

# FTAAAD QUARTERLY NEWS



April–June 2024 Volume 12 Issue 2

## FROM THE DIRECTOR

With this year’s reauthorization of the Older Americans Act (OAA) and the 50th anniversary of the creation of Area Agencies on Aging (AAAs), I thought it was important to make sure our readers understand the importance of the OAA to all AAAs across the country, and to the people we serve.

The OAA is the cornerstone of all the nation’s non-Medicaid-funded home– and community-based services (HCBS). It is based on the principle that states and local governments should have the flexibility to determine, coordinate and deliver the supports and services that most effectively and efficiently address the needs of older adults in their communities.

Money and support from the OAA allow nearly 11 million older Americans each year to receive critical support from the nationwide

Aging Network, including programs like in-home personal care, home-delivered and congregate meals, transportation, disease prevention and health promotion activities, legal services, and elder abuse prevention.

While OAA-based programs are not all that FTAAAD and other Aging Network providers offer, they do make up a substantial part of the available services. They make it possible for AAAs to utilize local companies for service delivery, assist older adults access Medicaid HCBS, and provide social-care programs that address factors affecting health outcomes.



If all this sounds critical to our country, that’s because it is. And it’s because of the OAA and AAAs that make it possible.

**Angie Gwaltney,**  
Director

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## Have You Registered?

### FTAAAD ANNUAL CONFERENCE ON AGING

May 7, 2024  
Kingsport, TN

## KEY DATES

### NET-VAC Meeting

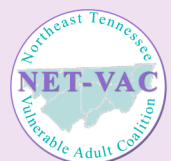
April 3, 9:30 am  
Trinity Assembly of God,  
617 University Pkwy., Johnson City

### NET-VAC Meeting

No Meeting in May  
Trinity Assembly of God,  
617 University Pkwy., Johnson City

### NET-VAC Meeting

June 5, 9:30 am  
Trinity Assembly of God,  
617 University Pkwy., Johnson City





## CONFERENCE REGISTRATION CLOSES APRIL 26

FTAAAD’s 34th Annual Conference on Aging is approaching quickly! This year’s event will be held on May 7, 2024, at our regular venue: MeadowView Conference Resort and Convention Center in Kingsport.

This year’s conference will feature Lisa Smartt, motivational humorist, as our keynote speaker. Ms. Smartt writes a weekly newspaper column and travels nationally to spread her message of motivation combined with her unique sense of humor.

As usual, the conference will also

feature workshops on a number of timely and instructive topics for aging-industry professionals and older adults, including retirement solutions; palliative care and hospice; intellectual and developmental disabilities; mental health and cognitive issues; leadership and team building; homelessness; and conservatorships, powers of attorneys and living wills, plus many others.

Registration for the conference closes on April 26 so be sure to get your entries submitted. To register, go to [www.ftaad.org](http://www.ftaad.org) and click the registration link on the home page.

For more information about the conference, or how to register, call Teresa Sutphin at 423-722-5120. And we hope to see you there!

—*Courtesy of FTAAAD*



## WEAAD IS JUNE 15

World Elder Abuse Awareness Day (WEAAD) is commemorated each year on June 15th to highlight one of the worst manifestations of ageism and inequality in our society, elder abuse.

Elder abuse is any act that causes harm to an older person and is carried out by someone they know and trust, such as a family member or friend. The abuse may be physical, social, financial, psychological, or sexual and can include mistreatment and neglect.

WEAAD was officially recognized by the United Nations General Assembly in December 2011, following a request by the International Network for the Prevention of Elder Abuse (INPEA), who first established the commemoration in June 2006.

In many parts of the world, elder abuse occurs with little recognition or response. It is a global social issue that affects the health, well-being, independence, and human rights of millions of older people worldwide and an issue that deserves the attention of all in the community.

According to WHO, prevalence rates or estimates exist only in selected developed countries – ranging from 1 to 10 percent. Although the extent of elder mistreatment is unknown, its social and moral significance is obvious.

Individuals, communities, municipalities, and organizations will come together across the globe to hold events on June 15th that raise awareness of elder abuse.



## SNAP SKIMMING DEADLINE EXTENDED

The Tennessee Department of Human Services has extended the timeframe for people to recover stolen SNAP benefits.

For benefits stolen through card skimming between 10/01/22 and 11/06/23 must have appeals submitted by May 1, 2024.

For skimming that occurs between 11/06/23 and 05/01/24, appeals must be submitted within 60 days of the consumer’s discovery of the theft.

For skimming that occurs after May 1, 2024, appeals must be submitted

within 30 days of the discovery of the theft.

To read the full rules and guidance regarding benefits theft, visit [www.tn.gov/humanservices/need-help-/tdhs-fraud.html](http://www.tn.gov/humanservices/need-help-/tdhs-fraud.html)

—*Courtesy of Tennessee Justice Center*







## A.I. CAN'T BE USED TO DENY MEDICARE ADVANTAGE-PLAN COVERAGE

Health insurance companies cannot use algorithms or artificial intelligence to determine care or deny coverage to members on Medicare Advantage (MA) plans, the Centers for Medicare & Medicaid Services (CMS) clarified in a memo sent to all Medicare Advantage insurers.

The memo comes just months after patients filed lawsuits claiming that UnitedHealth and Humana have been using a deeply flawed AI-powered tool to deny care to elderly patients on MA plans. The lawsuits, which seek class-action status, center on the same AI tool, called nH Predict, used by both insurers and developed by NaviHealth, a UnitedHealth subsidiary.

According to the lawsuits, nH Predict produces draconian estimates for how long a patient will need post-acute care in facilities like skilled nursing homes

and rehabilitation centers after an acute injury, illness, or event, like a fall or a stroke. And NaviHealth employees face discipline for deviating from the estimates, even though they often don't match prescribing physicians' recommendations or Medicare coverage rules. For instance, while MA plans typically provide up to 100 days of covered care in a nursing home after a three-day hospital stay, using nH Predict, patients on UnitedHealth's MA plan rarely stay in nursing homes for



more than 14 days before receiving payment denials, the lawsuits allege.

It's unclear how nH Predict works exactly, but it reportedly uses a database of 6 million patients to develop its predictions. Still, according to people familiar with the software, it only accounts for a small set of patient factors, not a full look at a patient's individual circumstances.

This is a clear no-no, according to the CMS's memo. For coverage decisions, insurers must "base the decision on the individual patient's circumstances, so an algorithm that determines coverage based on a larger data set instead of the individual patient's medical history, the physician's recommendations, or clinical notes would not be compliant," the CMS wrote.

Instead, the CMS wrote, in order for an insurer to end coverage, the individual patient's condition must be reassessed, and denial must be based on coverage criteria that is publicly posted on a website that is not password protected. In addition, insurers who deny care "must supply a specific and detailed explanation why services are either no longer reasonable and necessary or are no longer covered, including a description of the applicable coverage criteria and rules."

In all, the CMS finds that AI tools *can* be used by insurers when evaluating coverage—but only as a check to make sure the insurer is following the rules. An "algorithm or software tool should only be used to ensure fidelity" with coverage criteria, the CMS wrote. And, because "publicly posted coverage criteria are static and unchanging, artificial intelligence cannot be used to shift the coverage criteria over time" or apply hidden coverage criteria.

The CMS sidesteps any debate about what qualifies as artificial intelligence by offering a broad warning about algorithms and artificial intelligence. "There are many overlapping terms used in the context of rapidly developing software tools," the CMS wrote.

The CMS also openly worried that the use of either of these types of tools can reinforce discrimination and biases—which has already happened with racial bias. The CMS warned insurers to ensure any AI tool or algorithm they use "is not perpetuating or exacerbating existing bias, or introducing new biases."

While the memo overall was an explicit clarification of existing MA rules, the CMS ended by putting insurers on notice that it is increasing its audit activities and "will be monitoring closely whether MA plans are utilizing and applying internal coverage criteria that are not found in Medicare laws." Non-compliance can result in warning letters, corrective action plans, monetary penalties, and enrollment and marketing sanctions.

—Courtesy of *Ars Technica*



## CONSUMER ALERT: URINARY CATHETER SCAMS

Scammers are currently targeting Medicare enrollees through phone calls, internet ads, and text messages with offers of free services, medical equipment, or gift cards upon confirming their personal information and eligibility for specific Medicare services. Often, the enticement for the individual is that they are “qualified” for items “at no cost” or “free.” Once the scammers obtain the enrollee’s personal information, monthly billing to Medicare will begin for medically unnecessary urinary catheters that may or may not actually be sent to the enrollee.

Typically, the scheme begins with a contact from an unscrupulous durable medical equipment (DME) company claiming they work for Medicare or are calling on behalf of Medicare. Their goal is to obtain the enrollee’s Medicare

number.

Usually, the DME company will obtain its own authorizing provider, who does not know or have a relationship with the enrollee, to sign an authorization for DME.

If you receive a call from someone offering you free urinary catheters or other Durable Medical Equipment and services that will be billed to Medicare, hang up immediately.

- Be suspicious of anyone who offers you free medical equipment and then requests your Medicare number. If your personal information is compromised, it may be used in other fraud schemes.
- If medical equipment is delivered to you, don't accept it unless it was ordered by your physician. Refuse

the delivery or return it to the sender. Keep a record of the sender's name and the date you returned the items.

- Review any Explanation of Benefits documents you receive. Scan for any supplies you did not order.
- Medicare enrollees should be cautious of unsolicited requests for Medicare numbers. No one other than your provider’s office should ever request your Medicare information. There is no other circumstance when it is appropriate or safe to provide it.

If you suspect Medicare fraud, call the HHS-OIG Hotline at 1-800-HHS-TIPS (1-800-447-8477).

—Courtesy of U.S. Department of Health and Human Services (HHS), Office

## CHANGES TO APS SELF-NEGLECT POLICY & A CREST SUCCESS STORY

In May 2023, the state legislators changed the definition of what categories Adult Protective Services (APS) can investigate. Self-neglect was taken out of this definition. When that bill was approved, the CREST (Collaborative Response to End Self-Neglect in Tennessee) program at FTAAAD changed dramatically.

From May 2023 until mid-February 2024, the CREST program received all the self-neglect referrals that APS could not investigate. During this time, CREST staff reached out to 124 people to assist with needs related to self-neglect.

Due to the hard work of many people and organizations, a new bill reauthorizing APS to investigate self-neglect was finally passed. On February 28 Governor Lee signed this bill. It went into effect immediately upon signature.

In order to better understand the impact of assisting people affected by self-neglect, CREST staff provided a brief success story as illustration (with permission from the consumer).

The client, D.F., is an elderly female living alone in Carter County. Due to her very low income, she has not had a working heat pump in more than 20 years and had been struggling to heat her home for years.

The CREST coordinator received approval to purchase and install a new heat pump for D.F. this

winter and the client was thrilled. This successful project was made possible through collaboration with local law enforcement, the Department of

Human Services, the power company and the local Neighborhood Service Center, and is an example of how many local organizations work together regularly to support older adults in need.

—Courtesy of Harley Jeter, FTAAAD







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## FTAAAD

### First Tennessee Area Agency on Aging and Disability

3211 N. Roan St.  
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1-866-836-6678 (Toll-Free)  
1-877-801-0044 (SHIP)  
423-928-3258 (Local)

[www.ftaad.org](http://www.ftaad.org)

No person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

This project is funded under a grant contract with the State of Tennessee.

Contributions are encouraged to support all programs but no one is refused service for inability to pay.

The FTAAAD is part of the First Tennessee Development District.



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**SHIP**  
State Health Insurance Assistance Program

This project was supported, in part by grant number 90SAPG0069-02-00, 2001TNMISH-00, 2001TNMIAA-00, and 2001TNMIDR-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.



## PHOTO GALLERY



*An example of the wheelchair ramps FTAAAD is constructing with funding through the Options 2.0 program*



*Adams Pharmacy staff during a joint FTAAAD/Johnson County Senior Center vaccination clinic in February*



*FTAAAD staff representing the agency at the Second Annual Appalachian Veteran Fair, held at the Bristol Motor Speedway for the first time*