

**Questions and Answers from the
“Impact of Health Care Reform on Family Caregivers” webinar**

1) *Is the Independence at Home Demonstration targeting specific illnesses? What is the definition of "vulnerable" Medicare beneficiary?*

Answer: The demonstration does not target specific illnesses; it is primarily concerned with patients with multiple chronic conditions. According to the Department of Health and Human Services, 66% of health care spending is directed at the approximately 27% of patients with multiple chronic conditions.

Section 3024 Independence at Home Demonstration Program

“APPLICABLE BENEFICIARIES.—

“(1) DEFINITION.—In this section, the term ‘applicable beneficiary’ means, with respect to a qualifying independence at home medical practice, an individual who the practice has determined—

“(A) is entitled to benefits under part A and enrolled for benefits under part B;

“(B) is not enrolled in a Medicare Advantage plan under part C or a PACE program under section 1894;

“(C) has 2 or more chronic illnesses, such as congestive heart failure, diabetes, other dementias designated by the Secretary, chronic obstructive pulmonary disease, ischemic heart disease, stroke, Alzheimer’s Disease and neurodegenerative diseases, and other diseases and conditions designated by the Secretary which result in high costs under this title;

“(D) within the past 12 months has had a nonelective hospital admission;

“(E) within the past 12 months has received acute or subacute rehabilitation services;

“(F) has 2 or more functional dependencies requiring the assistance of another person (such as bathing, dressing, toileting, walking, or feeding); and

“(G) meets such other criteria as the Secretary determines appropriate.”

Sources:

[Patient Protection and Affordable Care Act, Public Law 111-148](#)

(The Independence at Home Medical Practice Demonstration Program, Section 3024, begins on page 288)

[Department of Health and Human Services Initiative on Multiple Chronic Conditions](#)

2) *Can you provide any more detailed information about how the Medication Therapy Management program will look and where to find more information?*

Sec. 3503 Medication management services in treatment of chronic disease

The Secretary, acting through the Patient Safety Research Center, shall establish a program to provide grants or contracts to eligible entities to implement medication management services provided by licensed pharmacists, as a collaborative, multidisciplinary, inter-professional approach to the treatment of chronic diseases to targeted individuals, to improve the quality of care and reduce overall cost in the treatment of diseases.

“TARGETED INDIVIDUALS.—MTM services provided by licensed pharmacists under a grant or contract awarded under subsection (a) shall be offered to targeted individuals who—

“(1) take 4 or more prescribed medications (including over the-counter medications and dietary supplements);

“(2) take any ‘high risk’ medications;

“(3) have 2 or more chronic diseases, as identified by the Secretary; or

“(4) have undergone a transition of care, or other factors, as determined by the Secretary, that are likely to create a high risk of medication-related problems.”

Sources:

[Administration on Aging: “Affordable Care Act Opportunities for the Aging Network”](#)

[Patient Protection and Affordable Care Act, Public Law 111-148](#) (The Medication Management Services in Treatment of Chronic Diseases, Section 3503, starts on page 398).

3) *Which federal agency will administer CLASS? Are they currently writing regulations, and if so, do you have any sense of when the proposed regulations will be available for comments?*

The language in the bill requires the Secretary of Health and Human Services to designate a benefit plan by October 1, 2012, but is vague on the timeline for proposed rulemaking.

Section 3201: Class Act

“The Secretary shall publish such designation, along with details of the plan and the reasons for the selection by the Secretary, in a final rule that allows for a period of public comment.”

The law requires the Treasury of the United States to establish a trust fund, “CLASS Independence Fund,” that will take in the payments, invest the money, and also pay the benefits to eligible beneficiaries. There will also be a Board of Trustees for this fund, composed of the Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health and Human Services, all ex officio, and two members of the public (both of whom

may not be from the same political party) “who shall be nominated by the President for a term of 4 years and subject to confirmation by the Senate.”

In addition, the law requires the formation of the CLASS Independence Advisory Council, that will be composed of not more than 15 individuals “not otherwise in the employ of the United States” and this council will also give recommendations to the Secretary in the creation of the plan.

For more background on the CLASS ACT:

- 1) [Kaiser Family Foundation Policy Brief: Health Care Reform and the Class Act](#)
- 2) [Advance Class website](#)
- 3) [RTI International](#) is hosting a policy forum about the CLASS ACT in Washington DC on November 16th.

Source:

[Patient Protection and Affordable Care Act, Public Law 111-148 \(The CLASS ACT begins on page 710\)](#)

4) *Are states cutting back on state HCBS and Cash and Counseling type programs during this fiscal crisis?*

While we are unaware of research looking specifically at cuts to HCBS and Cash and Counseling programs, the Center on Budget and Policy Priorities released a report on November 5th that found that 29 states and the District of Columbia have cut medical, rehabilitative, home care, or other services needed by low-income people who are elderly or have disabilities or significantly increased the amounts that such people must pay for services.

In addition, in September, HHS reported that all 50 states did request and accept additional federal funding for Medicaid that extends the FMAP increase until June 30, 2011. The Kaiser Family Foundation's Annual Medicaid Budget Survey found that even with the increased federal funding, 48 states implemented at least one new policy to control cost in fiscal year 2010. In addition, 20 states implemented benefit restrictions for fiscal year 2010, the largest number since the surveys began in 2001. However, under the American Recovery and Reinvestment Act, states were not allowed to restrict Medicaid eligibility standards beyond what they already had in place in July 2008 and 41 states have plans to or have already expanded or simplified eligibility processes. Eighteen states reported implementing utilization controls and other reductions on long-term care services in FY 2010 to contain costs. In a separate report, the Foundation found that 23 states experienced double-digit growth in enrollment in their Medicaid programs between December 2008 and December 2009.

Sources:

[Center on Budget and Policy Priorities: "An Update on State Budget Cuts"](#)

[Commonwealth Fund: "Washington Health Policy Week in Review: All 50 States, D.C. Request Added Medicaid Money"](#)

[Kaiser Family Foundation: "Hoping for Economic Recovery, Preparing for Health Reform: A Look at Medicaid Spending, Coverage and Policy Trends -- Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2010 and 2011"](#)

[Kaiser Family Foundation: "State Fiscal Conditions and Medicaid"](#)

5) *How can we better mobilize a population that doesn't self-identify to understand how important this law is?*

Many caregivers have very limited time, however, we would encourage caregivers to engage in these important issues by signing up for a newsletter (for example, we publish *Caregiving PolicyDigest* twice a month). We also encourage caregivers to speak with their elected officials about the challenges they face. A 2004 study found that 78% of U.S. adults receiving long-term care at home received it from family caregivers.

Source:

[Georgetown University Long-Term Care Financing Project "Long-term Care: Support for Family Caregivers"](#)

6) *Can you talk more about the community-based care transitions projects?*

A recent article in *HealthAffairs* explains that the Affordable Care Act "provides \$500 million to collaborative partnerships between hospitals and community-based organizations designed to meet the goal of implementing evidence-based care transitions services for Medicare beneficiaries at high risk for hospital readmission." According to the authors, 14 states have tested the model and have experienced significant reductions in hospital readmissions. The demonstration is slated to begin in early 2011.

Source:

[Health Affairs Grant Watch Blog "Improving Care Transitions: A Key Component of Health Reform"](#)

7) *With the new Congress in January, which parts of health care reform will they try to cut? Can they succeed?*

The Democrats still retain the White House and the Senate, and President Obama could use his veto power. However, media reports suggest that Republicans may attempt to cut funding for parts of the Affordable Care Act.

Legislative Efforts to Undo the Affordable Care Act: (note: these bills will "die" at the end of this Congress if they aren't approved and would have to be re-introduced in January)

A) "Health Care Bureaucrats Elimination Act" Introduced in July 2010 by Senators Hatchy, Kyl, Roberts, and Coburn. This bill aims to eliminate the Independent Payment Advisory Board that would be responsible for Medicare savings.

B) "Long-term Care Bailout Protection Act" Introduced in September 2010 to dismantle the CLASS Act by Senators McCain, Graham, Coburn, Chambliss, and Cornyn. The House version of this legislation was introduced in August 2010 by Representative Boustany, Jr., MD (R-LA 7).

A recent article on the *Politics Daily* website gives an overview of the three lawsuits against the federal government as well as information about state ballot initiatives that passed in two states making it illegal to require people to buy insurance. In addition, the authors explain that new Republican governors may decline to set up health exchanges, however, the federal government can set these exchanges up in states that decline to, so Republican governors may want to set up the health exchanges in order to retain control.

Sources:

[Senator Hatch web site](#)

[Senator Coburn web site](#)

[Representative Boustany, Jr. MD web site](#)

[Politics Daily: "Republican Gains Guarantee More Challenges, and Lawsuits, on New Health Law"](#)

8) *You mentioned Mayo and Geisinger as being some of the most innovative health care systems in the US? Are there others that are frequently mentioned?*

There is a model similar to the Independence at Home Demonstration based in Washington DC that was recently mentioned by the *Los Angeles Times*. The program, the Medical House Program at Washington Hospital Center serves approximately 600 patients annually and reports that the program reduced expected hospitalization of participating patients by almost two-thirds.

Source: *Los Angeles Times*: "House calls ready to go national"

[Los Angeles Times: "House Calls Ready to go National"](#)

9) *If President Obama is not re-elected in 2012, do you foresee any changes to the projection of Health Care Reform?*

Many of the provisions are being rolled out over the course of several years. The Kaiser Family Foundation has an interactive tool that allows you to see what years the different provisions will be implemented.

It is available here: <http://healthreform.kff.org/timeline.aspx>

Source: Kaiser Family Foundation

10) *Has anything been done for training direct care providers?*

The Paraprofessional Healthcare Institute published four fact sheets focused on how health care reform will affect direct care workers.

Source: [Paraprofessional Healthcare Institute](#)

11) There were several questions/comments about the Veteran's Administration. The Caregivers and Veterans Omnibus Health Services Act was signed into law on May 5, 2010. The new law requires the Veteran's Administration to provide family caregivers of veterans information and training, respite, counseling, and ongoing supportive services.

Source:

[Family Caregiver Alliance: "Caregivers and Veterans Omnibus Health Services Act Signed Into Law"](#)