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of North America

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November 2, 2011

Representative Jeb Hensarling
129 Cannon House Office Building
Washington, DC 20515

Senator Patty Murray
448 Russell Senate Office Building
Washington, DC 20510

Dear Representative Hensarling, Senator Murray, and Members of the Select Committee:

I am privileged to chair the Association of Jewish Aging Services of North America (AJAS), representing over 100 of the finest not-for-profit senior care communities in the country. With a longstanding history of excellence in elder care programs and services, our members are at the forefront--both at the state and federal levels--of good and decent public policy.

The attached position statement was adopted by unanimous vote of the AJAS board at its regularly scheduled meeting on Sunday, October 16, 2011. We welcome an opportunity to further explore these recommendations and are prepared to assist the Select Committee as it moves forward with this most important work.

Sincerely yours,

Martin A. Goetz
AJAS Chair

Association for Jewish Aging Services

Position Statement to the United States Joint Select Committee on Deficit Reduction

**Adopted by AJAS Board of Directors
October 16, 2011**

Introduction

The Association of Jewish Aging Services (AJAS) and its members operate with a basic philosophy that is premised on tzedakah which is not just a matter of charity, but one of responsibility to all mankind. As an association of faith-based, mission driven organizations, all members are committed to the highest quality of care for those individuals whose lives are entrusted to us.

AJAS recognizes the difficult economic challenges our nation is confronting. The combination of an increasing deficit and high unemployment has a two-pronged impact: while the dollars available to fund social and healthcare services are diminishing, more Americans are entering poverty and will be reliant on such services. Thus, while deficit reduction is necessary, it must be carefully balanced to insure that those who are most at-risk have fundamental protections.

Medicare

Wholesale cuts to the Medicare program will not achieve desired reductions in expenses. Rather, AJAS supports efforts which will reduce hospital readmissions. AJAS members are and always have been providing care with this objective. By reducing readmissions to hospitals, Medicare costs will be reduced noticeably. Hospital readmissions can be reduced if Medicare adopts preventative measures such as chronic disease management, health education and other services which target high risk groups in a limited number of disease categories (diabetes, depression, COPD).

Bundling payments in Accountable Care Organizations (ACO) will achieve reductions in expenses to the Medicare system. However, ownership of capitation of these expenses should not rest wholly with the hospitals. Long term care providers bring an expertise and low cost service delivery model and must be given the opportunity to determine how payments will be made and risks assumed.

Hospice benefit must be expanded. Hospice education and care should be expanded to reduce unnecessary treatment costs at the end of life, and hospice services should be provided by long term care organizations without the need for a waiver.

AJAS acknowledges the Jewish Federations of North America some of whose position statements have been adapted for certain portions of this document.

AJAS applauds the Centers for Medicare & Medicaid Services (CMS) for sponsoring innovative demonstration projects, such as the Community Based Care Transition Program, that will lead to cost effective programs focused on stabilizing the health status of post-acute seniors. In the Care Transitions Demonstration Program, CMS astutely recognizes the potential of partnerships between hospitals and community-based organizations that currently provide care transition services across the continuum of care. Unfortunately, the last acceptance date for applications for the Community Based Care Transition Program is rapidly approaching, yet the number of applicant agencies has been relatively limited. Many qualified agencies have not applied possibly due to conflicting priorities on community-based agencies and hospitals necessitated by recent federal and state funding challenges. The interest in applying for participation in this demonstration project remains high. AJAS encourages CMS to repeat this program offering to encourage further applications.

Medicaid

The Medicaid system is in need of fundamental reform. There are a number of effective ways to reform Medicaid which can reduce costs without converting the program into a block grant, capping expenditures or implementing across-the-board cuts. These include:

- Balance institutional care with funding for home and community based services without the need for a waiver.
- Encourage and reward chronic disease management, health education and other services targeting high risk and high use groups.
- Promote telemedicine.
- Increase and encourage care coordination initiatives. Medicaid patients with chronic diseases use a disproportionate amount of health dollars within the Medicaid program. Better coordination, particularly for dual-eligibles can improve the delivery of services while reducing costs.
- Amend Medicaid law to discourage transfers of assets, and to further address fraud and abuse.
- Encourage refinancing of capital debt to take advantage of historically low interest rates.

Section 202 and Section 8 Housing Programs

There is a need to expand Section 202 Housing and it must be linked with health and long-term care supportive services which offer a cost effective solution for meeting the needs of lower income seniors, most of whom who are dually eligible for Medicaid and Medicare. Approximately 400,000 seniors live in these settings and are aging in place. Linkages with healthcare services will reduce unnecessary emergency room visits, decrease hospital admissions, short term rehabilitation and hospital readmissions.

Charitable Deductions

AJAS firmly believes that the United States income tax code is confusing, complicated and encourages fraud and abuse. However, reforming the tax code should not result in a reduction in charitable tax incentives. Any reduction in the positive impact of a charitable tax incentive will result in a corresponding reduction in donations to non-profit organizations. This will have catastrophic effects as non-profit organizations represented by AJAS are filling a critical need to provide services to the poor. These reductions in contributions, coupled with repeated and systemic cuts in the Medicare and Medicaid programs may result in the closing of non-profit long-term care organizations.

Conclusion

AJAS understands the challenges faced by our nation in this very serious economic climate. However, steps must be taken by the federal and state governments to assure that cuts made to the Medicare and Medicaid programs and other programs and services funded by the government are not reduced to the point where those most in need will find it difficult to access the care and services they require. There are many excellent models to reform and modify the Medicare, Medicaid and other government funded programs in ways which will produce efficiencies, better care coordination, less fraud and abuse and therefore, direct more dollars where they should be directed to the people who need them most.

Albert Einstein Residence Center, Sacramento, CA
 Allied Jewish Apartments, Denver, CO
 Aviv Centers for Living, Swampscot, MA
 Baycrest Centre for Geriatric Care, Toronto, Ontario
 Beth Abraham Family of Health Services, Bronx, NY
 Beth Sholom Lifecare Community, Richmond, VA
 Beth Sholom Village, Virginia Beach, VA
 B'nai B'rith Homecrest House, Silver Spring, MD
 Cedar Sinai Park, Portland, OR
 Cedar Village, Mason, OH
 Charles E. Smith Life Communities, Rockville, MD
 Chelsea Jewish Nursing Home, Inc., Chelsea, MA
 CJE Senior Life, Chicago, IL
 Daughters of Miriam Center/The Gallen Institute, Clifton, NJ
 Daughters of Sarah Senior Community, Albany, NY
 Donald Berman Maimonides Geriatric Centre, Montreal, Quebec
 ECHAD, Inc, Dallas, TX
 El Paso Jewish Federation Housing, El Paso, TX
 Federation Homes, Inc, Bloomfield, CT
 Forward Housing Corporation, Pittsburgh, PA
 Golden Manor Jewish Senior Services, San Antonio, TX
 Greenwood House, Ewing, NJ
 Gurwin Jewish Nursing and Rehabilitation Center, Commack, NY
 Handmaker Jewish Services for the Aging, Tucson, AZ
 Hebrew Health Care, Inc., West Hartford, CT
 Hebrew Homes Health Network, North Miami Beach, FL
 Hebrew SeniorLife, Boston, MA
 Heritage Manor, Youngstown, OH
 Heritage Pointe, Mission Viejo, CA
 Hooverwood, The Indianapolis Jewish Home, Inc., Indianapolis, IN
 Jewish Association on Aging, Pittsburgh, PA
 Jewish Community Housing Corporation of Metropolitan New Jersey, West Orange, NJ
 Jewish Community Housing for the Elderly, Brighton, MA
 Jewish Eldercare Centre, Montreal, Quebec
 Jewish HealthCare Center, Worcester, MA
 Jewish Home and Care Center, Inc., Milwaukee, WI
 Jewish Home Family, Rockleigh, NJ
 Jewish Home Lifecare, New York, NY
 Jewish Home of Eastern Pennsylvania, Scranton, PA
 Jewish Home of Greater Harrisburg, Harrisburg, PA
 Jewish Home of San Francisco, San Francisco, CA
 Jewish Senior Life, Rochester, NY
 Jewish Senior Life of Metropolitan Detroit, Oak Park, MI
 Jewish Seniors Agency of Rhode Island, Providence, RI
 Jewish Social Services, Omaha, NE
 Kinneret Apartments, Orlando, FL
 Kivel Campus of Care, Phoenix, AZ
 Levindale Hebrew Geriatric Center/Hospital, Baltimore, MD
 Lions Gate CCRC, Voorhees, NJ
 Los Angeles Jewish Home, Reseda, CA
 Louis Brier Home and Hospital, Vancouver, British Columbia
 Madlyn and Leonard Abramson Center for Jewish Life, North Wales, PA
 Margaret Tietz Nursing and Rehabilitation Center, Jamaica, NY
 Memphis Jewish Home and Rehabilitation Center, Cordova, TN
 Memphis Jewish Housing Development Corp. d/b/a Plough Towers, Memphis, TN
 Menorah Manor, St. Petersburg, FL
 Menorah Park (Jewish Home of Central New York), Syracuse, NY
 Menorah Park Center for Senior Living, Beachwood, OH
 Met Council (formerly Metropolitan Council on Jewish Poverty), New York, NY
 Metropolitan Jewish Health System (MJHS), Brooklyn, NY
 Miami Jewish Health Systems, Miami, FL
 Montefiore Home, Beachwood, OH
 MorseLife, Inc., West Palm Beach, FL
 Parker Jewish Institute for Health Care and Rehabilitation, New Hyde Park, NY
 Reutlinger Community for Jewish Living, Danville, CA
 River Garden Hebrew Home, Jacksonville, FL
 Sarasota Manatee Jewish Housing Co., Sarasota, FL
 Seacrest Village Retirement Communities, Encinitas, CA
 Seashore Gardens Living Center, Galloway, NJ
 Sephardic Nursing and Rehabilitation Center, Brooklyn, NY
 Seven Acres Jewish Senior Care Services, Inc., Houston, TX
 Shalom Cares (formerly Shalom Park), Aurora, CO
 Shalom Village, Hamilton, ON
 Sholom Community Alliance, St. Louis Park, MN
 Sitrin Health Care Center, New Hartford, NY
 The Cedars (formerly Cedars Nursing Care Center, Inc.), Portland, ME
 The Hebrew Home for the Aged at Riverdale, Riverdale, NY
 The Jewish Home for the Elderly, Fairfield, CT
 The Kline Galland Center & Affiliates, Seattle, WA
 The Legacy Senior Communities, Plano, TX
 The Milton and Hattie Kutz Home, Wilmington, DE
 The Oscar and Ella Wilf Campus for Senior Living, Somerset, NJ
 The Village for Healthcare and Rehabilitation of Workmen's Circle, Freehold, NJ
 The William Breman Jewish Home, Atlanta, GA
 Tower One/Tower East, New Haven, CT
 Tulsa Jewish Retirement & Health Care Center, Tulsa, OK
 Village Shalom, Overland Park, KS
 Weinberg Campus, Buffalo, NY
 Weinberg Village, Tampa, FL
 Wexner Heritage Village, Columbus, OH
 Woldenberg Village, New Orleans, LA
 Workman's Circle Multicare Center, Bronx, NY