

1. UK NEWS: "Landmark move to outlaw ageism: (cabinet minister Harriet) Harman targets discrimination against elderly by doctors as well as insurance and mortgage firms," by Gaby Hinsliff ([_Observer_ London](#)], Jun. 22, 2008). <http://www.guardian.co.uk/society/2008/jun/22/equality.nhs>

2. "Fidelity (Investments): 85 thousand dollars needed for long-term care costs" (Associated Press via Google News, Jun. 26, 2008). http://ap.google.com/article/ALeqM5jgXb3-G__ptqrLLazMgHwjbrSK_QD91HNG300

3. New laws 2008 of interest to OIL

HF 2539- Health Care Reform - Declares the intent of the legislature to make progress toward all Iowans having health care insurance that meets certain criteria for quality and affordability, starting with children in 2011. Expands children's health insurance coverage up to 300% of the federal poverty level, and incorporates additional coverage strategies. Begins developing an alternative affordable health care plan offered to people above 300% of the federal poverty level on an unsubsidized basis through the Iowa Comprehensive Health Care Insurance Association, called the Iowa Choice Health Plan. Allows continued coverage of a dependent child up to age 25. Prohibits the use of pre-existing conditions when moving between plans, including to and from individual plans. Establishes groundwork for a medical home, electronic medical records, chronic care management, quality assurance through clinical outcomes and patient surveys, and greater transparency in health care. Works on strategies to improve direct care worker compensation and benefits, including a demonstration pilot on health care coverage for direct careworkers. Establishes new procedures and guidelines for end-of-life planning and care coordination. Includes community wellness grants to encourage healthier lifestyles. Requires the Insurance Commissioner to work with the industry to make health plans more uniform and provide better transparency to allow consumers to compare and manage costs. For more details, review the chart prepared by the IDPH at: ww.idph.state.ia.us/adper/common/pdf/legis/archive/2008/080428_update.pdf. Effective 7/1/2008.

HF 2555 - Insurance Commissioner Bill - Makes a number of technical and policy changes to the work of the Insurance Commissioner, including the creation of an Insurance Consumer Advocate with the responsibility to ensure consumers receive fair treatment from the insurance industry and that unfair/deceptive practices are prevented. Requires annual reporting and makes information submitted confidential. States the information the Consumer Advocate is to report and gives it the authority to hold public hearings, take complaints, and conduct investigations. It does not grant any powers beyond investigation (so there are no teeth in the bill). Effective 7/1/2008.

HF 2591 - Dependent Adult Abuse - Expands protections for dependent adults and older Iowans who live in assisted living facilities, nursing homes and other care facilities, or are served by various supported community living programs. Requires the departments involved to communicate to each other to make sure things don't fall through the cracks. Expands the definitions of dependent adult abuse to include things like exploitation (including financial exploitation). Also gives some caretakers protections for accidental incidents that occur only once or twice in a five-year period (giving DHS the opportunity to determine if the injuries would be likely to reoccur, minor and/or isolated). Also requires police officers responding to domestic abuse calls be prepared to inform the dependent adult of their rights, services available to help them, and make reasonable efforts to prevent any further abuse (like remaining on the scene until the dependent adult is safe). Requires abuse investigators get special training. Effective 7/1/2008.

HF 2663 - School Infrastructure Local Option (SILO) - This bill replaces the local option sales and services tax for school infrastructure purposes by increasing the state sales and use taxes from 5 percent to 6 percent, effective July 1, 2008. The increased use tax rate does not apply to the sale or lease of motor vehicles. The state sales and use tax rates are reduced from 6 percent to 5 percent on January 1, 2030. The increased state sales and use tax revenues are deposited into a new Secure an Advanced Vision for Education (SAVE) fund to be distributed to all school districts. A statewide amount per pupil would be computed each fiscal year based upon the estimated amount that would have been generated by a 1 percent local sales and services tax divided by the combined enrollment of all school districts. Each district will receive an amount equal to the amount that it would have received under the formula if the local sales and services tax for school infrastructure was still imposed. The bill contains several related provisions. Effective 7/1/2009.

HF 2694 - Long Term Care Insurance - Repeals existing regulatory requirements for long-term care insurance and replaces them with new policies going into affect on July 1, 2008. Includes new and additional definitions and expanded disclosure and performance standards for long-term care insurance. Allows consumers to return policies and receive a refund, requires written policy summaries to be provided to people buying long-term care insurance, requires written explanations for denials (within 60 days), requires prompt payment of claims, establishes a process for independent review of an insurer's benefit determination, establishes stiff penalties for long-term care insurance fraud, and appropriates \$60,000 for a Senior Health Insurance Information Program to get information about long-term health insurance out and raise public awareness of consumer choices when considering various insurance products designed to meet the health care needs of older Iowans. Effective 1/1/2009.

SF 2286 - Federal Block Grant Bill - Spends federal funds coming to the state for various purposes. Includes \$3,631,173 to community mental health centers and \$7,609,836 for MH/MR/DD/BI community service (local purchase of service). Effective 7/1/2008.

SF 2417 - Healthy Iowans Tobacco Trust Appropriations - Allocates \$35.4 million generated from Iowa's tobacco settlement (when states sued tobacco companies). No change in the spending levels from last year - State Supplementary Assistance (SSA) (\$182,381); tobacco use prevention (\$5.9 million); substance abuse treatment (\$13.8 million); substance abuse prevention for children (\$1.05 million); childhood lead poisoning prevention program (\$78,388); phenylketonuria (PKU) assistance to help parents pay for the costs of necessary special foods (\$100,000); MH/MR/DD Allowed Growth (\$146,750); and epilepsy association funding (\$100,000). Adds a new \$25,000 grant to a Linn County provider for support services for children with autism spectrum disorder and their families. Reaffirms that tobacco receipts are intended to be spent on health programs only, but eliminates the tobacco trust account as a separate pot of money and puts all tobacco settlement proceeds in the general fund beginning July 1, 2009. Effective 7/1/2008. Line Item Veto: The Governor did veto some things in this bill, but the items noted were not affected by these line-item vetoes.

SF 2425 - Health/Human Services Budget - Spends \$1.2 billion on various health and human services programs, an increase of \$31.1 million. NEW APPROPRIATIONS: Adds a new \$200,000 appropriation to replace lost federal funds for the Aging & Disability Resource Center. Makes a new appropriation of \$250,000 to implement the Family Opportunity Act to assist persons with disabilities and their family members achieve and maintain independence. Captures the \$6 million in interest from payments made to Magellan for the managed mental health contract and uses it to pay for: Emergency Mental Health Crisis Services System (\$1.5 million, beginning 1/1/2009); School-Based Children's Mental Health System (\$500,000, beginning 1/1/2009); MH/MR/DD Risk Pool (\$1 million); reduce HCBS waiver waiting lists (\$2 million, allocated equally across all waiting lists); and reduction of the children's mental health waiting list (\$750,000). Prohibits Magellan from keeping the interest in the future and requires all future contracts to have this written into them. Spends the \$624,000 new MH/MR/DD property tax relief money generated from the sale of the Dwayne Arnold Nuclear Power Plant on Medicaid (instead of MH/MR/DD funding as proposed by the counties). Spends any money left over at the end of the year from MH/DD Community Services and the first \$300,000 left over at the end of the year from State Cases on substance abuse treatment (instead of reinvesting it in MH/MR/DD funding). ALLOWED GROWTH: Increases MH/MR/DD/BI services funding by \$8,119,862 (a total of \$54,081,310 - about 3%). Continues the \$12 million "leadership fund" for counties that have an ending fund balance below 10% and are levying the maximum (or levying 90% with a very high levy rate). Distribution formula remains the same. States that the Legislature intends to move back the year used for ending fund balances so that legislators may know exactly how much each county will receive before leaving the Capitol (because of the way budgeting works, legislators never know until the next legislative session how the formula turns out). Allows a two-year pilot project be implemented to allow a regional (multi-county) MH/MR/DD/BI service network administered through a risk-based contract with DHS. Counties in the pilot may pool their resources, waiver slots, and decategorize funding to the extent allowed. Allows counties to use the average of their levies and ending fund balances in order to access state allowed growth funding. MH/DS INTERIM: Requests an interim task force to consider county-state shared funding for mental health and disability services covered by the Medicaid program, consisting of legislators, DHS, counties, advocates (including a member of the Governor's DD Council), and providers. One person must be a consumer of county services. INCREASED SPENDING: Increases funding for State Supplementary Assistance by \$1.4 million (\$18.6 million total). Extends the personal needs allowance supplement to persons living in ICF/MIs or ICF/MRs (intermediate care facilities for mental retardation or mental illness). This allows persons with incomes to keep \$50/month, and those without a

income to receive a \$50 allowance (or a supplement that brings up a person's income to \$50/month). This was previously only available to persons living in nursing homes. MHIs are level funded but because of lost IowaCare funds, there is an increase of \$16.9 million in state funds. **DECREASED SPENDING:** Decreases funding for the Children's Health Insurance Program (hawk-i) by \$1 million because of money expected to be left at the end of the year. Decreases funding to Glenwood by \$1.9 million (\$17.1 million total) and Woodward by \$1.77 million (\$11.3 million). **SPENDING STAYS LEVEL:** No change in spending on the Substitute Decision Maker program (\$250,000), Long Term Care Resident Advocate (\$130,000), dental services to indigent elderly and persons with disabilities (\$40,000), assistance to persons with phenylketonuria (PKU - \$100,000), brain injury resource facilitators (\$500,000), MH/DD Community Services (\$22,911,942), Day Care for Exceptional Children in Polk County (\$350,000 - but it was added this is a "one time grant"), Preparation for Adult Living (PALS) program (\$2.9 million), state cases (\$13.07 million), Iowa Compass (\$30,000), Prevention of Disabilities Council (\$57,000), rent reimbursement for persons who meet nursing facility level of care but instead wish to live in the community (\$700,000), child health specialty clinics (\$473,981), and the Family Support Subsidy (\$1.9 million - but does increase the amount dedicated to the Family Support Center component to \$433,212, an increase of \$100,000). Withholds family support subsidy payments to families who are appealing termination because a child has reached the age of 18, until the appeal is resolved. Uses the \$260,000 in community services money previously spent on the determination of a case rate to help offset the costs of the Iowa State Association of Counties' new MH/DD data management system. **MEDICAID:** Fully funds Medicaid by increasing spending by \$32,857,449 (total \$649.6 million), including an increase of 2% for consumer directed attendant care (\$121,285). Gives all Medicaid providers a 1% increase in reimbursement rates, including nursing facilities, home health providers, and remedial services providers. Leaves mental health and behavioral health drugs OFF the preferred drug list, allowing doctors to continue to prescribe the medications they think are best for their patients (rather than the cheapest). Requires DHS review all Medicaid Home & Community Based Services waivers to compare services provided and reimbursements made (report due to legislators on 12/15/2008). Transfers the Brain Injury program in the Department of Public Health to the Department of Human Services, by merging it with the BI Waiver. Requires all of the money previously expended on the separate program be spent on waiver slots for persons with Brain Injuries (\$2.5 million). **MISCELLANEOUS CHANGES:** Allows marriage and family therapists and licensed master social workers to be reimbursed by Medicaid for services provided. Adds a member to the MH/MR/DD/BI Commission - someone from the Iowa Behavioral Health Association. Maintains charge to DPH to enhance workforce competencies of behavioral health staff in various areas, including treatment of persons with serious mental illness, veterans, children with mental health or substance abuse disorders, and persons with co-occurring mental health and substance abuse disorders. **IOWA AUTISM COUNCIL:** Creates a new 13-member Autism Council to advise the state in developing and implementing a comprehensive, coordinated system to provide appropriate diagnostic, intervention, and support services for children with autism and to meet the unique needs of adults with autism. Members are to include autism specialists, persons with expertise in best practices in diagnosing, treating and educating individuals with autism, residential service providers, mental health professionals with expertise in autism, private insurers, and teachers/AEA representatives. Also includes state agencies representatives, including the Governor's DD Council. **TUITION ASSISTANCE FOR PEOPLE SERVING INDIVIDUALS WITH DISABILITIES:** Establishes a statewide pilot program to give grants to community colleges that award tuition assistance to students enrolled in a health care workforce training course and working part-time at a health care facility that provides services to adults with mental illness or mental retardation. Requires dollar-for-dollar match of state dollars. **DEPENDENT ADULT ABUSE CHECKS:** Requires hospitals do background checks on criminal, child abuse, and dependent adult abuse registries for all employees. Persons with a founded child or dependent adult abuse record may not be employed by the hospital unless they are cleared by a state investigation that considers the severity of the charge, circumstances, and time elapsed. Also requires these checks for homemaker home health aide, adult day services, home-care aides, other in-home services providers, elder group homes, assisted living programs, hospices, and providers of direct services to consumers under the Medicaid Home & Community Based Services waiver. **DEATH INVESTIGATION:** Requires the county medical examiner to conduct a preliminary investigation for all deaths at a state resource center or MHI, paid for by DHS. Currently this is only done when the death is sudden or mysterious. Allows a parent, guardian or other person responsible for a patient who dies at a private institution for persons with mental retardation to request preliminary investigation by the county medical examiner, even if it is not sudden or mysterious. The family or person requesting is responsible for costs associated with the request. MHIs are required to send (within three days of the date of death) the cause of ANY death to the nearest relative, clerk of court, and county sheriff. **EMERGENCY CRISIS MENTAL HEALTH:** Enacts the Emergency Mental Health Crisis Services System, but requires it be

implemented by DHS in cooperation with the counties, providers and advocates. The intent is to create a statewide system to respond to persons with mental illness that are in crisis 24 hours a day, 7 days a week. The program will start off as a pilot project. Community mental health centers (or providers identified by the county as providing services instead of a community mental health center), a county or city, or any other public/private provider who is approved by the Department of Human Services may apply for grants. The services system must at a minimum: be regional (serve more than one county); coordinate with other providers in the area, the county central point of coordination (CPC), community-based corrections, the courts, and law enforcement; include basic services such as face-to-face crisis intervention, stabilization, support, counseling, preadmission screening for persons requiring psychiatric hospitalization, transportation, and follow-up services; and include telephone hotlines, mobile crisis staff, collaboration protocols, follow-up with community services, information systems, and competency-based training. CHILDREN'S MENTAL HEALTH: Requires DHS to create a mental health services system for children (0-18 years old) and youth (18-22 years old who met the criteria for "serious emotional disturbance" before they turned 18). Defines what is a "qualifying mental health disorder." The purpose of this new system of care is to improve access for children and youth with serious emotional disturbances and youth with other qualifying mental health disorders to mental health treatment, services, and other support in the least restrictive setting possible so the children and youth can live with their families and remain in their communities. Makes DHS the lead agency for the new system. Uses competitive block grants through existing community mental health centers and other local service providers to assist in the creation of this network. Directs DHS to analyze options for leveraging additional Medicaid options, and engaging local school, child welfare, juvenile justice, mental health, and health care professionals. Certain services, such as school-based mental health services and the development of mental health assessment capacity based in public schools and clinical settings, are required to be supported through the block grants. The services supported may also include other services such as mobile crisis intervention services and prevention-oriented services. Requires regular reports to the MH/MR/DD/BI Commission. PUBLIC TRANSPORTATION INTERIM STUDY: Requests an interim committee to conduct a comprehensive study on the ways in which mass transit may be used to provide public transportation services among Iowa communities, including availability and benefits to the poor, elderly, and persons with disabilities. COMMUNITY MENTAL HEALTH LAW UPDATE: Requires the MH/MR/DD/BI Commission and the Division of Mental Health & Disability Services to appoint a stakeholder advisory committee to develop a proposal to update laws related to the Community Mental Health Centers, including laws related to establishment of centers, services offered, consumer and family involvement, capability of addressing co-occurring disorders, organization and powers, programs, populations served, evidence-based practices, and the use of functional assessments and outcomes measures. Allows DHS to defer on any requests for CMHC status until the group has completed its work. Effective 7/1/2008. Line Item Veto: The Governor did veto some things in this bill, but the items noted were not affected by these line-item vetoes.

4. An analysis of the Unmet Needs Report dated July 1, 2007 to March 31, 2008.

The total numbers of consumers that were listed as having unmet needs were used to rank the Unmet Needs, i.e.:

- Chore with 1380 consumers with unmet needs
- Home Delivered Meals with 938 consumers with unmet needs
- Home Repair with 595 consumers with unmet needs
- Nutrition Counseling with 574 consumers with unmet needs
- Transportation with 513 consumers with unmet needs
- Adult Day Care with 473 consumers with unmet needs

Under each of the above Unmet Needs the numbers of consumers in a county are listed in decreasing order. The reasons listed for the Unmet Needs included No Funding, Inadequate Funding, No Provider, and Unable to Staff.

The rural counties of Iowa appear to have the greater number of consumers with unmet needs.

UNMET NEEDS JULY 2007-MARCH 31, 2008

(Calculated from Unmet Needs Report 7/1/2007 to 3/31/2008, Case Management Program for the Frail Elders, Iowa Department of Elder Affairs)

UNMET NEEDS LISTED IN DECREASING ORDER

NUMBERS OF CONSUMERS WITH UNMET NEEDS IN A COUNTY

LISTED IN DECREASING ORDER

CHORE – TOTAL OF 1380 CONSUMERS WITH UNMET NEEDS

- Jackson – 191 consumers (No funding, No provider, Unable to staff)
- Fayette – 157 consumers (Funding inadequate, No provider)
- Clayton – 154 consumers (No provider)
- Sioux – 130 consumers (No provider)
- Lyon – 98 consumers (No funding, No provider)
- Story – 84 consumers (Funding inadequate, No provider)
- Allamakee – 79 consumers (No Provider)
- Mahaska – 51 consumers (Funding inadequate, No provider, Unable to staff)
- Linn – 47 consumers (Funding inadequate, No provider, Unable to staff)
- Webster – 40 consumers (No provider)
- Decatur – 36 consumers (Funding inadequate)
- Pottawattamie – 33 consumers (No provider)
- Howard – 32 consumers (No provider)
- Delaware – 30 consumers (Funding inadequate, No funding, No provider)
- Black Hawk – 21 consumers (Funding inadequate, Unable to staff)
- Boone – 21 consumers (No provider)
- Wapello – 20 consumers (Funding inadequate, No provider, Unable to staff)
- Ringgold – 18 consumers (Funding inadequate, No funding)
- Davis – 18 consumers (Funding inadequate, No provider)
- Scott – 13 consumers (Funding inadequate)
- Polk – 13 consumers (Funding inadequate, No provider)
- Clarke – 11 consumers (Funding inadequate)
- Johnson – 11 consumers (Funding inadequate, No provider)
- Winneshiek – 11 consumers (No provider)
- Pocahontas – 9 consumers (No provider)
- Plymouth – 9 consumers (No provider)
- Out of State – 9 consumers (No provider)
- Monroe – 7 consumers (No provider)
- Washington – 6 consumers (Funding inadequate)
- Linn – 6 consumers (Funding inadequate)
- Monona – 6 consumers (No funding)
- Iowa – 5 consumers (Funding inadequate, No provider)
- Humboldt – 4 consumers (No provider)
- Dubuque – 4 consumers (No provider)
- Osceola – 2 consumers (No provider)

HOME DELIVERED MEALS – TOTAL OF 938 CONSUMERS WITH UNMET NEEDS

- Allamakee – 141 consumers (No provider)
- Fayette – 121 consumers (No provider)
- Clayton – 85 consumers (No funding, No provider)
- Mahaska – 80 consumers (Funding inadequate)
- Cedar – 72 consumers (No provider)
- Decatur – 48 consumers (Funding inadequate)
- Wapello – 43 consumers (Funding inadequate)
- Johnson – 33 consumers (Funding inadequate, Unable to staff)
- Delaware – 31 consumers (Funding inadequate, No funding, No provider)
- Dubuque – 31 consumers (Funding inadequate)
- Ringgold – 29 consumers (Funding inadequate)
- Howard – 23 consumers (No provider, Unable to staff)
- Clarke – 26 consumers (Funding inadequate, No provider)

- Winneshiek – 25 consumers (No provider)
- Black Hawk – 17 consumers (Funding inadequate, No funding)
- Davis – 12 consumers (Funding inadequate)
- Pottawattamie – 11 consumers (Funding inadequate)
- Sac – 11 consumers (No provider)
- Cherokee – 10 consumers (No provider)
- Cerro Gordo – 9 consumers (Unable to staff)
- Polk – 9 consumers (Funding inadequate, No provider)
- Plymouth – 9 consumers (Funding inadequate)
- Jones – 8 consumers (No funding)
- Woodbury – 8 consumers (Funding inadequate, No funding)
- Osceola – 7 consumers (No funding)
- Sioux – 7 consumers (No funding)
- Monona – 7 consumers (Funding inadequate)
- Linn – 7 consumers (Funding inadequate)
- Washington – 6 consumers (Funding inadequate)
- Scott – 5 consumers (Funding inadequate)
- Lyon – 3 consumers (No funding)
- Keokuk – 2 consumers (Funding inadequate)
- Kossuth – 1 consumer (No funding)
- Van Buren – 1 consumer (Funding inadequate)

HOME REPAIR – TOTAL OF 595 CONSUMERS WITH UNMET NEEDS

- Jackson – 92 consumers (Funding inadequate, No funding, No provider)
- Appanoose – 64 consumers (Funding inadequate, No funding)
- Johnson – 61 consumers (Funding inadequate, No funding)
- Black Hawk – 50 consumers (Funding inadequate, No funding)
- Wapello – 35 consumers (Funding inadequate, No funding)
- Mahaska – 30 consumers (Funding inadequate, No funding, No provider)
- Davis – 25 consumers (Funding inadequate)
- Scott – 25 consumers (Funding inadequate, No funding)
- Lyon – 25 consumers (Funding inadequate, No funding, No provider)
- Scott – 25 consumers (Funding inadequate, No funding)
- Muscatine – 18 consumers (No funding)
- Clinton – 17 consumers (Funding inadequate, No funding)
- Sac – 16 consumers (Funding inadequate)
- Clayton – 15 consumers (Funding inadequate)
- Linn – 15 consumers (Funding inadequate, No provider)
- Webster – 12 consumers (Funding inadequate, No funding)
- Pottawattamie – 10 consumers (Funding inadequate, No provider)
- Cerro Gordo – 9 consumers (Funding inadequate)
- Woodbury – 9 consumers (Funding inadequate)
- Marshall – 9 consumers (Funding inadequate)
- Monroe – 9 consumers (No funding)
- Obrien – 7 consumers (No provider)
- Hardin – 7 consumers (Funding inadequate)
- Floyd – 6 consumers (Funding inadequate)
- Page – 6 consumers (No provider)
- Union – 5 consumers (No funding)
- Decatur – 4 consumers (Funding inadequate)
- Cass – 4 consumers (No provider)
- Fayette – 4 consumers (No funding)
- Iowa – 2 consumers (Funding inadequate)
- Polk – 2 consumers (Funding inadequate)
- Keokuk – 2 consumers (Funding inadequate)

NUTRITION COUNSELING – TOTAL OF 574 CONSUMERS WITH UNMET NEEDS

- Mahaska – 291 consumers (Funding inadequate, No funding, No provider)
- Wright – 220 consumers (No provider)
- Clinton - 21 consumers (No provider)
- Webster – 20 consumers (No provider)
- Sac – 9 consumers (No provider)
- Jones – 8 consumers (No provider)
- Scott – 5 consumers (Funding inadequate)

TRANSPORTATION – TOTAL OF 513 CONSUMERS WITH UNMET NEEDS

- Mahaska – 91 consumers (Funding inadequate, No provider, Unable to staff)
- Allamakee – 84 consumers (No funding, No provider, Unable to staff)
- Delaware – 37 consumers (Funding inadequate, No provider, Unable to staff)
- Johnson – 29 consumers (Funding inadequate, No provider)
- Scott – 30 consumers (Funding inadequate, No provider)
- Clayton – 27 consumers (No provider, Unable to staff)
- Black Hawk – 23 consumers (Funding inadequate, No funding)
- Decatur – 19 consumers (Funding inadequate)
- Ringgold – 18 consumers (Funding inadequate)
- Linn – 16 consumers (No funding, Unable to staff)
- Sioux – 13 consumers (No funding, No provider)
- Jackson – 12 consumers (Funding inadequate, No provider, Unable to staff)
- Muscatine – 11 consumers (No provider)
- Wapello – 11 consumers (Funding inadequate, Unable to staff)
- Buchanan – 9 consumers (No provider)
- Mills – 8 consumers (No provider)
- Sac – 8 consumers (No provider)
- Butler – 8 consumers (Funding inadequate)
- Humboldt – 7 consumers (No provider)
- Lyon – 7 consumers (No provider)
- Clinton – 7 consumers (Funding inadequate)
- Washington – 6 consumers (No funding)
- Polk – 6 consumers (Funding inadequate)
- Fayette – 6 consumers (No provider)
- Cass – 4 consumers (No funding)
- Clarke – 4 consumers (Funding inadequate)
- Tama – 3 consumers (No provider)
- Pocahontas – 1 consumer (No provider)
- Woodbury – 1 consumer (No funding)

ADULT DAY CARE – TOTAL OF 473 CONSUMERS WITH UNMET NEEDS

- Mahaska – 256 consumers (Funding inadequate, No provider)
- Wapello – 41 consumers (Funding inadequate, No funding, No provider)
- Muscatine – 24 consumers (Funding inadequate, No provider)
- Johnson – 19 consumers (Funding inadequate, Unable to staff)
- Marshall – 19 consumers (No provider)
- Story – 16 consumers (Funding inadequate)
- Scott – 14 consumers (Funding inadequate, No provider, Unable to staff)
- Delaware – 12 consumers (Unable to staff)
- Fayette – 11 consumers (No provider)
- Dubuque – 10 consumers (Funding inadequate)
- Clayton – 9 consumers (No provider)
- Cedar – 9 consumers (Unable to staff)
- Lyon – 7 consumers (No provider)
- Johnson – 7 consumers (Unable to staff)
- Van Buren – 7 consumers (Funding inadequate)

- Linn – 6 consumers (Funding inadequate)
- Calhoun – 3 consumers (No provider)
- Davis – 2 consumers (No provider)

5. INTERNAL REVENUE SERVICE SUMMARY TABLES: "Economic Stimulus Payments - State Summary Listing of States - Potential SSA & VA Recipients Remaining to File," (June 2008, .pdf format, 2p.).
http://www.irs.gov/pub/irs-utl/esp_state_summary.pdf

6. UK DEPARTMENT OF WORK AND PENSIONS REPORT:

A. "Life-course events and later-life employment," by Morten Blekesaune, Mark Bryan and Mark Taylor (Research Report No. 502, June 2008, .pdf format, 107p.).

http://www.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_502.asp

B. "Evaluation of the Pensions Education Fund," by Lorna Adams, Karen Bunt, Katie Carter and Arwenna Davies (Research Report No. 507, June 2008, .pdf format, 130p.).

http://www.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_507.asp

7. UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS REPORT: "Regional Dimensions of the Ageing Situation," by Sergei Zelenev (May 2008, .pdf format, 196p.).

<http://www.un.org/esa/socdev/ageing/documents/publications/regional-dimensions-ageing.pdf>

Table of contents: <http://www.un.org/esa/socdev/ageing/documents/publications/cp-regional-dimension.pdf>

8. CENTER FOR ECONOMIC AND POLICY RESEARCH REPORT: "The Housing Crash and the Retirement Prospects of Late Baby Boomers," by Dean Baker and David Rosnick (June 2008, .pdf format, 10p.). <http://www.cepr.net/index.php/publications/reports/the-housing-crash-and-the-retirement-prospects-of-late-baby-boomers/> More about CEPR:<http://www.cepr.net/index.php/about-us/>

9. MICHIGAN CENTER FOR RETIREMENT RESEARCH: "The Efficiency of Pension Plan Investment Menus: Investment Choices in Defined Contribution Pension Plans," by Nina Tang and Olivia S. Mitchell (WP 2008-176, June 2008, .pdf format, 33p.). Links to the abstract and full-text can be found at:

http://www.mrrc.isr.umich.edu/publications/index_abstract.cfm?ptid=1&pid=574

10. NATIONAL BUREAU OF ECONOMIC RESEARCH:

A. "The Impact of Income on the Weight of Elderly Americans," by John Cawley, John R. Moran, and Kosali I. Simon (w14104, June 2008, .pdf format, 41p.). Abstract: This paper tests whether income affects the body weight and clinical weight classification of elderly Americans using a natural experiment that led otherwise identical retirees to receive significantly different Social Security payments based on their year of birth. We exploit this natural experiment by estimating models of instrumental variables using data from the National Health Interview Surveys. The model estimates rule out even moderate effects of income on weight and on the probability of being underweight or obese, especially for men.

<http://www.nber.org/papers/w14104>

B. "The Cost of Uncertain Life Span," by Ryan D. Edwards (w14093, June 2008, .pdf format, 38p.).

Abstract: A considerable amount of uncertainty surrounds life expectancy, e_0 , the average length of life. The standard deviation in adult life spans, S_{10} , is about 15 years in the U.S., and theory and evidence suggest it is costly. In this paper, I calibrate a standard intertemporal model to show that one less year in standard deviation is worth about half a mean life year. Differences in S_{10} amplify measured differences in e_0 between the U.S. and other industrialized countries, and accounting for historical gains against S_{10} raises the total value of mortality declines during the last century by about 25 percent.

<http://www.nber.org/papers/w14093>

C. "What Good Is Wealth Without Health? The Effect of Health on the Marginal Utility of Consumption," by Amy Finkelstein, Erzo F.P. Luttmer, and Matthew J. Notowidigdo (w14089, June 2008, .pdf format, 51p.).

Abstract: We estimate how the marginal utility of consumption varies with health. To do so, we develop a simple model in which the impact of health on the marginal utility of consumption can be estimated from data on permanent income, health, and utility proxies. We estimate the model using the Health and Retirement Study's panel data on the elderly and near-elderly, and proxy for utility with measures of subjective well-being. We find robust evidence that the marginal utility of consumption declines as health deteriorates. Our central estimate is that a one-standard-deviation increase in the number of chronic diseases is associated with an 11 percent decline in the marginal utility of consumption relative to this marginal utility when the individual has no chronic diseases. The 95 percent confidence interval allows us to reject declines in marginal utility of less than 2 percent or more than 17 percent. Point estimates from a

wide range of alternative specifications tend to lie within this confidence interval. We present some simple, illustrative calibration results that suggest that state dependence of the magnitude we estimate can have a substantial effect on important economic problems such as the optimal level of health insurance benefits and the optimal level of life-cycle savings. <http://www.nber.org/papers/w14089>

D. "Financial Literacy: An Essential Tool for Informed Consumer Choice?" by Annamaria Lusardi (w14084, June 2008, .pdf format, 29p.). Abstract: Increasingly, individuals are in charge of their own financial security and are confronted with ever more complex financial instruments. However, there is evidence that many individuals are not well-equipped to make sound saving decisions. This paper demonstrates widespread financial illiteracy among the U.S. population, particularly among specific demographic groups. Those with low education, women, African-Americans, and Hispanics display particularly low levels of literacy. Financial literacy impacts financial decision-making. Failure to plan for retirement, lack of participation in the stock market, and poor borrowing behavior can all be linked to ignorance of basic financial concepts. While financial education programs can result in improved saving behavior and financial decision-making, much can be done to improve these programs' effectiveness. <http://www.nber.org/papers/w14084>

11. SOCIAL AND ECONOMIC DIMENSIONS OF AN AGING POPULATION (SEDAP) [MCMASTER UNIVERSITY, HAMILTON ONTARIO]: "The Politics of Social Policy Reform in the United States: The Clinton and the W. Bush Presidencies Reconsidered," by Daniel Band and Alex Waddan (Research Paper 232, June 2008, .pdf format, 37p.). Abstract: The purpose of this paper is to examine what key reform attempts during the Bill Clinton and George W. Bush presidencies reveal about the wider possibilities for social policy change in the United States. Most particularly, why were Presidents Clinton and Bush able to achieve their goals in some policy realms but so badly defeated in others? As argued, institutional variation from one policy area to another helps answer this question. On the one hand, strong institutional obstacles in the fields of Social Security and health insurance largely explain the defeat of the most ambitious social policy proposal put forward by each president. On the other hand, successful reforms occurred in a comparatively favourable institutional context. Yet, the analysis also suggests that paying close attention to the strategic ideas of political actors as they interact with existing institutions and policy legacies is necessary to fully understand the politics of social policy reform.

<http://socserv.socsci.mcmaster.ca/sedap/p/sedap232.pdf>