



IowaAging.gov

AgingWatch

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The link to policy affecting older Iowans

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Did you know?

March 8 is the last day for Senate bills to be reported out of Senate committees and House bills out of House committees.

Funnel Looming

The first funnel of the 85th General Assembly occurs next Friday, March 8. What does this mean? Legislation has to pass out of at least one committee of one chamber to be considered for further movement. Bills that do not pass out of one committee by next Friday are considered "dead".

There are a few exceptions to the funnel death rule. For example, appropriations bills (bills that deal with funding) are exempt from the funnel deadline. For a full list of exceptions to funnel, click [here](#). This link will take you to the session timetable. Exceptions to the funnel are provided in small print at the bottom of the document.

With the first funnel looming, this week at the Capitol proved to be a flurry of subcommittee activity. This will leave committees with a lot of work in the coming week.

The Department's technical bill advanced through the House Human Resources Committee last week. The Committee adopted the same amendment as was adopted on the Senate side, which means that the bill is identical in both chambers. A successor bill number was assigned in both the House and Senate and the bill is awaiting floor debate. The bill is now known as [SF184](#) in the Senate and [HF278](#) in the House.

Notable events that occurred over the past two weeks of session include the following:

[Senate File 36](#) passed out of Senate Human Resources. The bill is now a committee bill with the successor bill number [SF258](#) assigned. Senate File 258 appropriates funding for an additional local long-term care ombudsman for the certified volunteer long-term care ombudsman program.

[Senate File 199](#) was introduced and passed out of Senate Human Resources. The bill is now a committee bill with the successor bill number [SF269](#) assigned. Senate File 269 mandates the Department of Public Health to coordinate Alzheimer's disease programs.

[Senate File 71](#) passed out of Senate Human Resources. As of the date of this publication, a successor bill number had not been assigned. Senate File 71 is the Medicaid expansion bill.

New bills of interest introduced include the following: [SF232](#) - Direct Care Professionals, [HF 217](#) - Mental Health Advocates, and [SSB1192](#)—Mental Health Advocates and Involuntary Commitments. See pages 4-8 for additional information regarding each of the bills discussed on this page.

Budget Targets Released

Both House Republicans and Senate Democrats released budget targets this week. The House Republicans are proposing to appropriate \$1.698 billion to health and human services in Fiscal Year 2014. Senate Democrats are proposing to appropriate \$1.894 billion. See the chart below for a full comparison of budget targets. Additional details regarding these targets will likely become available in the coming days.

For additional information regarding budget targets, click on the links below:

- [Office of the Governor](#)
- [House Republicans](#)
- [Senate Democrats](#)

Budget Targets for Fiscal Year 2014

	Health and Human Services	Total Appropriations
Office of the Governor	\$ 1,826,053,165	\$ 6,543,463,539
House Republicans	\$ 1,698,550,336	\$ 6,413,911,560
Senate Democrats	\$ 1,894,017,902	\$ 6,898,085,928

Sequestration

Today marks the deadline for federal sequestration. This means that an order enacting sequestration must be signed by the President of the United States by 11:59 p.m. today. As of the time of publication, the sequestration order had not yet been signed.

Aging Watch has reported cautiously over the last several months as to what the impact of sequestration may be. The bottom line is that the impact is still not entirely clear.

The Department, like many other state and federal agencies, is awaiting additional information regarding the impact amounts and any flexibility that may be allowed. Aging Watch will keep readers informed regarding this issue.

Gray Issues

Joe Sample, Aging and Disability Resource Center Director for the Iowa Department on Aging, was recently interviewed by the Public News Service. The story follows.

No one has any firm information on the number of Iowans with developmental disabilities currently living with elderly parents as caregivers, but some see a potential problem arising as the state's population ages.

What happens to those people when their caregivers die?

Joe Sample is the aging and disability resource center director with the Iowa Department of Aging and a member of the Iowa Developmental Disabilities Council.



"Persons who need a lot of support based on their disability could very well end up in an institutional-based setting," he says. "And as we know the institutional based settings are often times much more expensive than home and community-based services."

Sample says advocates for people with disabilities are already making plans by helping these families make plans for the future.

"Such as somebody who could come and help you with basic needs in the home," he says, "even some home health supports to help individuals get that support in the home, so they can live as long as possible in their preferred environment versus an institutional-based setting."

Sample says thanks to better health care over the years, people with developmental disabilities are also living longer, which means they will require additional care longer.

Click here to view this story on the Public News Service RSS site and access an audio version of this and other stories: <http://www.publicnewsservice.org/index.php?/content/article/30985-2>

Aging and Disability Resource Centers (ADRCs) are the place to get accurate, unbiased information on all aspects of life related to community living for adults age 18 or older. An ADRC is a no-wrong door system to access long-term living and community support services. Currently, Iowa ADRCs are still developing. AgingWatch will keep you informed with important developments in ADRCs.

Bill Watch

On the following pages, you will find a list of bills the Department on Aging has identified as potentially impactful to older and disabled Iowans. There is a brief summary of each bill. You may find comprehensive information including the entire bill, committee assignments, amendments and bill history by clicking on the bill number. Each bill is linked to the legislative website where up-to-date information is recorded. The Department will continue to keep you informed on significant action take on these and other bills during the legislative session.

- HF 31** **NURSE STAFFING PLANS.** Establishes patient safety plans and corresponding committee, nurse staffing plans and corresponding committee, and reporting requirements for hospitals and facilities. Includes implementing provisions and protections for nurses against retaliation.
- HF 42** **SENIOR CAMPING FEES.** Requires the Natural Resource Commission to discount camping and other fees for special privileges that it sets by at least 50% for Iowa residents who are 60 or older.
- HF 53** **ELDERLY SEX OFFENDER COMMITMENTS.** Establishes notification requirements for the clerk of court and facilities upon commitment of a registered sex offender to a facility. Requires the facility develop a written safety plan. Prohibits the release of a person committed as a sexual predator during a transitional period to a facility. Requires adequate placements for certain sex offenders being released from custody. Requires the development of a workgroup, that includes the Department on Aging, to address an adequate workforce to provide health and mental health services to sex offenders. Requires a committee, that includes the Dept. on Aging and the State Long-Term Care Ombudsman, to look at creating a facility for such offenders .
- This bill is awaiting committee action.
- HF 63** **ABSENTEE BALLOT.** Addresses the delivery of absentee ballots to certain health care facilities and hospitals.

- HF 71** **LONG-TERM CARE INSURANCE.** Directs the Insurance Commissioner to develop rules for terms and benefits for long-term care insurance and a standard format for all policies to ensure ease of comparison. The Commissioner must also develop a consumer guide. See [SF 38](#).
- HF 83** **MEDICAID EXPANSION.** Expands Medicaid coverage to adults with 133% of federal poverty level. Requirements regarding medical homes. Commission to review recommendations about integrated care models. Make recommendations by September 2013. Consumers interested in Medicaid expansion and the ACA should watch this bill closely. See [SF 71](#).
- HF 86** **POWER OF ATTORNEY VALIDITY.** Requires that a Power of Attorney be accompanied by a notarized affidavit acknowledging the fiduciary responsibilities being assumed. Requires the person to complete training prior to signing.
- HF 114** **ELDERLY SERVICES REIMBURSEMENT.** Increases the reimbursement for providers of services for the elderly under a Medicaid waiver annually. Requires the rate to be recalculated annually using the federal skilled nursing facility market basket index as an inflation factor. See [SF 34](#).
- HF 115** **SENIOR PROGRAM FUNDING.** Appropriates \$13.85 million in Fiscal Year 2014 to the Department on Aging for programming for older individuals and the area agencies on aging. See [SF 109](#).
- HF 116** **LONG TERM CARE APPROPRIATION.** Appropriates to the Department on Aging \$13,000 for the certified volunteer long-term care ombudsman's program and \$97,000 for an additional local long-term care ombudsman to administer the program. See [SF 258](#).
- HF 124** **ELDERLY PROPERTY TAX CREDIT.** Makes the home of a low-income, elderly disabled person exempt from property tax. Includes conditions.
- HF 137** **VIOLENT ELDERLY PLACEMENTS.** Establishes a committee, including the Department on Aging and the State Long-Term Care Ombudsman, to look at placements for elderly persons who are sexually violent or who have other psychiatric problems. Charges the committee with looking at building a new facility or expanding or adapting existing facilities, and other matters. See [SF 198](#).

- [HF 146](#) SILVER ALERTS.** Creates a Silver Alert program to track persons over age 65 who are cognitively impaired and who are missing.
- [HF 160](#) MH TRANSITION SUPPLEMENTAL II.** Appropriates \$11.63 million in Fiscal Year 2013 from federal funds for children's health insurance for the Mental Health Disability Service Redesign Transition Fund.
- Passed the House. Referred to Senate Appropriations.
- [HF 198](#) REIMBURSEMENT FOR TRAINING.** Directs the adoption of rules regarding staff training costs for home and community based services under Medicaid reimbursable as direct costs.
- Passed the House. Referred to Senate Appropriations.
- [HF 200](#) MH/DS COUNTY FUNDING I.** Allows a county to fund mental health and disability services at higher base year expenditures if approved by supervisors.
- [HF 201](#) MH/DS COUNTY FUNDING II.** Establishes an equalization formula for counties that must reduce mental health and disability services spending to the per capital target amount.
- [HF 206](#) SEX OFFENDER PLACEMENTS.** Requires the Department of Human Services to establish facilities for the placement of Tier II or Tier III sex offenders by July 2014. Makes other requirements.
- [HF 217](#) MH ADVOCATE.** Creates a Mental Health Advocate division in the DIA to act as the administrative agency for mental health advocates.
- [HF 232](#) ALZHEIMER'S PROGRAMS.** Directs the Dept. of Public Health to coordinate Alzheimer's programs at the state level. Requires a coordinator and a task force.
- [HF 278](#) IOWA DEPT on AGING TECHNICAL BILL.** See Volume 13, Issue 3 for additional detail. Successor to HSB 46. See [SF 184](#).
- This bill passed out of committee and is eligible for debate.
- [HSB 119](#) HCBS WAIVER.** Creates an exemption to licensing as a health care facility to allow for coverage for more residential services under the home and community based services (HCBS) waiver. See [SSB 1133](#).

- [SF 32](#) **SENIOR PROPERTY TAX.** Creates a freeze on the assessed value of the home of a person over the age of 65 and who has less than \$25,000 in household income. Establishes criminal penalties for filing a false affidavit. Similar to [SF 39](#)
- [SF 34](#) **ELDERLY SERVICES REIMBURSEMENTS.** Increases the reimbursement for providers of services for the elderly under a Medicaid waiver annually. Requires the rate to be recalculated annually using the federal skilled nursing facility market basket index as an inflation factor. See [HF 114](#)
- [SF 38](#) **LONG TERM CARE CONTRACTS.** Directs the Insurance Commissioner to develop rules for terms and benefits for long-term care insurance and a standard format for all policies to ensure ease of comparison. The Commissioner must also develop a consumer guide. See [HF 71](#).
- [SF 39](#) **SENIOR PROPERTY TAX FREEZE II.** Creates a freeze on the assessed value of the home of a person over the age of 65 if the assessed value of the house is under \$150,000. Establishes criminal penalties for filing a false affidavit. Similar to [SF 32](#)
- [SF 71](#) **MEDICAID EXPANSION.** Expands Medicaid coverage to adults with 133% of federal poverty level. Requirements regarding medical homes. Commission to review recommendations about integrated care models. Make recommendations by September 2013. Consumers interested in Medicaid expansion and the ACA should watch this bill closely. See [HF 83](#)
- This bill passed out of committee and is eligible for debate.
- [SF 72](#) **INSURANCE EXCHANGES.** Establishment of the Iowa health benefit marketplace.
- [SF 90](#) **ASSISTED LIVING.** Defines assisted living, requires plans to meet nutritional needs of tenants and requires DIA rules for program managers.
- [SF 109](#) **SENIOR PROGRAM FUNDING.** Appropriates \$13.85 million in Fiscal Year 2014 to the Department on Aging for programming for older individuals and the area agencies on aging. See [HF 115](#).
- [SF 118](#) **GRANDPARENT VISITATION.** Grants visitation to grandparents or great-grandparents.

- [SF 178](#) DEPENDENT ADULT REPORTERS.** Eliminates the Abuse Education Review panel and transfers responsibilities to DPH. Makes requirements of mandatory reporters. Increase the hours of training for mandatory reporters.
- [SF 184](#) DEPARTMENT ON AGING TECHNICAL BILL.** See Volume 13, Issue 3 for additional detail. Successor to SSB 1056. See [HF 278](#).
This bill passed out of committee and is eligible for debate.
- [SF 198](#) VIOLENT ELDERLY PLACEMENTS.** Requires the DIA, with the DHS, to establish a committee to look at placements for elderly persons who are sexually violent or who have other psychiatric problems. Requires a report by December 15, 2013. Successor to SF 35. Similar to [HF 137](#).
This bill passed out of committee and is eligible for debate.
- [SF 232](#) DIRECT CARE PROFESSIONALS.** Establishes certification for direct care professionals and a Direct Care Professional Board to regulate the profession.
- [SF 258](#) LONG-TERM CARE APPROPS.** Appropriates to the Dept on Aging \$13,000 for the certified volunteer ombudsman program and \$97,000 for an additional VOP to administer the program. Successor to SF 36. See [HF 116](#).
This bill passed out of committee and is eligible for debate.
- [SF 269](#) ALZHEIMER'S PROGRAMS.** DPH to coordinate Alzheimer's programs at the state level. Directs the DPH to establish a coordinator in the department and to convene a multi-disciplinary task force. Includes other related measures. Successor to SF 199. See [HF 232](#).
This bill passed out of committee and is eligible for debate.
- [SSB1119](#) MEDICAID ASSET TRANSFERS.** Defines fair consideration for asset transfer as opposed to fair market value. Other considerations regarding transfers.
- [SSB1133](#) HCBS WAIVER.** Creates an exemption to licensing as a health care facility to allow for coverage for more residential services under the Home-and-Community Based services (HCBS) waiver. See [HSB 119](#).
- [SSB1192](#) MH DUTIES.** Creates a Mental Health Advocate division in the DIA. Similar to [HF 217](#).

Commission on Aging Member Carole Dunkin

Commissioner Carole Dunkin will soon be in her second year serving on the Iowa Commission on Aging. Carole was born and raised in Davenport and moved to DeWitt fifteen years ago. She and her husband, Richard, raised two children and now have three grandchildren and one great-grandchild.



Active in her community, Carole serves on the Civil Service Commission in DeWitt and has a rich history of community work that includes being a city council member; Department of Parks and Recreation Commissioner, and a member of the Citizens Police Academy.

Carole is proud to serve on the Commission on Aging and says that working as an intake specialist for a team of neurologists gave her insight into the concerns of people who need supportive services to help them live active, full lives within their communities. Having been one herself, Carole also knows the struggles and joys that come with being a family caregiver while juggling a career. Carole cites both of these experiences as why she became interested in serving on the Commission.

Carole shared that one of her favorite quotes, from writer and activist Betty Friedan, sums up her beliefs on getting older. "Aging is not lost youth but a new stage of opportunity and strength."

Commissioner Dunkin believes that we have made great strides, over the years, in helping older Iowans remain happy, healthier, and living as independent as possible, but cites we have more work to do. "Today we have more activities at the senior centers which help keep older Iowans healthier, both in mind and body, and the home-delivered meals program helps reach those who cannot easily go out or fix meals. We need to continue our work for better transportation (especially in rural areas) to provide better access to medical services and we need to strengthen the dialogue on elder abuse and how to prevent it."

Commissioner Dunkin's term ends in April 2015.

Commission Members

The Commission on Aging is charged with serving as a visible advocate for older Iowans by establishing policies for reviewing and commenting upon all state plans. The Commission is made up of 11 members, seven of whom are appointed by the Governor. At least four of the seven must be 55 years of age or older, and no more than four can belong to the same political party. The remaining four members are Senators or Representatives, appointed by their chamber of the legislature to serve as non-voting members.

March is National Nutrition Month

This is a time to focus on the health benefits of good nutrition. The Older American Act nutrition program provides well-balanced meals targeted to adults who are 60 years of age or older, in greatest economic need and/or social need, with particular attention to low-income minorities, those in rural areas, with limited English proficiency and those at risk for institutionalization.

A recent study shows that for every \$25 annual expenditure on home delivered meals for those 65+ there is a decrease of 1% in Nursing Home Low Care needs patients. *Kali S. Thomas, Vincent Mor, The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents(Health Services Research 2012)*

Congregate and home-delivered meals support wellness and help facilitate independent living for older Iowans, forestalling premature institutionalization.

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

AgingWatch is provided in the spirit of information and education. The opinions expressed by the contributors do not necessarily reflect those of the Department or its programs. The Department shall not be liable for any damages that may result from errors or omissions in information distributed in this publication.

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 "Publications/Information" 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.