



NNEAHSA
NORTHERN NEW ENGLAND ASSOCIATION
OF HOMES & SERVICES FOR THE AGING

E-NEWS

Providing healthy, affordable and ethical long-term care to older citizens throughout Maine, New Hampshire & Vermont

Issue 1 - 2005

INSIDE THIS ISSUE

**CMS Survey &
Certification
Letters ... pg 3**

**Providing
Education in the
LTC Setting ... pg 5**

**FY 2006 Budget
Proposal ... pg 8**

**Mike Palmieri,
Chairman
Judy Collett-Miller
President, CEO**

**10 White Oak Drive
Exeter, NH 03833
603-658-1525
nneahsa@riverwoodsrc.org
www.nneahsa.com**

LEGISLATIVE SESSIONS UNDERWAY

State Membership Meetings Planned

Legislators began meeting over the last several weeks in Maine, New Hampshire and Vermont and it looks like another year of challenges for NNEAHSA providers.

Provider tax is front and center in Maine as the state looks to expand the tax to all licensed assisted living providers. Additionally, a 2% reduction in the inflation differential for private nonmedical institutions/residential care facilities is being considered along with new medical-based eligibility criteria for admissions.

New Hampshire members will be watching to see what happens after Governor Lynch presented his budget to a Joint Session of the House and Senate earlier this week where he expressed his desire to reform Medicaid but noted the need to take the time to do it right. The budget gives more seniors the option to stay in their own homes and communities, noted Lynch.

Vermont's Long Term Care Plan (1115 Demonstration Waiver) may see movement this year as it aims to provide adults the option to receive long term care services in home-and-community based settings (for complete information on the waiver program go to: <http://www.dad.state.vt.us/1115waiver/1115default.htm>).

While NNEAHSA's Legislative Committees work with our Lobbyists to review and make recommendations on issues of concern, it takes the entire membership in action to make a difference. Here are a few easy ways for you, your staff, Board and residents to participate:

- Stay informed by reading the legislative updates prepared by our lobbyists that are e-mailed to all members - these will also be available on the NNEAHSA website for your reference.
- Keep in contact with your legislators and let them know what your issues and concerns are. The NNEAHSA website will soon have a new feature enabling members to contact their state and federal legislators with a few quick clicks.
- And when the call goes out for members to testify, please consider sending someone from your facility to tell your story - legislators need to see the many faces of NNEAHSA!

Membership meetings will be held in Maine, New Hampshire and Vermont in March with our state lobbyists, state chairman, and NNEAHSA President, Judy Collett-Miller providing updates on pending legislative and regulatory initiatives and association activities. Watch your mail for more information.

AT-A-GLANCE

Skylights May Help People with Alzheimer's

Skylights may dramatically improve the lives of people with Alzheimer's or other forms of dementia - so a team of researchers conducting a study at an Oregon facility hope to show. The idea arose from earlier research showing that natural light can significantly improve the moods of depressed individuals and research indicating that long term care patients often aren't exposed to enough natural light. Twenty-four residents at an Oregon facility are participating in the study. Researchers are comparing the effects of artificial light provided by high-intensity fluorescent fixtures versus natural light streaming in through four new skylights. The center's administrator says the patients' moods have been improving every since the new skylights were installed, which bring more than just natural light into the facility; sometimes they bring the outdoors in.

Provider, November 2004

HUD Announces Availability of \$10 Million for Emergency Capital Repairs

On December 16 HUD announced the availability of funds for emergency capital repairs for not-for-profit elderly housing properties. HUD will fund all approved applications on an as submitted basis until funds have been fully expended, with priority given to federally declared disaster areas. The capital repair needs must be related to items that present an immediate threat to the health, safety and quality of life of the residents.

The maximum grant is \$500,000 per project. Funds can only be requested for the following purposes:

- Where evacuation or long-term displacement of resident would otherwise occur;
- To repair or replace systems including, but not limited to, major building and structural components in critical condition and/or mechanical equipment to the extent necessary for health and safety reasons; and
- Where the owner can demonstrate that the repair costs cannot be absorbed by the operating budget, use of reserve for replacement and/or residual receipts.

Go to www.hudclips.org/sub_nonhud/cgi/pdf/27534.pdf to access the full notice, including all submission requirements and restrictions, sample forms, filed office processing information, and a review checklist.

Understanding F314 Just Got Easier

Effective November 12, 2004 the Centers for Medicare and Medicaid Services released new interpretive guidelines to Federal Tag F314. They tell surveyors how to decide if the facility has complied with F314 and place greater emphasis on prevention of pressure ulcers. Ensuring your facility implements each critical component is essential.

To read more about the interpretative guidelines and review F314 Simplified go to <http://www2.aahsa.org/SiteSearch/SearchResults.asp?SC=Providers%2FMoney%2DSaving+Programs%2FGroup+Purchasing+Program/Group+Purchasing+Newsletter>

CMS Survey and Certification Letters

Attached are the links to 4 new CMS Survey and Certification Letters, posted 12/16/04:

1. Clarification of Nursing Home Reporting Requirements for Alleged Violations of Mistreatment, Neglect, and Abuse, Including Injuries of Unknown Source, and Misappropriation of Resident Property.

- Reiterates / clarifies 42 CFR 483.13(c)(2) & (4) the facility's obligations to report allegations and investigation results related to violations of mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.
- Includes definitions for "neglect", "abuse", "injury of unknown source", "misappropriation of resident property", "immediately" (ASAP, but not to exceed 24 hours after discovery), and "in accordance with State law." A definition of "mistreatment" is deferred.
- State law cannot supercede Federal requirements. States may require reporting to officials in addition to those stipulated under Federal, but may not modify what types of alleged violations must be reported or the timeframes for reporting.
- This policy must be implemented no later than 30 days from the date of issuance.

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0509.pdf>

2. Federal Requirements for the Informal Dispute Resolution (IDR) Process for Nursing Homes.

- Reiterates the minimum Federal requirements for IDR and requires that states review their IDR policies issuance to assure that they conform to the Federal requirements. Review and any necessary changes must be accomplished within 60 days of the date of issuance.
- Reiterates CMS policy that States are ultimately accountable for the IDR decision-making process, regardless of the option to involve outside entities. Also reiterates CMS authority to reject State conclusions and make its own binding determinations.

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0510.pdf>

3. Response to Referrals from Public Entities Alleging Noncompliance with Federal Nursing Home Requirements.

- Clarifies that information/referrals received by the State Agency (SA) from other public entities, e.g., office of the coroner or medical examiner, QIOs, law enforcement, protection and advocacy, ombudsman, are to be given consideration and managed / entered into the ACTS system (ASPEN Complaints/Incidents Tracking System) as complaints.

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0512.pdf>

PAGE 3

AT-A-GLANCE

Update on Federal Feeding Assistant Litigation

Last week the plaintiffs in the lawsuit challenging the CMS feeding assistant regulation asked the court to allow the case to proceed as a class action and grant them judgment against HHS. In addition, the court denied a request by the American Health Care Association to join the case as a defendant. AAHSA's Legal Committee will evaluate whether to ask to file a "friend of court" brief and will continue to monitor the case to determine when and if this step is appropriate. For more information, please contact Marsha Greenfield at (202) 508-9488.

AT-A-GLANCE

Non-drug Innovations Reduce Pain in Nursing Home Residents

Eight steps for effective pain management reduced pain reports from nursing home residents in facilities where drugs were previously distributed as a first option for pain relief, according to a study described in the *New York Times*. Prescribing things such as massages, aromatherapy and even karaoke nights reduced pain reports more frequently than distributing pills, said researchers involved in a study initiated by the Centers for Medicaid & Medicare Services.

Giving freedom to nurses and nurses' aides to determine effective pain relief was significant in the study, said researcher Dr. David Gifford of Brown University. Nurses using non-drug innovations achieved the greatest success, changing the moods of residents by helping them become more active and recalling happier times, according to Gifford. Formal pain assessments and regular doctor consultation also played a part in the program, which involved the collaboration of eight large nursing home companies.
McKnightsOnline.com

4. Improving Enforcement Via the Special Focus Facility Program for Nursing Homes

- CMS states it is “strengthening enforcement of remedial action in cases of nursing homes that exhibit a persistent pattern of substandard care” by enhancing the Special Focus Facilities (SFF) Program.
- CMS is increasing the national number of SFFs by 30%, with larger States including more facilities rather than the current 2 per State.
- Three years’ data on nursing home performance will be used instead of the current one year. Facilities demonstrating significant improvement can be removed from the list. Facilities cited no higher than “E” on 2 successive standard surveys without intervening complaint-related citations of “F” or higher will be removed from the list.
- Stronger enforcement includes imposition of remedies in increasing severity and that 18 months and 3 surveys without significant improvement will result in a notice of termination.
- State reporting will be streamlined via improvements to the ASPEN information system.
- Implementation is required no later than 60 days from the date of issuance.

<http://www.cms.hhs.gov/medicaid/survey-cert/sc0513.pdf>

Riskiest LTC Drug Combinations

The Multidisciplinary Medication Management Project has announced the most dangerous drug interactions for seniors in long term care settings. The list includes Warfarin drugs, ACE inhibitors and digoxin. “Statistically, if you take six different drugs, you have an 80% chance of at least one drug-drug interaction,” says Wayne

K. Anderson, Dean of State University of New York School of Pharmacy.

The initiative warns against the drugs because of their frequency of use by nursing home residents, as well as the adverse consequences they incur when combined. The group, a combined effort by the American Society of Consultant Pharmacists and the American Medical Directors Association, was formed to help health care providers prescribe fewer multiple-medication combinations with adverse effects.

About 28% of adverse drug experiences in senior citizens are preventable, according to researchers writing in the March 2003 *Journal of the American Medical Association*. Earlier, a 1997 report found that 35% of ambulatory elderly experienced at least one adverse event from drug interaction and required medical attention as a result.

More information on the list can be found at <http://www.scoup.net/M3Project/about>

Providing Education in the Long Term Care Setting

by **Cindy Shemansky, MEd, RNC, LNHA, FNGNA, Director of Education, Masonic Home of New Jersey & President, National Gerontological Nursing Association**

In today's long term care setting, the challenge that faces the training coordinator is to provide education that meets the mandated federal and state training requirements without detracting from the facility's ability to deliver care. For many years, facilities have been faced with increased nurse aide education and training requirements. Many

facilities are struggling to provide staffing for day-to-day resident care. Nursing managers don't want to send staff off the unit to attend an in-service program, so what is an educator to do?

One Size Does Not Fit All

Long Term Care educators must incorporate varied learning methods into their curriculum as "one size does not fit all." We know from the works of Malcolm Knowles, (1980), that adult learners are self-directed; have a readiness to learn; and are usually willing to learn what they need to know in order to perform their job or other roles well. Learners also use and prefer different learning styles. With this knowledge, why do educators still believe that training has to take place in the classroom?

To provide education today, educators need to be creative, and think outside of the box, or traditional classroom education setting. We need to bring the education to the staff - not the staff to the education. Federal regulations require that facilities provide twelve hours of in-service education to each aide every year, and address areas of weakness as noted on yearly performance appraisals. Facilities are also required to address special needs, such as care techniques, equipment, and communication needs. Training must be provided for those who care for the cognitively impaired. All staff are required to have training in a variety of topics, such as residents rights, emergency procedures, and infection control, etc., to maintain compliance with Federal and State regulations. What we need to remember is that most regulations do not stipulate that training take place in a classroom setting.

Learning thru Education Technology

Training can be accomplished through educational technology - using computers, software, TVs, VCRs, cameras, scanners, text, audio, pictures, and graphics, in order to communicate educational information to the learner. Educational technology is a powerful, cost-effective teaching and learning tool when used creatively and constructively. Educational technology is beneficial as it helps educators provide training information to all shifts, and when minor changes or updates need to be made to curriculum materials, it can be done very easily.

Cost-Effective Educational Methods

Most facilities have small or nonexistent training budgets. To help you achieve the requirements, at minimal cost, try the following techniques:

PAGE 5

AT-A-GLANCE

What Will 50+ Crowd Be Called?

In just two years, the 78 million boomers will begin hitting their 60s, and AARP, the nation's largest advocacy group for those 50+, is wrestling with the name game in an effort to attract those older boomers. "Retired" is going out of style as people work longer. "Mature" seems antiquated. AARP's magazine used to be called *Modern Maturity*; now it is *AARP Magazine*. And these days, the publication refers to its constituency as "older." AARP skirted the question at its annual convention. That gathering is dubbed "Life at 50+." Some boomers prefer "active adult." There's the old standby "senior citizen," but many fifty-something boomers don't feel the term applies to them. "Senior" is disappearing, according to some. "I hate even saying the word," says Candace Kelley, who coordinates services for a retirement community. She was having a hard time attracting older boomers to her program until she figured out the problem: using "senior" was like posting a "Boomers Not Welcome" sign. She renamed a class formerly called "senior aerobics" to "ageless fitness" - it worked and classes filled.

USA Today

AT-A-GLANCE

FDA Contamination Alert

The Food and Drug Administration has posted information on its web site regarding possible contamination of IV Flush Brand Preloaded Syringes containing Heparin or Sodium Chloride. The FDA is concerned that all of those who may be affected by this problem have not been reached with the message that these devices should NOT be used because of possible contamination. The FDA press release is online at <http://www.fda.gov/bbs/topics/news/2005/NEW01154.htm>

Best Practices on SNF Arrangements with Outside Suppliers

Pending clarification of the May 31 transmittal on skilled nursing facilities' arrangements with outside suppliers of services subject to consolidated billing, CMS has posted a best practices Website that contains sample agreements, sample notices and communications tools that can be used by SNFs and their suppliers. View the best practices guidelines at <http://www.cms.hhs.gov/providers/snfpps/bestpractices.asp>



Poster Presentations

Using a computer, printer, and presentation software, such as PowerPoint, you can create a poster or slide presentation. Power Point allows you to create individual slides or pages of information. When completed, slides can be printed as black and white or color pages; transparencies; or 35mm slides. When printed out as colored pages on 8 ½ x 11 paper, the slides can then be attached to a cardboard presentation board. For a more professional look, place the pages in clear frames and attach the frames to a velcro board. The poster should be displayed in a high traffic area, such as the hallway to the cafeteria or near the time clock, for at least one week. With each presentation have a sign-in sheet for attendance, instructions for completion, program objectives, content, and a quiz (optional). In our facility, poster presentations are displayed almost every week outside of the cafeteria. Topics include Residents Rights, Freedom from Abuse, Advance Directives, Confidentiality, Standard Precautions, Fire Safety, Electrical Safety, Disaster Planning, Heat Stress and Heat Emergencies, Tuberculosis, Influenza, Infection Control, Emergency Procedures, Safety and Accident Prevention, etc.

Our facility employs 650+ staff members. On average, 350 employees will complete a poster presentation. To determine the cost breakdown for an initial display of 18 slides or pages, factor in: educator research time and data entry; printing of material (in color); display board costs; paper; glue; photocopying charges; prize for winner, (optional). Divide this figure by the number of participating staff members to arrive at the education cost per employee. For example, an initial presentation at our facility cost our department \$98.10 to produce. It was completed by 350 employees, which equates to \$0.28/person..

A Velcro presentation board can be obtained for about \$300. It may sound expensive at first, however, if you have 30 poster presentations in one year, the cost of the board per presentation is only \$10.00. Over 5 years, the cost of the presentation board is only \$2.00/presentation. We have been utilizing poster presentations for over 10 years, so our costs are very minimal, as the educational content requires only minor changes on a yearly basis, and our equipment, (velcro boards and frames), have been used for many years.

A Velcro presentation board can be obtained for about \$300. It may sound expensive at first, however, if you have 30 poster presentations in one year, the cost of the board per presentation is only \$10.00. Over 5 years, the cost of the presentation board is only \$2.00/presentation. We have been utilizing poster presentations for over 10 years, so our costs are very minimal, as the educational content requires only minor changes on a yearly basis, and our equipment, (velcro boards and frames), have been used for many years.



Facility Newsletters

Another popular method of self-directed education is the use of newsletters. Utilizing word processing software you can easily create an educational newsletter. Our Newsletter, "The Educator," is 4 to 8 pages in length and is produced once a month on one of the mandatory education topics, such as those previously listed. Each newsletter contains: objectives; content; and a method of completion, which can be in the form of a quiz, crossword puzzle

or word search.

Employees read the newsletter and return the completion page in order to obtain credit. Newsletters are produced in-house and distributed to staff with paychecks. Costs associated with production include educator research/data entry, photocopying, and paper costs. On average 400 newsletters are completed and returned by staff which equates to an educational cost of \$ 0.30/ person.

AT-A-GLANCE**Health Costs Four Times Higher for Elderly**

People 65+ accounted for \$387 billion, or 36%, of U.S. health care spending in 1999 while making up 13% of the population, according to a report by the Centers for Medicare and Medicaid Office of the Actuary. The elderly consumed an average of \$11,089 each in health care goods and services in 1999, four times as much as the average for all Americans under 65, including children. The CMS said this was the first time since 1989 that it had published health care spending estimates by age. Medicare paid for 46% of the cost of caring for the elderly, while Medicaid and private payers each covered about 15%. The report also highlights some of the recent trends in health spending by age in three recent points in time: 1987, 1996, and 1999. The health care spending by age data can be found on the CMS website at <http://www.cms.hhs.gov/statistics/nhe/age>

Traveling Road Shows

Another popular and cost effective method of providing education is to use a traveling road show. This is a great way to target education on a specific unit or department. You simply need a mobile cart and the education information, which can be in the form of a small poster board, video, notebook of PowerPoint slides, or any combination of the above. Once the cart is assembled with your materials, take it to a designated unit and leave it there for 1 to 2 weeks. As an example, we have provided road shows on topics such as Parkinson's Disease, Infection Control, and proper handwashing techniques. For the topic of handwashing, a poster was displayed showing pictures of the correct technique, and a small TV/VCR was utilized to show an infection control video. Staff signed an attendance book, and completed a quiz. As a follow-up, our QA nurse performed handwashing audits on the designated unit several weeks after the conclusion of the program.

**Education Fairs**

Twice a year we hold an Education Fair in which all of the mandatory education topics are displayed through poster format. The Fair is available for 3 to 4 weeks and is open 24 hours a day. Staff roam around the fair, read the poster presentations, and complete a quiz on the content.

At the end of the fair, prizes are given to ten randomly drawn employees.

Classroom Presentations - Make them Fun - not Boring....ZZZZZZZ

If you must have a classroom program, just don't lecture to staff. Make the program interactive. Provide the education in a game format. Using game concepts, such as Jeopardy or Tic-Tac-Toe, players learn and have fun by answering questions. You can easily create an inexpensive game board using cardboard, place questions on index cards, and obtain bells or noisemakers for participants. An excellent, yet inexpensive residents rights bingo game is available from The Legal Center at <http://www.thelegalcenter.org>. If a game format won't work for the topic, then try the "lunch and learn." Participants, depending on their shift, attend a classroom program and have breakfast, lunch or dinner, while learning. To help defray the costs, contact some of your sales representatives to see if they will sponsor the food.

Conclusion

Achieving the mandated education requirements seems like a daunting task – but it can be done. Allow your creativity to flow. Think outside of the box, or traditional classroom education setting. Take the education to the staff, not the staff to the education. Use technology, and you'll find that you are able to provide education to a larger number of employees using less money! If you must provide a classroom program...make the program interactive....have fun, serve food! You and your employees will enjoy it!

**NNEAHS 2005
BOARD OF
TRUSTEES**

Officers

Chairman - Michael Palmieri, Havenwood Heritage Heights
Vice Chairman - Denise Vachon, Park Danforth
Treasurer - Tom Argue, Webster at Rye
Secretary - Bonnie Cohen, RiverMead Retirement Community
Immediate Past Chairman - Meg Miller, Peabody Home

State Chairman

Maine - Dayna Larson, St. Andre Healthcare Facility
New Hampshire - Frank Crane, Riverwoods at Exeter
Vermont - Nancy Eldridge, Cathedral Square Corporation

Trustees

Karen Crowe, The Scott-Farrar Home
Andy Finnegan, Bangor Nursing & Rehabilitation Center
Earle Hollings, Vermont Veterans Home
Larry Knowles, Advent Christian Retirement Communities
Deb Riddell, Piper Shores
Ken Sandberg, Cedars Nursing Care Center

**Highlights of FY2006
Budget Proposal**

Below are some of the elements in the President's budget that are of direct interest to aging services providers as prepared by AAHSA. It is important to remember that the President's proposals are just the first step in the determination of the FY2006 budget, and Congress will be drawing up a budget plan that most likely will not include all of the Administration's requests. The budget documents discuss some proposals in the most general terms and further clarification would be needed to determine the precise impact of these proposals.

Medicare

Implementation of the Medicare RUG refinement for skilled nursing facilities (SNFs) in 2006 will mean the loss of the last remaining reimbursement add-on, costing SNFs a total of \$1.5 billion/year. Unlike some of the other provisions in the budget, this change already is authorized under current law, so preserving the add-on will require new legislation. No mention of Medicare market basket updates for SNFs or home health care; means that the budget allows for these inflation adjustments.

Medicaid

Medicaid funding to be reduced by \$45 billion over the next five years through the following revisions:

- Giving states more flexibility in the use of federal funding without requiring a waiver, but in a budget-neutral way that would not result in additional federal spending;
- Phasing out intergovernmental transfers more quickly;
- Limiting provider taxes;
- Restricting asset divestiture.

The budget also calls for increased emphasis on home and community based services under the Medicaid program, for which funding would rise by 2.2%. However, for the first time in five years, funding was not included in the Medicaid budget for the Real Systems Change Grant program. These grants, part of the President's New Freedom Initiative, have provided seed money for states to develop home and community based services, nursing home transition programs, and to support state long-term care rebalancing efforts.

Long-term care insurance

Expansion of long-term care partnerships to enable all states to enable individuals to shelter assets while qualifying for Medicaid if they first exhaust benefits under long-term care insurance.

Senior Housing

Funding for Section 202 program would equal the amount appropriated for FY2005 after the across-the-board cut — \$741 million. Includes:

- \$53 million for service coordinators, a \$3 million increase;
- \$30 million for the Assisted Living Conversion Program and Emergency Capital Repairs, a \$10 million increase;
- \$10 million request for PRAC renewals.

Does not include \$18 million in funding for pre-development grants that was included in the FY2005 appropriation; so there is more funding available for capital advances.

The budget document describes the 202 program as ineffective, poorly administered, and not meeting the need — all problems that could be addressed by implementing the recommendations of the 2003 Summit or by increased funding for the program.

The document states that HUD will be comparing Section 202 to other grant programs such as HOME, a comparison that pits a 100% grant program to a gap financing program.

Elderly Housing Funding, Fiscal Years 2002, 2003, 2004 and 2005
-And Other Related Provisions-
 (All amounts are in millions)

| Elderly Housing Program | FY02 | FY03 | FY04 | FY05 | FY06 President's Request | AAHSA's FY06 Request |
|--|---------------|---------------|--------------|--------------------------|---------------------------------|--------------------------------------|
| Overall Section 202 Program | \$ 782 | \$ 786 | \$779 | \$746¹ | \$741 | \$920 |
| Section 202 Capital Advance ² | \$679 | \$668 | \$702 | \$650 | \$648 | \$775 |
| 202 Predevelopment Grants ³ | \$0 | \$25 | \$20 | \$18 | \$0 Program eliminated | \$20 |
| PRAC renewals | \$3 | \$15.6 | \$2 | \$3 | \$10 | Sufficient to renew all PRACs |
| Service Coordinators/CHSP | \$50 | \$53 | \$30 | \$50 | \$53 | \$75 |
| Assisted Living Conversion or Substantial Capital Repairs ⁴ | \$50 | \$25 | \$25 | \$25 | \$30 | \$50 ALCP and capital repairs |

¹ The FY2005 Section 202 allocation was subject to the .008% across the board cut on all discretionary, non-defense programs, which means that the actual overall funding for the program in 2005 will be \$740 million.

² This amount includes capital advances, amendments to capital advances and new project rental assistance contracts.

³ This demonstration program is intended to facilitate planning, design and development activities for Section 202 projects.

Supportive Service Programs

Older Americans Act (OAA):

- No increase in Title III programs; Home Delivered Meals, Family Caregivers, and other programs funded at 2005 levels;
- Three programs, Supportive Services and Centers, Congregate Meals and the USDA Nutrition Program would be funded at lower levels than they were in FY02;
- Research and Training (Title IV) was decreased substantially from last year's level, \$43 million to \$23 million.

Social Services Block Grant (SSBG/Title XX) would be funded at the same level it has been for the past 5 years, \$1.7 billion. However, states would get a 10% transfer authority between SSBG and the Temporary Assistance for Needy Families program for greater flexibility.

Section 5310 Transportation Programs for Elderly and Persons with Disabilities: slight decrease, \$355,000, from the 2005 level of \$95,455,000.

| Programs | FY 02 | FY 03 with 0.65% cut | FY04 with 0.59% cut | FY05 with 0.80% cut | FY06 President's proposed budget |
|--|--------------|---------------------------------|--------------------------------|--------------------------------|---|
| Title III | | | | | |
| Supportive Services & Centers | \$ 356,994 | \$ 355,673 | \$ 353,900 | \$ 354,144 | \$ 354,136 |
| Preventive Health Services | \$ 21,123 | \$ 21,919 | \$ 21,790 | \$ 21,615 | \$ 21,616 |
| Family Caregivers | \$ 136,000 | \$ 149,025 | \$ 159,738 | \$ 162,048 | \$ 162,048 |
| Congregate Meals | \$ 390,000 | \$ 384,592 | \$ 386,353 | \$ 387,274 | \$ 387,274 |
| Home Delivered Meals | \$ 176,142 | \$ 180,985 | \$ 179,917 | \$ 182,827 | \$ 182,826 |
| USDA Nutrition Program | \$ 149,670 | \$ 148,697 | \$ 148,193 | \$ 148,601 | \$ 148,596 |
| Title IV: Aging Research and Training | | | | | |
| | \$ 38,273 | \$ 40,258 | \$ 33,509 | \$ 43,291 | \$ 23,843 |
| Title VII: Vulnerable | | | | | |
| Older Americans | \$ 17,681 | \$ 18,560 | \$ 19,443 | \$ 19,288 | \$ 19,360 |
| Alzheimer's Initiative | \$ 11,496 | \$ 13,412 | \$ 11,885 | \$ 11,788 | \$ 11,786 |
| Title V: Community Services | | | | | |
| Employment (DOL) | \$ 445,100 | \$ 442,306 | \$ 438,649 | \$ 436,678 | \$ 437,000 |
| SSBG/ Title XX* | \$ 1,700,000 | \$ 1,689,000 | \$ 1,690,000 | \$ 1,700,000 | \$ 1,700,000 |
| Transportation: | \$ 84,725 | \$ 87,029 | \$ 90,117 | \$ 95,455 | \$ 95,100 |
| Section 5310** | | | | | |

* Transfer authority is between SSBG and TANF (Temporary Assistance to Needy Families) and provides states with greater flexibility to use funds where needed. Proposed 2006 budget includes 10% transfer authority, as provided in 2005.

** Section 5310 budget amount is not subject to across the board cut