The bill now goes back to the Senate. The fate of [SF2239](#) is unknown at this time. Possibilities for the bill include conference committee, passage by the Senate in its current form, or no action resulting in the bill's death. AgingWatch will keep readers informed regarding the bill.

TOPIC	SENATE	HOUSE
Definition of "Older Individual" or "Vulnerable Elder":	"Older Individual" means an individual who is sixty years of age or older.	"Vulnerable Elder" means a person sixty-five years of age or older who is unable to protect himself or herself from elder abuse as a result of a mental or physical condition or advanced years.
Definition of "Abuse":	<p>"Abuse" means the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.</p> <p>"Abuse" includes but is not limited to:</p> <ul style="list-style-type: none"> a. Physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of an older individual. b. The commission of a sexual offense under chapter 709 or section 726.2 with or against an older individual. c. The commission of elder abuse assault under section 708.2D. 	Not included in House version.
Definition of "Caregiver" or "Caretaker":	<p>"Caregiver" means an individual who has the responsibility for the care or custody of an older individual, whether voluntarily, by contract, through employment, or as a result of the operation of law, and includes but is not limited to a family member or other individual who provides compensated or uncompensated care to an older individual.</p> <p>"Caregiver" does not include a caretaker as defined in section 235E.1.</p>	"Caretaker" means a related or non-related person who has the responsibility for all or a substantial portion of the protection, care, or custody of a vulnerable elder as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court. "Caretaker" does not include a caretaker as defined in section 235E.1.

TOPIC	SENATE	HOUSE
<p>Definition of “Elder Abuse”:</p>	<p>Means the abuse, neglect, or financial exploitation of an older individual.</p> <p>“Elder abuse” does not include any of the following:</p> <p>a. Circumstances in which an older individual declines medical treatment if the older individual holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.</p> <p>b. Circumstances in which an older individual’s caregiver or fiduciary, acting in accordance with the older individual’s stated or implied consent, declines medical treatment if the older individual holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.</p> <p>c. The withholding or withdrawing of medical treatment from an older individual who is terminally ill in the opinion of a licensed physician, when the withholding or withdrawing of medical treatment is done at the request of the older individual or at the request of the older individual’s next of kin, attorney in fact, or guardian pursuant to the applicable procedures under chapter 125, 144A, 144B, 222, 229, or 633.</p>	<p>a. “Elder Abuse” means any of the following:</p> <p>(1) The nonaccidental infliction of bodily injury on a vulnerable elder by a caretaker.</p> <p>(2) The commission of a sexual offense under chapter 709 or section 726.2 with or against a vulnerable elder.</p> <p>(3) Neglect which is the substantial deprivation of the minimum food, shelter, clothing, supervision, or physical or mental health care, or other care necessary to maintain a vulnerable elder’s life or health by a caretaker.</p> <p>(4) Financial exploitation as provided in section 726.24.</p> <p>b. “Elder abuse” does not include any of the following:</p> <p>(1) Circumstances in which the vulnerable elder declines medical treatment if the vulnerable elder holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.</p> <p>(2) Circumstances in which the vulnerable elder’s caretaker, acting in accordance with the vulnerable elder’s stated or implied consent, declines medical treatment if the vulnerable elder holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.</p> <p>(3) The withholding or withdrawing of health care from a vulnerable elder who is terminally ill in the opinion of a licensed physician, when the withholding or withdrawing of health care is done at the request of the vulnerable elder or at the request of the vulnerable elder’s next of kin, attorney in fact, or guardian pursuant to the applicable procedures under chapter 125, 144A, 144B, 222, 229, or 633.</p> <p>(4) Good faith assistance by a family or household member or other person in managing the financial affairs of a vulnerable elder at the request of the vulnerable elder or at the request of a family member, guardian, or conservator of the vulnerable elder.</p>

TOPIC	SENATE	HOUSE
<p>Definition of “Financial Exploitation”:</p>	<p>“Financial Exploitation” of an older individual is committed when the person stands in a position of trust or confidence with the older individual and knowingly and by undue influence, deception, coercion, fraud, breach of fiduciary duty, or extortion, obtains control over or otherwise uses the benefits, property, resources, belongings, or assets of the older individual.</p>	<p>“Financial Exploitation” of a vulnerable elder is committed when the person stands in a position of trust or confidence with the vulnerable elder and knowingly and by undue influence, deception, coercion, fraud, or extortion, obtains control over or otherwise uses or diverts the benefits, property, resources, belongings, or assets of the vulnerable elder for the person’s own benefit or gain.</p>
<p>Definition of “Stands in a Position of Trust or Confidence”:</p>	<p>Means the person has any of the following relationships relative to the older individual:</p> <ul style="list-style-type: none"> (1) Is a parent, spouse, adult child, or other relative by consanguinity or affinity of the older individual. (2) Is a joint tenant or tenant in common with the older individual. (3) Has a legal or fiduciary relationship with the older individual. (4) Is a financial planning or investment professional providing or offering to provide financial planning or investment advice to the older individual. (5) Is a beneficiary of the older individual in a governing instrument. (6) Is a caregiver for the older individual. (7) Is a person who is in a confidential relationship with the older individual. The determination of the existence of a confidential relationship is an issue of fact to be determined by the court based upon the totality of the circumstances. 	<p>Means the person has any of the following relationships relative to the vulnerable elder:</p> <ul style="list-style-type: none"> (1) Is a parent, spouse, adult child, or other relative by consanguinity or affinity of the vulnerable elder. (2) Is a caretaker for the vulnerable elder other than a facility or person governed by chapter 235E. (3) Is a person who is in a confidential relationship with the vulnerable elder. For the purposes of this subparagraph (3), a confidential relationship does not include a legal, fiduciary, or ordinary commercial or transactional relationship the vulnerable elder may have with a bank incorporated under the provisions of any state or federal law, any savings and loan association or savings bank incorporated under the provisions of any state or federal law, any credit union organized under the provisions of any state or federal law, any attorney licensed to practice law in the state, or any agent, agency, or company regulated under chapter 505, 508, 40 515, or 543B.

TOPIC	SENATE	HOUSE
<p>Established Services and Resources:</p>	<ul style="list-style-type: none"> • The department shall establish and operate an elder abuse resource and referral program • Shall utilize the area agencies on aging to implement the program • Shall designate an elder rights specialist • Elder rights specialist shall assemble a local collaborative of partners and stakeholders • The aging and disability resource center network shall act as the primary point of entry • Shall include a public education component to increase awareness regarding elder abuse and the services provided through the program • Referrals of suspected elder abuse received may be transmitted to the office of the attorney general and the appropriate law enforcement agency and county attorney • The program shall cooperate with and provide information to the office of the attorney general, law enforcement agencies, and county attorneys upon request 	<p>Not included in House version.</p>
<p>Protective Orders for Relief from Abuse:</p>	<ul style="list-style-type: none"> • Allows an older individual, or the guardian, conservator, attorney in fact, or guardian ad litem of an older individual to seek relief from elder abuse. • Allows a county attorney’s office to assist to initiate proceedings. • Directs the Iowa Department on Aging to collect and maintain information on incidents involving elder abuse. 	<ul style="list-style-type: none"> • Allows a vulnerable elder or a substitute petitioner to seek relief from elder abuse. • Removes provisions allowing the county attorney’s office to assist. • Removes provision regarding the collection and maintenance of information on incidents involving elder abuse.
<p>Crimes and Penalties Provided:</p>	<ul style="list-style-type: none"> • Elder Abuse Assault • Financial Exploitation of an older individual 	<ul style="list-style-type: none"> • Financial Exploitation of a vulnerable elder

TOPIC	SENATE	HOUSE
Mandatory Reporter Training:	Creates a standardized core curriculum with discipline specific segments	Not included in House version.
Certify Trainers:	All adult abuse mandatory reporter trainers would be required to be certified	Not included in House version.
Agency Collaboration and Report :	Not included in Senate version.	Requires the Department on Aging, Department of Human Services, Department of Inspections and Appeals, and the Attorney General’s Office to collaborate and provide a report.

New Toll-Free Number for Reverse Mortgage Counseling

The National Council on Aging (NCOA) has announced a new national toll-free number for older homeowners to sign up for counseling when considering a reverse mortgage: 1-855-899-3778. Federal law requires that anyone considering the Federal Housing Administration (FHA) Home Equity Conversation Mortgage must receive counseling from a government-approved agency like NCOA. NCOA counselors do not sell any products and the counselors work with seniors to weigh the pros and cons of a reverse mortgage to decide if it's right for their situation.



**Wartburg College presents:
Options & Decisions...Understanding
Financial Supports and Benefits for Older Iowans**

May 6, 2014 | 8:00 a.m.—4:00 p.m. | Wartburg College | Waverly, Iowa

This one-day workshop provides social workers, nurses, case managers, and other professionals with useful, current information about programs designed to support older adults and recent changes.

Topics and Presenters

Welcome and Opening Remarks

Donna Harvey, Executive Director, Iowa Department on Aging

Older Americans Act/Elder Iowans Act Programs

Joel Wulf, LISW, Iowa Department on Aging

Veterans Programs and Benefits

John Lavell, MSW, Des Moines Vet Center

Substitute Decision-Making

Paige Thorson, JD, Iowa Department on Aging

Elderly Waiver, HCBS and Medicaid Programs

Brenda Njus, BA, Iowa Department of Human Services

Admission : \$50 .

Meets the criteria of the IA Board of Social Work Examiners and the IA Board of Behavioral Sciences for 5 CEU's

Questions — Lynn.peters@wartburg.edu or 319-352-8472

Limited seating. Must register by April 29, 2014.

Mail checks payable to Wartburg College.

Mail to: Lynn Peters, Dept. of Social Work, Wartburg College, P.O. Box 1003, Waverly, Iowa 50677

Please feel free to forward AgingWatch to others who are interested in issues and programs that impact older Iowans.

Next Aging Watch:

- **Continued updates regarding the budget process**
- **Status update: Legislation that has been signed by the Governor and bills left behind.**

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AgingWatch will be published regularly during the legislative session and monthly in the interim by the Iowa Department on Aging. Recipients of the e-mail notice of publication are encouraged to share it with others.

The current issue may be found on the Department's website, www.iowaaging.gov. Past issues are archived in the "[Document Center/Publications/Newsletters/AgingWatch](#)" section.



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The Mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.