

Home and Community Based Services Conference

Hyatt Regency Crystal City, Arlington, VA

MONDAY, SEPTEMBER 9, 2013
HCBS INTENSIVES

7:00 a.m. – 5:00 p.m. **Registration**

7:30 a.m. – 8:30 a.m. **Continental Breakfast**

8:30 a.m. – 5:00 p.m. ***Pre-Conference Intensives***

Network Basics 101

Regency Ballroom E

In the morning, The Centers for Medicare & Medicaid Services (CMS) will provide an overview of the Medicaid program, and discuss such topics as waiver application, ANPRM, NPRM for the 1915(c), (i) and (k), quality going forward, managed care authorities (b), 1115, 1932, (b)(c) combination waivers, person-centered planning in the ACA, conflict-free case management including firewalls.

In the afternoon, the Administration for Community Living (ACL) will reflect on the vision and strategic design that led to the establishment of ACL in April 2012. It will examine ACL programs and initiatives, both longstanding and recently established, that seek to ensure that older Americans and people with disabilities throughout their lifespan receive the necessary long-term services and supports to stay independent. Attention will be given to authorizing statutes that guide ACL programs, including the Older American Act administered by the Administration on Aging (AoA), the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD ACT) administered by the Administration on Intellectual and Developmental Disabilities (AIDD) and other statutes pertaining to older Americans and people with disabilities such as the Health Professions Education Partnerships Act, Health Insurance Portability and Accountability Act and the Help America Vote Act. The discussion will also address ACL's diverse partnership role, looking at how ACL interacts within the aging and disability communities to offer collaboration, innovation and solutions.

Medicaid Managed Long-Term Care

Potomac Rooms I-VI

With generous financial support from The SCAN Foundation, this daylong preconference MLTSS Intensive session will highlight essential functions in a Managed Long-Term Services and Supports (MLTSS) environment that leverage the core competencies and traditional strengths of community-based agencies (such as Area Agencies on Aging and /or Centers for Independent Living) and harness their standing as trusted intermediaries and advocates for seniors and adults with disabilities.

In states across the country, AAAs & CILs face a struggle to define a role for themselves in the world of home & community based services in the aftermath of states' decisions to transition their long-term care systems away from traditional fee-for-service §1915(c) waivers to various forms of managed and integrated care.

This Intensive program aims to provide a pathway that can help these community-based agencies inhabit new roles in the HCBS system, while making clear how these roles will be defined, and the heightened expectations that AAAs and CILs will need to satisfy in order to perform these functions appropriately and sustainably. The MLTSS Intensive conference sessions will explicitly address areas where states ought / need to employ a neutral entity, independent of managed-care organizations, to prevent conflict-of-interest and advise / advocate for beneficiaries, functions essential to assure that Medicaid beneficiaries are protected and capable of making informed choices as knowledgeable consumers.

The faculty for the MLTSS Intensive sessions will include key NASUAD staff, national MLTSS experts, and representatives from community-based agencies, Managed Care Organizations (MCOs) and states where AAAs and CILs have acquired practical experience in these roles, typically under contracts with state Medicaid or Aging & Disability agencies. The speakers and panelists will describe the function / role and discuss the contracting process, the experience and capacity specifications, requirements that community-based agencies themselves are independent and conflict-free, and the changes and adaptations that AAAs / CILs had to make as they stepped into these new roles.

Prevention, Protection & Advocacy

Washington A & B

A quiet epidemic exists in America - abuse, neglect and exploitation of older adults and persons with disabilities. Elder abuse and maltreatment of persons with disabilities continues to be underreported and under prosecuted in the nation. Data suggests that each year at least 10% (or 5 million) older adults are subjected to abuse, neglect and exploitation with only 1 in 25 cases reported to social service agencies. Research has demonstrated that these abuses have significant consequences for health, well-being and independence. The World Health Organization (WHO) states that "Elder abuse is the violation of human rights and a significant cause of illness, injury, loss of productivity, isolation and despair." Awareness is rising. Many agencies and organizations are involved in the movement for the prevention of elder abuse and vulnerable adult maltreatment. The Administration for Community Living's (ACL) Administration on Aging (AoA) announced the "Year of Elder Abuse Prevention" in June 2013. This session will provide an opportunity to learn what is being done, and can be done, at the national, state and local levels to further awareness and prevention

Information and Referral Retreat

Regency Ballroom C&D

NASUAD's Aging and Disability Information and Referral/ Assistance (I&R/ A) Support Center is hosting the HCBS Conference's first annual I&R/ A Intensive which will include important information for state level professionals from state I&R/ A departments, Aging and Disability Resource Centers (ADRCs), and State Health Insurance Programs (SHIPs). The agenda will include a review and interactive discussion on recent and future I&R/ A state and federal program and service changes, the Health Insurance Marketplaces, the I&R Support Center's recent national survey results, and pressing issues affecting state level I&R/ A, ADRC, and SHIP programs. Attendees will also hear federal updates from the Administration for Community Living (ACL), NASUAD and n4a.

Balancing Incentive Program

Regency Ballroom A (1:00p.m. – 5 p.m.)

Launched on October 1, 2011 under Section 10202 of the Affordable Care Act, the Balancing Incentive Program offers qualifying states an incentive to increase their expenditures on community-based long-term services and supports (LTSS). Based on 2009 data 38 states qualified for the Program. As of July 2013, 16 states had been awarded grants-seven of them in 2013. This intensive session will highlight the innovative ways in which States have used Program funds to increase the number of individuals who receive community LTSS; to expand the array of services individuals can receive; and to make the structural changes that the Program requires. States will participate in the intensive to share some of these innovative practices. They will also discuss challenges they have faced in making the Program work in their state-specific environments and how they have met those challenges. This intensive will also describe how the Balancing Incentive Program interacts with related initiatives, including Money Follows the person and Aging and Disability Resource Centers, all of which share the goal of shifting the LTSS system away from institutional care and toward community-based care.

TUESDAY, SEPTEMBER 10, 2013
HCBS CONFERENCE

7:00 a.m. – 5:00 p.m.

Registration

7:30 a.m. – 8:30 a.m.

Continental Breakfast

8:30 a.m. – 10:00 a.m.

Welcome Plenary, *Regency Ballroom*



Kathy Greenlee, Administrator, Administration for Community Living, and Assistant Secretary, Administration on Aging, U.S. Department of Health and Human Services

Kathy Greenlee serves in dual roles of Administrator of the Administration for Community Living and Assistant Secretary for Aging. Ms. Greenlee was appointed by President Obama as Assistant Secretary for Aging at the U.S. Department of Health and Human Services and confirmed by the Senate in June 2009. The Administration for Community Living (ACL) is a new federal agency operating within the Department of Health and Human Services. ACL brings together into a single entity the Administration on Aging, the Office on Disability, and the Administration on Developmental Disabilities. ACL is charged with working with states, tribes, community providers, universities, nonprofit organizations, businesses and families to help seniors and people with disabilities live in their homes and fully participate in their communities. Assistant Secretary Greenlee believes that people with functional support needs should have the opportunity to live independently in a home of their choosing, receiving appropriate services and supports. She is committed to building the capacity of the national aging and disability networks to better serve older persons, caregivers, and individuals with disabilities. Kathy Greenlee served as Secretary of Aging in Kansas, and before that as the Kansas State Long Term Care Ombudsman. She also served as the General Counsel of the Kansas Insurance Department and served as Chief of Staff and Chief of Operations for then Governor Kathleen Sebelius.

10:15 a.m. – 5:00 p.m.

CIRS/A Training, *Prince William Room*

10:00 a.m. – 10:15 a.m.

Break

10:15 a.m. – 11:30 a.m.

Workshops:

ACL: Implementation of Secretary Sebelius' 2013 National Plan to Address Alzheimer's Disease

Room: Potomac III & IV

This series of sessions with the theme of “dementia capability” will focus on ways in which the Administration on Aging (AoA), Administration on Intellectual and Developmental Disabilities and its partners are implementing their responsibilities under the Secretary's National Plan to Address Alzheimer's Disease. The main learning objective for the series is for attendees to understand the key role Administration for Community Living (ACL) is playing in addressing dementia, including Alzheimer's disease, and the many resources available from ACL and its partners related to dementia. The topic is presented in four sessions. This session covers: a description of the Secretary's plan; ACL/AoA Systems Integration and Dementia Capability implementation; and how states are incorporating the Secretary's plan into their state Dementia plan.

Presenters: Jane Tilly, Team Lead for Brain Health and Dementia Programs, Administration for Community Living; and Helen Lamont

ACL: Return to the Community: The Aging & Disability Network Role in Delivering Nursing Home Transitions

Room: Arlington/Fairfax

Administration for Community Living and the State of Minnesota will provide an overview of MN's Return to the Community Program and the role the Aging & Disability Networks fulfill in the delivery of these programs. The presentation will highlight the innovative way MN is using MDS data, and the use of their Community Living Specialists to facilitate transitions and management information, which is being used to evaluate and track performance.

Presenters: James Toews, Administration for Community Living; Elizabeth Leef, Administration for Community Living; John Wren, Deputy Administrator for Disability and Aging Policy, Administration for Community Living; Krista Boston, State of Minnesota; Steve Kaye, USC; and Lisa Alecxin, Lewin

CMS: Medicaid 101: Overview of the Program

Room: Washington A & B

This session provides a comprehensive overview of the Medicaid

program including delivery system choices for offering Medicaid benefits. This session is ideal for the new waiver manager or for individuals interested in learning the basics of Medicaid including a high level review of new provisions within Medicaid.

Presenters: Melissa Harris, Director, Division of Benefits and Coverage, Disabled and Elderly Health Programs Group; and Camille Dobson, Senior Policy Advisor, Division of Integrated Health Systems, Disabled and Elderly Health Programs Group

Strategies for Successful Community Supports and Transitions for Individuals Living with Traumatic Brain Injury (TBI), Lessons Learned from Maryland's TBI Medicaid Waiver

Room: Roosevelt

State and community partners that work with individuals with cognitive, physical and behavioral health issues related to a history of brain injury as they transition from institutional to community settings can maximize success through thoughtful planning and consideration of potential barriers common to those living with traumatic brain injury. This workshop will: 1) highlight the relationship of co-occurring mental health and substance abuse issues common to this population, 2) introduce tools to identify and screen individuals eligible for HCBS with a history of hidden brain injury, 3) recommend strategies for individuals with functional physical, cognitive and behavioral impairments related to a history of brain injury, 4) identify the clinical disciplines that are involved in the clinical care of individuals with brain injury, and 5) provide attendees with suggestions for state, local and national resources that can support individuals living with brain injuries and their families to create a person centered, community based plan of care.

Presenters: Anastasia Edmonston, TBI and Person Centered Planning Trainer, Maryland Mental Hygiene Administration; and Stefani O'Dea, Chief of Long Term Care, Maryland Mental Hygiene Administration

Strengthening Long Term Services and Supports Through Robust Consumer Engagement

Room: Lincoln

Two major changes underway in the delivery of Medicaid long-term services and supports—the transition to managed care and the integration of long term services and supports (LTSS) with other

services through the dual eligible demonstrations—have great potential benefits and risks. Engaging consumers and their advocates in planning, governance, and monitoring can help ensure greater positive outcomes. Yet, stakeholder involvement must go beyond soliciting comments on a proposal or calling a meeting. What are the best mechanisms for sustained engagement of consumers? Learn about models for consumer involvement in state planning and oversight, and in managed care plan operations at the community level. This session will also discuss removing barriers to consumer involvement by ensuring cultural and linguistic competency and providing various supports.

Presenters: Alice Dembner, Project Director, Community Catalyst; Doug Goggin-Callahan, New York State Policy Director and Leader of NY Consumer Coalition, Medicare Rights Center; Dennis Heaphy, Chairman, Massachusetts Implementation Council; and Rosa Palacios, Director of Health Care Education and Caregiver Training, Commonwealth Care Alliance

New Delivery Systems for Long Term Services and Supports: How States are Diving into Affordable Care Act Opportunities

Room: Potomac V

The Affordable Care Act (ACA) provided opportunities to develop innovative systems of long-term services and supports (LTSS). In this session, speakers will highlight these opportunities and state progress since the ACA's passage. First, states are actively engaged in designing both capitated and managed fee-for-service Financial Alignment Demonstrations of integrated care for Medicare-Medicaid enrollees. Alice Lind (Center for Health Care Strategies) will describe the demonstrations with a focus on stakeholder involvement, quality measurement and evaluation, and steps to ensure success. Suzanne Gore (Commonwealth of Virginia) will present their model of integration, highlighting the cross-agency collaboration that allowed them to quickly complete their demonstration design. Sarah Barth (CHCS) will describe the Balancing Incentive Program, Community First Choice, and other ACA-related LTSS innovations; the steps states have taken to secure these grants; and early lessons from states who have begun implementation. Finally, Lorraine Nawara (State of Maryland) will share their experience pursuing and implementing these new programs, as well as plans to align these efforts to support home and

community-based services. With ample time for discussion, participants can tailor the session to those aspects of LTSS innovation that keep them up at night!

Presenters: Sarah Barth, JD, Director, Long-Term Services, Center for Health Care Strategies; Michelle Herman, Senior Program Officer, Center for Health Care Strategies; and Suzanne Gore, JD, Senior Executive Advisor, Virginia Department of Medical Assistance Services; Alice Lind, and Lorraine Nawara

Use of Participant Experience Surveys and Listening Sessions to Inform Design of Long Term Services and Supports in Era of Integrated Delivery Models: Challenges and Opportunities

Room: Jefferson

This session will provide highlights of (a) consumer surveys of people using community based long-term services and supports (LTSS) and (b) community listening sessions that were conducted in Maine. As States implement Health Homes and other managed care programs that integrate Medicare and Medicaid services, it is increasingly important to capture the experience of beneficiaries across medical, long term care and other social service systems. Unlike many of the HCBS surveys currently available, this survey attempted to capture cross system experience of care, including access to medical care, post hospital care, home care, service coordination, use of assistive devices, and transportation services for community LTSS users. The survey was supplemented by listening sessions organized by the Long Term Care Ombudsman Program and attended by 238 people in 8 Maine communities. Results from the listening sessions were organized into themes that were consistent with, and yet, broader than those in the survey including: housing, food, affordable services, navigation assistance, family support and other gaps in services. This session will focus on ways that survey results and grass root community meetings can inform policy and recommendations for future work, as well as the need for survey instruments and satisfaction questions that address integration and coordination across service systems.

Presenters: Julie Fralich, Director of Program on Disability and Aging, Muskie School of Public Service, University of Southern Maine; Elizabeth Gattine, Long Term Care Program Manager Maine Office of Adults and Disability Services, DHHS; and Brenda Gallant, Director, Maine Long Term Care Ombudsman Program

Positioning the Older Americans Act Nutrition Program in the HCBS and Long Term Care Service and Support System

Room: Potomac II

Adequate nutrition is essential for health, functionality, and continued independence in the community. As the largest community based food and nutrition program in the country targeted to older adults, it is essential that the Older Americans Act Nutrition Program be positioned as a critical program in the community support system. In the fast changing market place, State Units on Aging, Area Agencies on Aging and local nutrition service providers are trying to meet the differing needs of a widely diverse older population and develop nutrition services implementation strategies to better meet the changing community and health care marketplace. This session will provide an overview of the National Resource Center on Nutrition and Aging, how it supports the aging services network in modernizing nutrition services, and the value of quality nutrition for older adults so they are able to remain independent in their communities now and in the future.

Presenters: Linda Netterville, MA, RD, LD, VP, Grant Management, Meals On Wheels Association of America; and Nadine Sahyoun PhD, RD, Associate Professor, Dept. of Nutrition and Food Science University of Maryland

Providing HCBS through Managed Care: Recent Trends and Important Consumer Issues

Room: Potomac VI

Over the past twelve months, Centers for Medicare & Medicaid Services (CMS) has approved proposals from various states including Florida, Illinois, Kansas, Massachusetts, New Jersey, New York, and Ohio to require Medicaid beneficiaries receive HCBS through managed care organizations. Ideally, managed care organizations would provide services in a more coordinated fashion, allowing for greater access to necessary HCBS. If done poorly, however, the move to managed care can limit access to services and lead to setbacks in both quality of care and quality of life. The session will summarize the most noteworthy aspects of the recently-approved programs, with particular emphasis on those policies that are especially positive or negative for persons receiving HCBS. One important topic will be care planning, and the enrollee's ability to

influence or appeal care planning decisions. Other topics will include: continuity of care, self-directed care, incentives for rebalancing, and quality measurement. The session will prepare government attendees to design and implement more effective programs, and non-government attendees to advocate effectively for systems that better meet beneficiary needs.

Presenters: Eric Carlson, Directing Attorney, National Senior Citizens Law Center; Maureen Fitzgerald, Disability Policy Director, The Arc; and Rhonda Richards, Senior Legislative Representative, AARP

An Improved Method for Classifying HCBS Service Use and Expenditures: The HCBS Taxonomy

Room: Potomac I

Historically, analyzing the availability and use of home- and community-based services (HCBS) is complicated because of state-to-state variations in procedure code definitions and naming conventions. Using procedure codes to categorize HCBS is the most granular approach, but time consuming. The HCBS taxonomy is a new uniform, classification system, introduced by the Centers for Medicare and Medicaid Services, that can be applied to waiver services while still maintaining states' flexibility. The HCBS taxonomy bridges the gap between the granular procedure codes and the high-level type of service codes, by using 18 categories and over 60 subcategories. This presentation will describe the taxonomy, including how states can allocate procedures to taxonomy categories and present national- and state-level estimates of HCBS service use and expenditures using Medicaid claims data. It will also describe applications of the taxonomy in recent Medicaid research studies and the Money Follows the Person Demonstration.

Presenters: Victoria Peebles, Research Analyst, Mathematica Policy Research; Ralph Lollar, Director, Division of Long Term Services and Supports, the Centers for Medicare & Medicaid Services; and Dan Timmel, Health Insurance Specialist, the Centers for Medicare & Medicaid Services (CMS)

11:30 a.m. – 12:00 p.m.

Exhibit Hall Opens

12:00 p.m. – 1:00 p.m.

Lunch in Exhibit Hall

1:00 p.m. – 2:15 p.m.

Workshops:

ACL: Achieving Scale with Care Transitions

Room: Potomac III & IV

Whether you're going from a pilot to hospital-wide, or from one community to statewide, scaling up your care transition efforts takes an extensive amount of planning. This session will present strategies from the Quality Improvement Organization Care Transitions Aim, the Community-based Care Transitions Program and the Aging and Disability Resource Centers care transitions activities. Federal staff and program participants will discuss and share activities to help with increasing staff and referrals, spreading best practices between sites, and developing a population-based approach to improving care transitions in your state and community.

Presenters: Abigail Morgan, Administration for Community Living; and Caroline Ryan, Administration for Community Living

CMS: Medicaid 201: Home and Community Based Services within Medicaid

Room: Washington A & B

This session, which builds upon "Medicaid 101: Overview of the Program," will provide an overview of home and community-based services (HCBS) within Medicaid. Not only will this session provide invaluable information on Section 1915(c) HCBS waivers, but it will also provide an overview of the newer tools available, including but not limited to Community First Choice and 1915(i) HCBS State Plan Option, for those states interested in enhancing their HCBS options.

Presenters: Ralph Lollar, Director, Division of Long-term Services and Supports, Disabled and Elderly Health Programs Group; Kathy Poisal, Technical Director, Disabled and Elderly Health Programs Group; and Kenya Cantwell, Disabled and Elderly Health Programs Group

A Partnership Model to Connect Rural Veterans with Aging and Disability Resource Centers for Options Counseling

Room: Kennedy

Many veterans who are eligible for benefits from the Department of Veterans Affairs (VA) do not know about their VA benefits. For veterans in scattered rural communities, learning about their VA benefits can be especially challenging. Aging and Disability Resource Centers (ADRC) provide options counseling to assist older

adults and persons with disabilities to obtain long term services and supports. Within local communities, veterans could connect to local ADRCs to receive information, assistance, and options counseling for their VA benefits. In 2012, the Utah ADRC surveyed ADRC sites throughout the US and found that their knowledge of VA benefits was poor. Overall, respondents reported difficulty finding information about the VA and indicated that they would like training about VA benefits. These data led to a pilot intervention between the VA Office of Rural Health and the Utah ADRC to improve veterans' access to their VA benefits. VA Benefit Specialists provide specialized training to all options counselors at ADRC agencies in Utah. The training includes detailed information regarding benefits, eligibility, and enrollment/application procedures. This innovative approach creates a model that could be disseminated to ADRC programs nationwide, improving access and information to veterans who otherwise might not access their VA benefits.

Presenters: Jennifer Morgan, Program Manager, Utah Aging & Disability Resource Connection; and Bret Hicken, Acting Deputy Director, Veterans Rural Health Resource Center-Western Region

Improving the Ability of the Direct Care Workforce to Meet the Nation's Growing Demand for Home and Community-Based Supports: Innovative Approaches and Lessons Learned from Six States Implementing Standardized Training and Credentialing for Direct Care Workers

Room: Jefferson

Personal and home care aides constitute the fastest growing occupation in the U.S. workforce. They play a key role in aging-in-place strategies and population aging, as high rates of chronic illness are increasing demand for their services. Yet, many states are facing worker shortages. In most states, the workforce lacks clear training and competency standards, and is plagued by poor job conditions (e.g., low pay, few benefits, variable hours, and environmental safety challenges). The Personal and Home Care Aide State Training (PHCAST) program, administered by the DHHS Health Resources and Services Administration and legislated through the Affordable Care Act, has funded the development, implementation, and testing of statewide competency-based training models in six states (California, Iowa, Maine, Massachusetts, Michigan, and North Carolina). In this panel discussion, each state will share a lesson

learned thus far in their project, including the following topics: engaging stakeholders in development and delivery of training programs; meeting the needs of varying worker groups (e.g. incumbent vs. new direct service workers, English language learners); and building career lattices & worker retention Robyn Stone from LeadingAge will moderate the discussion, and provide an overview of the PHCAST project and its goals.

Presenters: Robyn Stone, Sr. Vice-President, Research LeadingAge; Susan Chapman, Associate Professor, School of Nursing University of California San Francisco; Erin Drinnan, Project Manager, Direct Care Workforce Initiative, Iowa Department of Public Health; Kellee McCrory, Research Manager, University of Iowa ;Susan Rovillard, PHCAST Project Director, Maine Dept. Health and Human Services; Amy Johnson, Assistant Director, Ctr Educ. Policy, Appl Research & Eval, University of Southern Maine; Clare Luz, Assistant Professor, Michigan State University ; Dan Ochylski, Michigan PHCAST Project Director, University of Michigan; Jennifer Craft Morgan, Assistant Professor, Georgia State University, Gerontology Institute;and Leanne Winchester, Project Director, MA PHCAST, Massachusetts Exec Office of Health and Human Services

Dual Eligibles: Let's Learn from Each Other

Room: Potomac I

Within the next two years, two-thirds of states are planning to reform the way in which they finance and deliver services to some of their most vulnerable populations: people who are dually eligible for Medicare and Medicaid services. Come to this session to learn how states are improving care for duals whose health care needs frequently span acute, chronic and long-term services and supports (LTSS) for both physical and mental health conditions.

Presenters: Wendy Fox-Grage, Senior Strategic Policy Advisor, AARP Public Policy Institute Speaker from CMS Medicare-Medicaid Coordination Office; and Mike Hall, Senior Director of Medicaid Policy and Planning, NASUAD

A New Tool to Assess Quality of Life of Elders and People with Physical Disabilities: Introducing the National Core Indicators for Aging and Disability

Room: Potomac VI

This panel will provide an introduction to a new consumer survey to

assess the experiences of elders and people with disabilities receiving publicly financed residential and support services. The presenters will discuss the rationale for the development of a new tool as well as the ways in which the enterprise is building on the foundations laid by the National Core Indicators for people with intellectual and developmental disabilities. The new tool, NCI-AD, has been developed by a collaborative group that includes NASUAD staff, state aging officials, subject area experts, and staff from NCI, including the NASDDDS. The draft tool will be piloted in the fall of 2013. Conference participants will learn how the new tool was developed, how it will be piloted, and the ways in which the results can be used to develop policy initiatives that will improve the lives of elders and people with disabilities.

Presenters: Valerie J. Bradley, President, Human Services Research Institute; Mike Hall, Senior Director of Medicaid Policy and Planning, NASUAD; Martha Roherty, Executive Director, NASUAD; Mary Lee Faye, National Association of State Directors of Developmental Services; Julie Bershady, Human Services Research Institute; TBD--state representative from OH, and state representative from MN

An Environmental Scan of Managed Long Term Services and Supports Quality Requirements in Managed Care Organization Contracts

Room: Potomac V

An increasing number of state Medicaid programs are opting to move the delivery of long-term services and supports from fee-for-service to managed care. With this move comes a change in roles for quality oversight, with the state placing substantial responsibility for monitoring and quality reporting on the managed care organizations with which it contracts. One avenue for understanding how the states are delegating these responsibilities is through an environmental scan of the contracts that states have negotiated with the MCOs. HHS's Office of the Assistant Secretary for Planning and Evaluation has partnered with Truven Health Analytics to conduct a quality-focused environmental scan of extant MCO contracts. The scan explored inclusion in these contracts of such elements as staffing requirements for quality management activities, quality assurance processes, IT support of quality monitoring and reporting, performance measure reporting, LTSS-related

performance improvement plans, required EQRO activities, care coordination requirements, ombudsman requirements, and quality-related financial incentives. The results of this scan will be presented during this session. The session will also include an overview of how the components of participant direction have been included these contracts. The National Resource Center for Participant-Directed Services at Boston College will present the language that states have use language related to employer and budget authorities, standards for financial management and information/assistance services, participation benchmarks, reporting requirements, and participant satisfaction.

Presenters: Patricia Rivard, MBA, Senior Research Leader, Truven Health Analytics; Jason Rachel, Truven Health Analytics, Pam Doty, Ph.D, Senior Policy Analyst, Office of the Assistant Secretary for Planning and Evaluation; and Casey DeLuca, MSW, Associate Director of Training, National Resource Center for Participant-Directed Services, Boston College

Business and Systems Challenges of HCBS Waiver Management

Room: Lincoln

Massachusetts Department of Developmental Services (DDS) currently operates a complex service structure, not easily moved from the provider/resource perspective or the Department staff perspective. In moving from a single comprehensive waiver program to three waiver programs, several challenges around systems, business practices and labor needed to be addressed. DDS chose a technology option that allowed it to build a waiver program administration tool, Participation Allocation Management (PAM) module, on top of its existing systems. Through systems integration, DDS was able to utilize data from existing systems and enhance its waiver program administration capabilities to manage its three adult waivers. Currently, DDS is able to administer hundreds of waiver rules for each of 12,000 plus individuals based on service portfolio and waiver enrollment, enabling the agency to determine and verify the eligibility of individual qualified expenditures using this tool. This tool also provides an intuitive user interface and business intelligence features to help with waiver administration and financial management business functions. In order to operationalize the new waivers across the state, the agency embarked on a significant transformation and communications initiative by identifying pilot

group users across area offices and regional offices, and conducting several training sessions on policy and tool usage.

Presenters: Janet George, Ed.D., Assistant Commissioner, Policy, Planning and Children's Services, Massachusetts Department of Developmental Services; Hans Toegel, Co-Project Director, DDS HCSIS/PAM Implementation; Joann Galvin, Co-Project Director, DDS HCSIS/PAM/QE5 Implementation; and Prasad Thottempudi, Senior Manager, Deloitte Consulting

Innovations in Caring: The Critical Role of Palliative Care in Home and Community Settings

Room: Potomac II

Palliative care is specialized medical care for people with serious illnesses. It provides patients with relief from symptoms, pain, and stress of a serious illness—whatever the patient's age or diagnosis. It is provided by a team of doctors, nurses, and specialists who work with patients' other doctors. The availability of palliative care teams in hospitals has grown exponentially in the last decade, but until recently, was seldom available in places seriously ill patients wish to receive their care: home and community. Now, innovative models of palliative care are developing in communities, with services available in homes and long-term care settings for adults and children. Palliative care teams are essential players, as communities and health systems work together to re-organize how and where care is delivered to improve quality while managing costs. It offers seriously ill patients and families an added layer of expert medical and team support in partnership with home and community based services, and responds to demands of health care reform for solutions that are high quality, person/ family centered, and proven to be cost effective. This session will provide concrete examples of cutting-edge home and community-based palliative care services, offering data on positive clinical, quality and financial outcomes.

Presenters: Diane E. Meier, MD, FACP Director, Center to Advance Palliative Care

Graphically Discover the Meaning of HCBS Big Data

Room: Roosevelt

Home and Community Based Services (HCBS) reform objectives are revolutionary. The ambitious goals of HCBS policies, funding, and accountability are to better patient quality of life while lowering

costs. Consistent across all of these objectives are requirements that increase the volume, interoperability, and complexity of reported data. HCBS data will soon include feeds from electronic waiver management systems, Health Homes, Health Information Exchanges, Electronic Health Records, eligibility systems, and Medicaid Management Information Systems (MMIS). The unintended consequence is that the success and failure of HCBS policies are hidden within Big Data, exceeding the analytical capacity of conventional tools and techniques. While the data signatures constituting trends or outliers within Big Data are not readily discernable with conventional tools; work based on the data visualization techniques promoted by Edward Tufte and Hans Rosling demonstrate that it is possible. Attendees of this presentation will see the value of applying data visualization techniques to help HCBS policy makers understand trends, identify outliers, and streamline complex workflow to make key improvements.

Presenters: Chris White, Senior Vice President, FEi Systems Ian Stockwell, Director of Special Studies, The Hilltop Institute

The Importance of Working in Family Caregiving Coalitions

Room: Arlington/Fairfax

The workshop would include an introduction of what a family caregiving coalition is, why it's important to engage in a caregiving coalition, how you create a caregiving coalition, and what the role is of the National Alliance for Caregiving to strengthen these coalitions. During the workshop, participants will learn about the work the Alliance does, and how coalitions can join our network of family caregiving coalitions.

Presenters: Rick Greene, National Alliance for Caregiving; and Gail Hunt, President & CEO , National Alliance for Caregiving

2:15 p.m. – 2:30 p.m.

Break

2:30 p.m. – 3:45 p.m.

Workshops:

ACL: Evidence-Based Interventions for Caregivers of Persons with Dementia

Room: Potomac III & IV

This series of sessions with the theme of “dementia capability” will focus on the ways in which the Administration on Aging,

Administration on Intellectual Developmental Disabilities and its partners are implementing their responsibilities under the Secretary's National Plan to Address Alzheimer's Disease. The main learning objective for the series is for attendees to understand the key role the Administration for Community Living (ACL) is playing in addressing dementia, including Alzheimer's disease, and the many resources available from ACL and its partners related to dementia. This session will discuss: outcomes from the Alzheimer's Disease Supportive Services Program; Evidence-Based Caregivers Programs; state implementing and sustaining an evidence-based program; use of evidence-based interventions in the National Family Caregiver Support Program; and evidence-based approaches to preventing elder abuse and self-neglect.

Presenters: Jane Tilly and Josh Wiener

CMS: The Program You Save May be Your Own: Fraud and Abuse Controls in Personal Care Services While Retaining Recipient Choice and Control

Room: Washington A & B

According to the 2012 report by the Department of Health and Human Services Office of the Inspector General: Personal Care Services: Trends, Vulnerabilities and Recommendations for Improvement, personal care services have a high incidence of fraud and abuse. This session will discuss why those designing and monitoring programs need to pay attention to strategies to reduce fraud risk in personal care services while balancing flexibility and person-centered service delivery. The session will include discussion about the advantages of self-direction as a vehicle for greater independence and an option to generate systems change.

Presenters: Ralph Lollar, Director, Division of Long-Term Services and Supports, Disabled and Elderly Health Programs Group; Linda Joyce, Deputy Director, Division of Long-term Services and Supports, Disabled and Elderly Health Programs Group; Dianne Kayala, Technical Director, Division of Long-term Services and Supports, Disabled and Elderly Health Programs Group; Jason Weinstock, Inspector, Office of Inspector General; and Nancy Thaler, Executive Director, National Association of State Directors of Developmental Disabilities Services

Innovating Ways to Approach Oral Health Care for the Dual

Eligible Population

Room: Arlington/Fairfax

DentaQuest recognizes the challenges that individuals who qualify for both Medicare and Medicaid face in receiving necessary oral healthcare. Many are challenged not only by physical inability to get to dentist's office, but with finding a provider who can create a plan of treatment that will accommodate the mental, behavioral, and physical disabilities often present in the population. The co-existence of poverty with the physical or emotional disabilities underscores the importance of developing an innovative, patient-centered model of care. This presentation will provide innovative ways to approach oral health delivery care for this population.

Presenters: John Luther, DDS, Chief Dental Officer, SVP Dental Management

Bridging Opportunities: Intellectual and Developmental Disabilities in the New World Order of Health Care

Room: Potomac VI

This session will discuss why many states are selecting to pursue managed care contracts for individuals with intellectual and developmental disabilities, and some of the implications. The session will also discuss the critical role that individuals with disabilities, and their families, self-advocate and advocates have in the development, benefit design and implementation of managed care.

Presenters: Merrill A. Friedman, VP, Advocacy, Amerigroup Corporation; and Connie Garner, Policy Director, Foley Hoag, LLC (former Disability Policy Director for Senator Edward M. Kennedy)

Caregiver Assessment Within Medicaid Waiver and Personal Care Services Across the States

Room: Potomac V

This session will present the findings of a national study of caregiver assessment questions and practices within home and community-based services programs across the states. The presenters will discuss the rationale for inclusion of assessment of family caregivers; findings, practices and policy recommendations contained in the study; and the trend towards integration of informal caregivers across health and social service settings. Field work for this project was completed in January 2013 with expected publication of the results in late summer 2013. The results of this study can inform the

policies and practices of including informal caregivers in HCBS programs for program directors and those in case manager positions. The session will provide the findings from each state, the results of key informant interviews, and policy recommendations for moving forward to include informal caregivers as partners in care and service coordination.

Presenters: Kathleen Kelly, MPA, Executive Director, National Center on Caregiving, Family Caregiver Alliance Lynn Feinberg, MSW, Senior Strategic Policy Advisor, AARP Public Policy Institute

What It Takes: Community Partnerships to House and Serve Vulnerable Homeless Adults

Room: Kennedy

On a given night in 2012, almost 200,000 people in the U.S. were chronically homeless, having a disabling condition with repeated or lengthy homeless episodes. The most vulnerable homeless people struggle with mental illness, often with co-occurring substance use problems, and increasingly compromised physical health. With policy consensus on permanent supportive housing (PSH) as the solution, chronic homelessness has been decreasing. Continued progress depends in part on effective models to integrate community-based services in PSH. This session examines the Chicago Housing for Health Care Partnership and successor programs that use Medicaid data to identify and serve high-cost homeless enrollees. The initial collaboration provided housing and case management to homeless people with HIV/AIDS and other chronic illnesses. Outcomes included reduced hospitalization and other health access improvements, resulting in Medicaid savings. Additional gains with further investments can be projected. Speakers also explain how other communities serving vulnerable homeless populations are collaborating on new tools to target solutions and match resources with the highest needs. Emerging strategies are leveraging health care reform to improve community connections in supportive housing, behavioral health, and primary care. Profiles of vulnerable homeless populations and highlights of relevant Affordable Care Act and Medicaid provisions will be presented.

Presenters: Arturo Bendixen, Vice President of Housing Partnerships, AIDS Foundation of Chicago; and Lisa Stand, Senior Analyst, National Alliance to End Homelessness

Over an Eligibility Cliff: Preserving Access to HCBS During the Transition from Expansion Medicaid

Room: Potomac II

2014 promises to be a watershed year in public health care systems, as most states will significantly expand eligibility for Medicaid under the Affordable Care Act (ACA). Some of these newly-eligible individuals will need home and community based services, even though they did not previously qualify for Medicaid on the basis of age or disability. Those same individuals will then experience unique hurdles as they become Medicare eligible and lose access to expansion Medicaid, with individuals with chronic conditions who depend on home and community-based services most vulnerable to disruptions in care. Drawing on past experiences with similar transitions (such as dual eligibles' switch to Medicare Part D), this session will review some of the biggest risks to eligibility for people transitioning from expansion Medicaid to Medicare, including: gaps in coverage due to enrollment and disenrollment mismatch; failure to maximize Medicare subsidy programs; and difficulty in redetermining traditional dual eligibility. It will also highlight measures states are taking to help ensure that beneficiaries do not fall through the cracks.

Presenters: Anna Rich, Director, Medicaid Defense, National Senior Citizens Law Center; Stacy Sanders, Federal Policy Director, Medicare Rights Center; and Andrea Callow, Policy Attorney, Center for Medicare Advocacy

Waiver Case Management: Building Upon the Affordable Care Act Investments

Room: Jefferson

Most states are currently developing systems and processes to meet the Affordable Care Act. From a systems perspective, the focus has been on supporting the expansion of Medicaid and the Health Insurance Exchange. The investment in these systems also presents opportunity for the management of Medicaid Waivers. This session will discuss this opportunity through three perspectives: Participants, Agencies, and IT Systems.

Presenters: Meghan Sullivan, Senior Manager, Deloitte Consulting; Bert Maier, Director, Deloitte Consulting; and Matthew Mardorff, Associate, Deloitte Consulting

Community-Hospital Partnership to Facilitate Improvements in Care Transitions

Room: Roosevelt

Improving health care with an eye to truly quantifiable results will require non-traditional partnerships that extend beyond the traditional medical model. In 2010, the Belknap County ServiceLink Resource Center (SLRC), an Aging and Disability Resource Center, and Lakes Region General Hospital, both located in Laconia, New Hampshire, partnered to pilot a unique approach to enhance the Better Outcomes for Older Adults through Safe Transitions (BOOST) care transition model. The project seeks to link hospital discharge to community-based services, using long-standing infrastructure that has a primary purpose of assisting people in finding the community based resources. These resources include, but are not limited to: connections with community based services, increased support for caregivers (through appropriate referral to the NH Family Caregiver Support Program), earlier assessment of long-term care current and projected needs, and working with hospital patients and their caregivers to begin long-term planning.

Presenters: Laura Davie, Co-Director, Center on Aging and Community Living; and Amy Newbury, Director, Aging and Disability Resource Center Care Transitions Pilot Site.

Conflict Free Case Management: Strategies for Integrated and Managed Care Long Term Services and Supports Environment

Room: Potomac I

Conflict free case management is an increasing expectation in community-based long term services and supports programs. Medicaid authorities such as 1915(i) Home and Community Based Services (HCBS) as a State Plan Option, the Community First Choice benefit, and 1915(c) HCBS waivers include requirements to prevent and/or mitigate potential conflicts of interest. In addition, the Balancing Incentive Payment (BIP) Program, which provides enhanced Federal funding for states to increase the proportion of community based spending within their system, requires eligible states to undertake structural changes, including the provision of conflict free case management. As more states are designing managed long term services and support programs, exploring integrated acute, behavioral and long term services and supports care

coordination strategies, such as Health Homes, and are examining strategies to reward performance and positive quality outcomes, it is essential to consider program design elements and operational strategies to ensure adherence to these expectations conflict free assessment, care planning and case management. These strategies can enrich program design while maintaining opportunities to increase accountable care for individuals with disabilities and individuals who are aging. Through this session, Mercer will provide practical approaches to design, contract requirements, readiness assessment, and ongoing monitoring that States can utilize in their program to ensure that decisions regarding services are made in the best interest of the person served. This session will feature states that have implemented these strategies, and will provide an overview of their experiences and lessons learned.

Presenters: Mary Sowers, Senior Associate, Mercer Government Human Services Consulting; Brenda Jackson, Consultant, Mercer Government Human Services Consulting; and Meredith Mayeri, Consultant, Mercer Government Human Services Consulting

National Center on Elder Abuse: Research, Resources, Resolve
Room: Lincoln

The Administration on Aging-funded National Center on Elder Abuse serves as a clearinghouse of information on abuse and neglect of elders and vulnerable adults. Learn about the latest research in the field, resources that can help HCBS programs, and ways you can join the elder justice movement.

Presenters: Mary Twomey, MSW, Co-Director, National Center on Elder Abuse; and Kevin Trout, MSW, Manager, National Center on Elder Abuse

3:45 p.m. – 4:00 p.m.

Break

4:00 p.m. – 5:15 p.m.

Workshops:

ACL: Increasing the Knowledge Base to Understand How Individuals with Disabilities Achieve Successful Community

Room: Potomac III & IV

Living through Employment – What are the Challenges? What are the Opportunities? The Department of Health and Human Services is interested in continuing to expand our knowledge base on how best to support individuals with disabilities in maintaining successful employment outcomes through work supports. This session will

provide information on current efforts underway to increase our understanding of needed supports, data and information from relevant projects, as well as discuss potential policy strategies to promote successful employment outcomes for individuals with disabilities with a goal of promoting higher earnings. Our focus is on workers or potential workers who are not relying on Social Security Disability Programs and have significant earnings potential while working. This session will share information regarding our understanding of what policies, services and supports this population uses - and how they are effective in maintaining successful employment outcomes. These policies and supports can be defined broadly, and include items such as Medicaid Buy-In programs, Personal Care Attendant services, or home health, but may also include other services such as transportation or other supports.

Presenters: Jamie Kendall, Director, Special Projects, Center for Disability and Aging Policy, Administration for Community Living; and Annette Shea, Health Insurance Specialist, Centers for Medicare & Medicaid Services, Disabled and Elderly Health Programs Group

CMS - Preparing for 2014: Overview of Alternative Benefit Plans

Room: Washington A & B

This session will provide an overview of the final regulation that addresses Essential Health Benefits in Alternative Benefit Plans (ABP) which was released in July 2013. The Centers for Medicare & Medicaid Services will provide information to states regarding benefit design options and also address the SPA process for ABP submissions.

Presenters: Melissa Harris, Director, Division of Benefits and Coverage, Disabled and Elderly Health Programs Group

Children: Lost in a Waiver World Geared to Adults? Texas Experience Creating Family-Based Alternatives to Congregate Care When Children Can't Return Home

Room: Potomac VI

Thousands of children with developmental disabilities across the country are growing up in nursing facilities and group homes. Two distinct subgroups in these settings are children with complex medical needs and children with challenging behavior. Children living in facilities who are unable to live at home still need families.

This session will describe Texas' experience using waivers to support alternate families for children and youth under age 22 using: 1) support families for medically fragile children who moved out of nursing facilities; 2) adaptations to treatment foster care, a research-based alternative to institutions used in mental health or child welfare for children with challenging behavior not often used within intellectual/developmental disabilities waiver services; and 3) permanency planning for each child in congregate care (as mandated by federal legislation in child protective services but not disability services systems except in Texas), which is used for statewide tracking and identification of systemic issues preventing family life. Following the sharing of policies, practices, research, and stories of children and families, participants will be able to describe models of family-based alternatives to congregate care targeted for children with challenging needs and be invited to examine the extent to which their state's waivers support alternate family configurations over shift-staffed group living. **Presenters:** Nancy Rosenau, PhD, Executive Director, EveryChild, Inc.; Elizabeth Tucker, Director of Policy Development, EveryChild, Inc.; and Michael Tucker Effective Behavior Supports Developer, EveryChild, Inc.

Understanding the Factors Affecting Participant Engagement in the Design and Implementation of Public Programs: Lessons from Cash & Counseling

Room: Potomac I

Federal funders often require that individuals in need of services be engaged in the design of public programs, and this expectation is recently evident in the newest acute and long-term service and support models found within the Affordable Care Act. This workshop summarizes the findings of a three state in-depth study on participant engagement practices within Cash & Counseling programs. The programs examined were diverse in length of existence, enrollment size, populations served, and engagement practices. According to this research, multiple factors influence the perceptions of state employees, advocates, and program participants pertaining to the meaningfulness of engagement and its related outcomes. Various person, process, and environmental factors influence outcomes, whether they are positive or negative. This workshop will include a reflection on research findings from diverse lenses: program participant, state employee, and national policy

leader. Time for audience questions and dialogue will follow. While focusing on the experiences of Cash & Counseling states, this research provides a strong foundation for understanding and implementing meaningful and effective engagement practices in the design and improvement of a broad range of public programs and policies.

Presenters: Erin McGaffigan, Ph.D., Researcher and Consultant, Boston, MA; Christina Battista, President, National Participant Network; Kevin J. Mahoney, Center Director, National Resource Center for Participant Direction, Boston College Graduate School of Social Work; Candace Ricard, Chief, and Toni Bennett, Program Manager, Medicaid Waiver Compliance Section, Louisiana Bureau of Health Services Financing

Public Guardianship: The Commonwealth of Virginia Model (Inherent Safeguards to Protect Individual Autonomy to the Greatest Extent Feasible)

Room: Roosevelt

This session will cover the legal basis, regulatory requirements and inherent safeguards in Virginia's successful Public Guardianship Model. Virginia's program continues to respond to the documented need for guardians of last resort for adults aged 18 years and older who are adjudicated, incapacitated and indigent by a Circuit Court, and have no other person willing and/or able to serve as his or her Guardian. The current program has the capacity to serve 601 vulnerable adults, resulting in substantial savings to the Commonwealth since its implementation in 1998. This session will describe the law, the inherent safeguards established in the Code of Virginia, and Virginia's Administrative Code that protects individual autonomy.

Presenters: Janet James, Public Guardian Program Coordinator, Department for Aging and Rehabilitative Services (DARS)

Incorporating Mobility Management into Options Counseling

Room: Lincoln

Options Counseling is a valuable tool the aging network has successfully used to assist older adults and people with disabilities in choosing and accessing home and community-based services for many years now. The standards and methods of options counseling make sense for navigating information and options on transportation

too. This session will explore how the core competencies of options counseling complement the mobility management services that are sprouting up in many communities. Examples of ways communities have successfully incorporated mobility management into existing options counseling procedures will be presented.

Presenters: Virginia Dize, Co-Director, National Center on Senior Transportation, National Association of Area Agencies on Aging

Recovery Assistants: Specialized Homecare for People with Mental Illness

Room: Kennedy

As one of the pioneers of Mental Health Waivers, it was important to develop the right set of services to help people reach their highest potential in the community. Transitioning people from institutional care takes careful planning and can be full of risk factors. What the person will need, how they will function with daily living tasks in the community, and how differently they perform when they are in the community instead of a 24 hour care setting. These were all questions that needed to be addressed when the Mental Health Waiver services were created in Connecticut, as we would be assisting people with a Severe and Persistent Mental Health (SPMI) diagnosis to transition from nursing homes to independent apartments in the community. The Recovery Assistant position was developed to assist individuals with SPMI to cope with stressors and learn daily living skills. Recovery Assistants coach, prompt and cue participants to successfully complete their person-entered goals. Activities include typical household tasks, assisting in budgeting, socializing, cooking, exercising and support in making everyday life decisions. Learn how to combine parts of traditional home and community based services into one service: the Recovery Assistant. This workshop looks at why this service was created, how to train individuals to be a Recovery Assistant, and why it works in helping people live independently in their community.

Presenters: Dan Gerwien, Quality Assurance Specialist, Advanced Behavioral Health; and Laurel Reagan, APRN, Director of Statewide Services, CT Department of Mental Health and Addiction Service

Transformational Success with Managed Care and the Supports Intensity Scale (SIS)® for the Long Term Care of Individuals with Intellectual/Developmental Disabilities

Room: Arlington/Fairfax

Currently 29 states are using the Supports Intensity Scale (SIS) statewide or in various regions, pilot studies or special applications. In this session, the Human Services Research Institute will share their experiences using the SIS to transform their statewide systems. State experiences with managed care will also be discussed. Specific lessons and achievements from the experiences of a half a dozen states will be shared along with Cardinal Innovations presenting their own analysis of what they have accomplished using the SIS. The SIS has advanced efforts in informing person centered planning, helping states deal with managed care initiatives, shaping resource allocation, and most importantly helping to transform their community systems by using the assessment of support needs to enhance quality, efficiency, and effectiveness. Our presentation will share an overview of managed care with practical insights provided by our state work.

Presenters: Lilia J. Teninty, MPA, Senior Policy Specialist, Human Service Research Institute; Andrea J. Misenheimer, Director of Medicaid Services, Cardinal Innovations Healthcare Solutions; and Jon R. Fortune, FAAIDD, Ed.D., Senior Research Specialist, Human Service Research Institute

Building the Business Capacity of our Networks to Manage Managed Care

Room: Potomac V

The provision of managed Medicaid long-term services and supports (MLTSS) through managed care organizations is a major shift in federal and state policy and practice for all local stakeholders. This skill-building session will present and interpret the results of two polls conducted through a project funded by the Administration for Community Living to National Association of Area Agencies on Aging and its partnership (National Disability Rights Network, NSCLC, Disability Rights Education and Defense Fund, and HMA). Panelists will highlight emerging information about what's being learned across managed care markets, including the opportunities and challenges that community based organizations face that must be overcome to effectively partner with managed care companies to enhance the provision of long-term care service delivery to aging individuals and people with disabilities. Specific examples of strategies and needed business expertise will be presented to

strengthen aging and disability organizations as they seek to transform their traditionally grant or government funded service agencies to meet the needs of LTSS programs through managed care. Participant discussion is encouraged.

Presenters: JoAnn Lamphere, DrPH, Principal, Health Management Associates; and Sandy Markwood, Chief Executive Officer, National Association of Area Agencies on Aging

Understanding your HCBS Direct Service Workforce's Strengths and Preparing the Workforce to Serve All Populations with Core Competency Training

Room: Potomac II

A key component of HCBS quality is the size, stability and competence of the workforce providing direct services and supports to individuals with disabilities living in the community. But how do you know if your HCBS workforce is adequate now and how many more workers you will need in the future? How do you assess the stability and competence of the workforce? And how can you adequately prepare them to work across all populations? In this session, the Centers for Medicare & Medicaid Services' (CMS) National Direct Service Workforce (DSW) Resource Center will offer guidance, recommendations, resources and survey methods that can help you to understand your state's DSW strength and quality. This will include information about how to use Paraprofessional Healthcare Institute's (PHI) State Data Center and the recent DSW Data Collection Toolkit, and reflect on the experiences of participants from the 2012 National Balancing Indicators Program DSW survey. The DSW Resource Center will also present a new set of core competencies that can be used as a foundation for training workers to serve all populations in the traditional HCBS and integrated care models. The session will also explore how State Medicaid Agencies can draw down federal funding for worker training and implement competency-based training programs – key interventions that can improve worker retention and service quality.

Presenters: Carrie Blakeway, Managing Consultant, The Lewin Group CMS National Direct Service Workforce Resource Center; and Kate King, MPA, Centers for Medicare & Medicaid Services

Ombudsman Programs Expanding Beyond Nursing Homes: Long Term Care Ombudsmen Journeys Into the Community

Room: Jefferson

This session will be jointly presented by Region 3 State Long-Term Care (LTC) Ombudsmen and the DC LTC Ombudsman Program Staff Attorney. The presentation will offer an overview of the expansion of State Long Term Care Ombudsmen Programs into advocating for residents receiving community-based services in their homes. State Long-Term Ombudsmen will share their programs' experience from advocating for the expansion to the implementing the program. It will also discuss most frequently cited complaints, stakeholder involvement and program challenges. Furthermore, the session will highlight tools and best practices used by these ombudsman programs to improve the quality of life and outcomes for residents.

Presenters: Lynne Person, District of Columbia LTC Ombudsman; Victor Orija, Delaware LTC Ombudsman; and Joani Latimer, Virginia LTC Ombudsman

4:00p.m. – 6:00 p.m.

Conversation with Administration for Community Living Senior and Regional Staff (*State Agencies Only*), Tidewater

5:30 p.m. – 7:00 p.m.

Reception in Exhibit Hall

WEDNESDAY, SEPTEMBER 11, 2013

7:00 a.m. – 5:00 p.m.

Registration

7:30 a.m. – 8:30 a.m.

Continental Breakfast

8:30 a.m. – 11:00 a.m.

CIRS/A Exam, *Prince William Room*

8:30 a.m. – 9:45 a.m.

Workshops:

ACL: Intellectual Disabilities and Dementia

Room: Potomac III & IV

This series of sessions with the theme of “dementia capability” will focus on the ways in which the Administration on Aging (AoA), the Administration on Intellectual and Developmental Disabilities (AIDD) and its partners are implementing their responsibilities under the Secretary’s National Plan to Address Alzheimer’s Disease. The main learning objective for the series is for attendees to understand the key role Administration for Community Living (ACL) is playing in addressing dementia, including Alzheimer’s disease, and the many

resources available from ACL and its partners related to dementia. The session will focus on: the scope of the issue and AIDD's lead role; detecting dementia in persons with intellectual disabilities; and services for caregivers.

Presenters: **Moderator:** Andrew Morris, AAID and Administration for Community Living. **Panel:** Greg Link, Aging Services Program Specialist, Administration for Community Living; and Stephanie Eliason, Team Lead - Elder Rights, Administration for Community Living; and Seth Keller

CMS: Affordable Housing Options: Lessons Learned

Room: Washington A & B

This session will present a brief overview of three projects in which the Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS) collaborated to expand the availability of affordable housing for individuals with disabilities and chronic conditions, and described the “lessons learned” from these initiatives. The three projects are: HUD’s Section 811 Project Based Rental Assistance (PRA), HUD’s Non-Elderly Disabled (NED) Housing Choice Voucher initiatives, and HHS/HUD data sharing effort.

Making Wise Decisions With Home Equity: New Tools for a New Retirement Reality

Room: Kennedy

Americans are facing increasing economic challenges for a variety of reasons: job insecurity during their working years, and cutbacks in pension coverage, retiree health benefits, and public programs that help mitigate uncertainties in later life. This session will share a holistic approach to economic security, and explore how some seniors are turning to home equity as one possible source of extra cash in retirement. Additionally, learn about changes to the rules surrounding the access to home equity in the form of a Home Equity Conversion Mortgage and how these changes may impact the product’s future.

Presenters: Maggie Flowers, Program Associate, Economic Security Team, National Council on Aging; Amy Ford, Director, Reverse Mortgage Counseling Services Director, National Council on Aging; and Brian Siebenlist, Director of the Office of Policy and Grant

Administration, Office of Housing Counseling, U.S. Department of Housing and Urban Development

Building a Stable Foundation for Long Term Services and Supports: Innovation in Training and Certification for Home Care Aides in Washington

Room: Jefferson

This session will highlight the collaborative efforts of SEIU Healthcare NW Training Partnership, SEIU Healthcare 775NW, Washington Department of Health, and the Washington Department of Social and Health Services to create and implement an innovative professional certification program for Home Care Aides providing long-term services and supports (LTSS) for older adults and people with disabilities. What developed was a ground-breaking non-profit organization that has become the second largest educational program in the state training more than 40,000 students per year. This innovative program is helping transform Washington's LTSS by equipping students with the knowledge and skills necessary to become certified home care professionals. The instructor-led training is available in both urban and rural areas, is offered in multiple languages, has a robust on-line continuing education component, and offers apprenticeship opportunities through the U.S. Department of Labor. Developing a well-qualified home care workforce helps build a stronger Washington by creating a more stable and sustainable LTSS system while simultaneously providing better quality services and better quality jobs. This session will highlight the collaborative process, program objectives, structure, and funding methods.

Presenters: Charissa Raynor, Executive Director, SEIU Healthcare NW Training Partnership; Bill Moss, Acting Assistant Secretary, Aging and Long-term Support Administration, Washington State Department of Social and Health Services; and Karen Jensen, Assistant Secretary, Health Systems Quality Assurance, Washington State Department of Health

Ohio's Duals Demonstration Project: Lessons Learned

Room: Lincoln

This session will describe the process Ohio undertook in developing its duals demonstration project, including its first submission of a concurrent 1915 b/c waiver. The discussion will focus on paradigm shift from fee-for-service to managed care, along with stakeholder

engagement, outreach efforts, and plan education regarding long-term services and supports.

Presenters: Kim Donica, Chief, Program Development, Bureau of Long Term Services and Supports, Ohio Department of Medicaid; Christi Pepe, Medicaid Managed Care Administrator, Ohio Department of Medicaid; Matt Hobbs, Medicaid Policy Liaison, Ohio Department of Medicaid; Hope Roberts, Chief, Division of Community Living; Ohio Department of Aging; and Mary Sowers and Brenda Jackson, Mercer Government Human Services Consulting

Is Community First Choice Right for Us? Two States' Experience in Evaluating and Implementing Community First Choice

Room: Potomac V

The Affordable Care Act includes a new Medicaid state plan service option called Community First Choice (CFC), which enables states to expand the array of Medicaid funded participant directed services that are available. The new CFC option comes with an additional incentive to states in that CFC services are eligible for an ongoing six percent increase in the federal share of a state's normal Medicaid matching rate. The panel will discuss the evaluation processes used, including: a description of each state's overall CFC implementation strategy and process; their approach to the details of designing CFC services that meet the federal regulatory requirements; the barriers that they faced during CFC development and implementation; and their thoughts on the current and anticipated benefits of adopting the CFC option in each state.

Presenters: Heidi Davis, Chief Development Officer, Consumer Direct; Jami Synder, Operations Administrator, Arizona Acute and Long Term Care; Kelly Williams, Director, Administrator long Term Care Division; Mike Hanshew, Director, Montana HCBS Consulting, LLC; and Vinny Lugria, Advisory Committee Member, CFC

Fraud Prevention & Detection in Participant Direction Programs

Room: Potomac II

Perception of fraud is one of the greatest threats to the expansion of participant-directed services and programs. The 2012 Report on

Personal Care Services: Trends, Vulnerabilities, and Recommendations for Improvement released by the Department of Health and Human Services' Office of Inspector General states that participant direction programs are highly vulnerable to fraud; yet, fails to cite an identified incident of fraud in programs audited for the report. Earlier this year the National Resource Center for Participant-Directed Services (NRCPS) at Boston College conducted a study on fraud detection and prevention in participant direction programs. The NRCPS obtained feedback via survey and interview from leading Financial Management Services providers responsible for overseeing participants' fiscal responsibilities. The findings of the study, including statistics and best practices on fraud detection and prevention in participant direction programs, will be covered in this session.

Presenters: Mollie G. Murphy, Chief Executive Officer, Financial Management Services Lead - Boston College, National Resource Center for Participant-Directed Services; Dianne Kayala, Technical Director, Quality and Managed Care - Division of Long Term Services and Supports, Centers for Medicare and Medicaid Services; Molly Morris, MSW, Assistant Director of Membership and Programs, National Resource Center for Participant-Directed Services; and Christina Battista, National Participant Network

Assuring an Inclusive Aging Network for Lesbian Gay Bisexual and Transgender (LGBT) Older Adults

Room: Potomac I

The network of publicly funded aging services is intended to create a baseline safety net for older adults, with an emphasis on those most socially and economically vulnerable. Access to these services is often non-welcoming or non-accepting of Lesbian, Gay, Bisexual, Transgender (LGBT) older adults. Best estimates predict that at the height of the aging boom (2010-2030), the population of LGBT elders will approximate 4 million. Greater education and awareness of this often hidden and under-served elder population is needed. States have an opportunity to serve as catalysts to promote and insure LGBT cultural competency training is made available to the broader aging network. The Georgia Division of Aging Services (DAS) has adopted this role, in addition to creating a systematic delivery approach. DAS's ability to engage multiple State agencies and systems, including Adult Protective Services, Ombudsman,

Gateway/ADRC staff, and our Area Agencies on Aging has prompted a state-wide response to incorporating LGBT cultural competency within the Aging network.

Presenters: Douglas Carl, Grant Administrator, Georgia Division of Aging Services; and Catherine Thurston, Senior Director of Programs and Services, Sage

Elder Abuse: A Community Response

Room: Roosevelt

Being able to recognize, address, investigate and prosecute cases of elder abuse, neglect, and exploitation, including sexual assault, domestic violence, dating violence, or stalking, of victims who are 50 years of age or older is a severe problem in Arkansas. The main cause of this is the lack of organized associations that focuses solely on older adult victims of violence. Because of this problem, a partnership has been established to enhance prevention and intervention efforts necessary to achieve effective outcomes through training, data collection, and team work in Washington County.

Presenters: Gwen Ervin-McLarty, OAA Program Administrator, AR DHS/DAAS; Logan Allen, OAA Liaison, Division of Aging and Adult Services, Arkansas Department of Human Services

The Use of 1915(b)(c) Concurrent Waivers to Serve Disabled and Elder Adults Transitioning from Long-Stay Facilities

Room: Potomac VI

In implementing the Money Follows the Person (MFP) demonstration in Massachusetts, the Medicaid program has developed two 1915(b)/(c) waivers to operate concurrently to serve disabled adults and elders. The two 1915(c) waivers provide a range of home and community based services, one of which includes 24-hour residential supports, and the other serves individuals who do not need 24-hour services and supports. These waivers, which target MFP eligible members, operate concurrently with a 1915(b) waiver that provides mandatory enrollment in a managed behavioral health care plan for all participants in the two 1915(c) waivers. This innovative design will serve to promote MFP participants' tenure in the community by ensuring the provision of managed behavioral health care to individuals with such needs, including intensive clinical care management for high utilizers of behavioral health services. This session will focus on: 1) the interface between HCBS

and community-based managed behavioral health care; 2) the development of comprehensive person-centered care plans for HCBS and mental health services; and 3) the integration of interdisciplinary teams that include behavioral health resources as needed.

Presenters: Michele Goody, MPP, Director of Cross Agency Integration, Massachusetts Office of Medicaid; and Amy Bernstein, MMHS, Assistant Director, Community Based Waivers, Massachusetts Office of Medicaid

Readiness Considerations for Integrated Managed Care Programs: Implementing Integrated Managed Care, Ready or Not?

Room: Arlington/Fairfax

For decades several states have effectively implemented Medicaid managed care programs to provide physical and behavioral acute care services, and have built internal capacity to monitor and oversee contractor operations. More recently, states have begun to expand managed care delivery models to include managed long-term services and supports (MLTSS). While the reasons for expansion of MLTSS are multifaceted and encompass fiscal, programmatic, strategic and system sustainability considerations, the expansion into MLTSS can strain resources for both the State and their managed care contractors. As more states pursue an MLTSS delivery model and expand their managed care contractor's scope of work, drawing upon best practices and lessons learned from other states will be key to their success in implementing this type of program. This session will focus on: 1) the critical elements necessary for determining health plan readiness (e.g. utilization management, quality management, adequate network development, reporting requirements, care coordination processes, claims processing and IT systems); and 2) factors to consider in assessing the level of state readiness (e.g. is the state's organizational structure appropriate for the required oversight and monitoring).

Presenters: Wendy Woske, Principal, Mercer Government Human Services Consulting; Deidra Abbott, Consultant, Mercer Government Human Services Consulting; and Lisa Zimmerman, Chief of Operations, State of Delaware, Division of Medicaid and Medical Assistance

9:45 a.m. – 10:00 a.m.

Break

10:00 a.m. – 11:15 a.m.

Workshops:

ACL: Supporting Managed Long Term Services and Supports Consumers Through Problem Resolution and Advocacy

Room: Potomac III & IV

As states propose and implement new models of long-term services and supports (LTSS) through managed care models, what happens when the consumer (or potential consumer) needs assistance in resolving problems? This session will apply lessons learned from ombudsman and protection and advocacy models to the emerging managed LTSS world. It will also share opportunities for influencing the state-level design of managed LTSS to incorporate consumer engagement and advocacy services, and explore existing models of consumer problem-resolution and advocacy in managed LTSS. Furthermore, it will address what current LTSS consumers should be able to expect in terms of ombudsman and other advocacy services. Lastly, it will examine ways that problem-solving for managed LTSS consumers may differ from traditional LTC ombudsman or P & A services.

Presenters: Becky Kurtz, Director, Office of Long-Term Care Ombudsman Program, Administration on Community Living; and John Wren, Deputy Administrator for Disability and Aging Policy, Administration on Community Living

CMS: Continuous Quality Improvement: The Journey Continuous

Room: Washington A & B

This session will discuss the final product of an eighteen month project involving the Centers for Medicare & Medicaid Services, National Association of Medicaid Directors, National Association of State Directors of Developmental Disabilities Services, National Association of States United for Aging and Disabilities, and the states to examine the current data available on the Continuous Quality Improvement (CQI) process within the 1915(c) HCBS waiver authority. It will demonstrate how through the series of meetings and dialogues the workgroup arrived at recommendations to advance the current Quality process internal to the HCBS system. The process for implementing the enhanced CQI program into the state's HCBS waiver system will be delineated.

Traumatic Brain Injury and Recovery: The Journey

Room: Potomac I

The Centers for Disease Control and Prevention report that an estimated 1.7 million people sustain a traumatic brain injury (TBI) annually in the United States. These statistics will come as no surprise to staff that regularly assist individuals and families living with TBIs. Yet, we must widen our scope to meet the needs of individuals and families affected by brain injury by developing recovery strategies beyond post-acute rehab. This workshop will uncover the path to developing innovative, long term, community based programming for individuals with TBI. More specifically, workshop curriculum will incorporate the creation of effective supports and strategies to enhance executive function and emotional regulation, discuss the benefits of experiential learning, and promote reintegration to the community, work and home. The workshop will incorporate real-life applications through the exploration of Wisconsin resources and a review of powerful community collaborations.

Presenters: Gerianne Prom, Vice President, Long Term Care, Milwaukee Center For Independence; Carrie Belsky, MS, CVE, Director of Employment Services, Milwaukee Center for Independence; and Nancy Pickett, Director, LIFE Services, Milwaukee Center for Independence

Expanding Your Reach: 24/7 Support and Online Resources for Alzheimer's Families

Room: Potomac VI

Over 15 million Americans provide unpaid care for one of the 5 million people living with Alzheimer's or related dementia, and the numbers are rising. You will be introduced to the Alzheimer's Association's 24/7 support services and online resources, which provide one way for budget-strapped communities to expand their reach, provide information, and support the needs of Alzheimer's families. Online and 24/7 support and education, self-assessment and referral tools easily overcome traditional barriers such as transportation, staffing, caseload capacity and rural access.

Presenters: Martha Tierney, Associate Director, Contact Center, The Alzheimer's Association

211-iFoster Kinship Navigator: A Self-service, Online Resource Center for Grandparents Raising Grandchildren

Room: Jefferson

Nearly 2.7 million children are being raised by relatives, the majority being grandparents. Most often these grandparents raising their grandchildren are not being formally supported by child welfare, and lack the resources and supports they need. The 211-iFoster Kinship Navigator gives grandparents access to the resources and supports they need at their finger tips. The 211-iFoster Kinship Navigator program is a federally funded demonstration project providing an innovative model for self-service information and referral for kinship families. An online resource portal available via the computer, tablet or cell phone, the Navigator provides the most comprehensive, community-curated directory of kinship-related resources across 11 resource categories extending from basic needs (food, clothing, child care, health) to thriving needs (K-12 educational supports, post-high school support, advisors/support groups, recreational activities) to help grandparents raising their grandchildren. This session will describe how the innovative model, combining technology and aggregating private, public and government resources, is providing more grandparents with access to the resources they need to help raise their grandchildren.

Presenters: Serita Cox, Executive Director, iFoster; and Pete Manzon, CEO, United Ways of California

Weaving It Together: A Tapestry of Transportation Funding for Older Adults

Room: Kennedy

Transportation is essential for community living and is a key element in the creation of an age-friendly community. Discover the sources of federal, state and local funding that can help your community put quality specialized transportation services for older adults, persons with disabilities, and low-income residents on the street. Be inspired by the innovative ways in which seven model transportation providers have weaved together public and private support for their services during these fiscally trying times. With a growing population in need of transportation and limited funds for these services, providers need to creatively leverage existing and untapped funding sources to fill gaps in service. Coordination of these limited resources is also key. The presentation will be based on the findings

from a new AARP Public Policy Institute Study “Weaving It Together: A Tapestry of Transportation Funding for Older Adults.” The presenters will show how it is possible to significantly expand transportation services, even in states facing significant fiscal challenges.

Presenters: Jana Lynott, AICP, Senior Strategic Policy Advisor, AARP Public Policy Institute; and Ron Baumgart, Executive Director, River Cities Public Transit

Improving Access to HCBS Services for People Directing their Own Services

Room: Lincoln

One of the biggest challenges facing participant-directed programs is ensuring an adequate pool of workers are available to provide primary and back-up services to elders and individuals with disabilities living in the community. Over half of the individuals using participant-directed services choose to hire family members and friends; however, others choose to hire unrelated workers to provide some or all of their day-to-day support. In this session, state representatives and members of the Centers for Medicare & Medicaid Services (CMS) National Direct Service Workforce (DSW) Resource Center team will explore best practices for improving recruitment and retention of all workers who provide paid direct supports to people enrolled in participant-directed programs. Session participants will have the opportunity to discuss tried and true best practices as well as propose innovative solutions. In addition, this session will provide information from two recent issue briefs outlining how Aging and Disability Resource Center (ADRC) programs could support and develop the workforce in their communities and how Matching Service Registries (MSRs) can help individuals connect to workers that match their needs.

Presenters: Steve Edelstein, Senior Policy Director, PHI, CMS National Direct Service Workforce Resource Center

Partnerships in Integrated Care—Moving the Challenge Forward—To Boldly Go

Room: Potomac II

This session will discuss the opportunities between managed care organizations and the Aging and Disability Networks to build the quality networks of long-term services and supports of the future.

What we know, what we don't know, and what we will work together to build. Building state and community sustainable solutions as a trusted partner with Centers for Medicare & Medicaid Services (CMS) in its Duals Integration, Medicaid Reforms and state Medicaid plans. Future opportunities in meeting challenges in new markets—California, Florida, New York, Illinois—what we do know that we can tell you. Bridging the gaps between clinical, behavioral and HCBS/LTSS to address integration of services. Care coordination with existing community resources and beyond. Creating sustainable reimbursement models that achieve outcomes and measures of success.

Presenters: Josefina Carbonell, Senior Vice President, Long Term Care & Nutrition Independent Living Systems; and Ray Noonan, Senior Vice President, Independent Living Systems

State Units on Aging/Area Agencies on Aging Now and the Future: A Dialogue

Room: Potomac V

A brief presentation of the Older Americans Act and the national aging network will be presented. Gary Jessee will facilitate discussion with the panelists and the audience to discuss what the future challenges and opportunities as well as potential roles for the State Units on Aging and the Area Agencies on Aging may be into the future. Best practices and transformational ideas will be shared and designed as an outcome.

Presenters: Donna K. Harvey, Director, Iowa Department on Aging; Gary Jessee, Deputy Director, Medicaid/CHIP, TX Health and Human Services Commission; Brian Duke, Secretary, PA Department on Aging; Sandy Markwood, CEO, n4a; Martha Roherty, CEO, NASUAD; Jim Varpness, Regional Director, ACL; and Mike Isaacson, Executive Director, Hawkeye Valley Area Agency on Aging

Impact of HCBS Waiver Waiting Times on Nursing Home Use and Medicaid Long-Term Care Costs

Room: Roosevelt

This presentation reports on analysis of data from Iowa to examine how HCBS waiver wait lists, specifically the length of time on a waiting list, affects long-stay nursing home use, hospital use, and long-term care costs. The study, carried out by Mathematica Policy

Research, was funded by the Office of the Assistant Secretary for Planning and Evaluation/U.S. Department of Health and Human Services, with cooperation from Iowa Medicaid officials. The study drew on data from 2002-2010, a period in which the waiting times from application to accessing HCBS waiver services varied for the three HCBS waivers studied. These three waivers targeted either exclusively or primarily Medicaid eligible individuals with disabilities under age 65. The study found that applicants who spent longer than six months on the waiver waiting list had a statistically significant greater likelihood of entering long-stay nursing facility care. The likelihood of greater nursing home use and higher institutional care costs was especially pronounced for individuals with traumatic brain injury or who were over 55 years of age who remained on the waiting list for more than six months. Over three years, reduced nursing home use and costs for high risk individuals who waiting for less than six months fully offset the costs associated with their improved access to HCBS. The longer both higher and lower risk individuals remained on an HCBS waiver waiting list the lower the likelihood of their ever accessing any waiver HCBS. While on the waiting list these individuals were eligible and some did receive Medicaid home health agency or other state plan “home care” services (but not state plan personal care services as Iowa does not cover this optional service). HCBS wait listing had no effects on Medicare/ Medicaid costs for hospital stays.

Presenters: Pamela Doty, Ph.D., Office of the Assistant Secretary for Planning and Evaluation/U.S.DHHS; Greg Petersen, Ph.D., Mathematica Policy Research, Washington, D.C.; Iowa Medicaid officials Brian Wines, Deborah Johnson; and Charlene Harrington, Ph.D. University of California PAS Center

New Mechanisms to Help States Pay for Specialized Services Required by Preadmission Screened and Resident Review (PASRR)

Room: Arlington/Fairfax

Federal regulations relating to the Preadmission Screening and Resident Review (PASRR) program require states to provide for, or arrange, 'specialized services' for nursing home residents with serious mental illness or intellectual/developmental disabilities who need disability-specific services beyond what nursing homes must provide under their daily rate. States vary considerably in how

specialized services are defined, provided, and paid for.

Presenters: Edward Kako, Senior Associate, Mission Analytics Group, Inc.; Nancy Shanley, Vice President of Consulting and Policy Analysis, Ascend Management Innovations; Daniel Timmel, Health Insurance Specialist, Centers for Medicare and Medicaid Services; and Mindy Morrell, Health Insurance Specialist, Centers for Medicare and Medicaid Services

11:15 a.m. – 11:30 a.m.

Break

11:30 a.m. – 12:30 p.m.

Plenary Session, *Regency Ballroom*
Session Sponsored by United Health Care

Introduction & Remarks by Catherine Klocksiem Anderson, MPA, National Vice President, United Health Care



Dr. Laura Mosqueda, Director of Family Medicine, University of California, Irvine

Laura Mosqueda, M.D. is the Associate Dean of Primary Care in the School of Medicine at the University of California, Irvine. She also serves as the Chair of Family Medicine, and Professor of Family Medicine, where she holds the Ronald W. Reagan Endowed Chair in Geriatrics. In her clinical practice, she has a special focus on care of people with dementia. She has been the principal investigator on multiple grants focusing on the areas of elder abuse, dementia, and medical education. She has extensive experience in the field with victims of elder abuse and interdisciplinary teams. She co-directs the Center of Excellence on Elder Abuse and Neglect at the University of California, Irvine.

12:30 p.m. – 1:30 p.m.

Lunch, *Regency Ballroom*

1:30 p.m. – 1:50 p.m.

Awards Presentations, *Regency Ballroom*

Volunteers Matter Award: Arkansas State Office of Long-Term Care Ombudsman

Katie Beckett Award: Senator Bob Dole

Arthur S. Flemming Award: Fernando Torres-Gil

1:50 p.m. – 2:30 p.m.

Desert with the Exhibitors, *Exhibit Hall*

1:00 p.m. – 5:00 p.m.

AIRS CIRS-A Train-the-Trainer, *Prince William Room*

2:30 p.m. – 3:45 p.m.

Workshops:

ACL: Resources for those with Dementia and their Caregivers

Room: Potomac III & IV

This series of sessions with the theme of “dementia capability” will focus on the ways in which the Administration on Aging, the Administration on Intellectual and Developmental Disabilities and its partners are implementing their responsibilities under the Secretary’s National Plan to Address Alzheimer’s Disease. The main learning objective for the series is for attendees to understand the key role Administration for Community Living (ACL) is playing in addressing dementia, including Alzheimer’s disease, and the many resources available from ACL and its partners related to dementia. This session will focus on: Alzheimers.gov; National Call Center; and enrollment in clinical trials and obtaining a diagnosis.

Presenters: Hunter McKay, Policy and Program Specialist, Administration for Community Living

CMS: Managed Long-Term Services and Supports: An Overview of CMS’ Policy Initiatives

Room: Washington A & B

This session will describe the Centers for Medicare & Medicaid Services’ (CMS) current policy activities addressing the move of long-term services and supports delivery from fee-for-service to capitated managed care arrangements. CMS staff will review the policy guidance released on managed long-term services and supports in May, 2013, highlight some state activities that have comported with that guidance, and share additional policy work that they are doing to help support states, providers, beneficiaries and other stakeholders as they experience this transition.

Presenters: Camille Dobson, MPA, CPHQ - Senior Policy Advisor, Medicaid Managed Care, Division of Integrated Health Systems, Disabled and Elderly Health Programs Group; and Debbie Dombrowski, Division of Integrated Health Systems, Disabled and Elderly Health Programs Group

What Does Community Based Care Cost? Applying the Massachusetts Dataset to Support SUA Program and Pricing Development

Room: Potomac VI

Massachusetts offers case management and services to

approximately 45,000 consumers per month of varying support needs across three major programs for home and community based care. This session will demonstrate a new dynamic report which will enable a user to readily observe how certain consumer characteristics (demographics, diagnoses, risk level, informal supports) influence service utilization, length of stay, and discharge reasons. It is suggested that this report will be highly beneficial to general program development. It may be of particular interest to SUAs for purposes of pricing development in their engagements with new potential payers in the post-ACA environment. This session builds upon last year's announcement of an 'HCBS Policy Lab' based upon the Massachusetts dataset.

Presenters: Ann L. Hartstein, Secretary, Massachusetts Executive Office of Elder Affairs; Peter Tiernan, CFO, Massachusetts Executive Office of Elder Affairs; Rick Perro, Senior Director of Data Management Services, UHealth Solutions; Lisa Beauregard, Research Analyst, Massachusetts Executive Office of Elder Affairs

Education for Life! The Marriage of Higher Education and Habilitative Support Systems for Young Adults with Intellectual and other Developmental Disabilities in North Carolina

Room: Roosevelt

A 2011 national longitudinal study on transition of students with intellectual and developmental disabilities from high school shows unacceptable rates of employment, residential independence, social isolation and an increasing dependence on aging parents. Through unique partnership of private non-profit organization and The University of North Carolina - Greensboro, Beyond Academics, provides postsecondary education to students with intellectual and developmental disabilities. Students participate in 4-year certificate program preparing them for careers and full citizenship in their chosen community. Investment of intensive individual support at the beginning of this college experience allows titration of support services as students acquire life competencies. Through this workshop, development strategies associated with the public/private partnership are outlined, curriculum model detailed, framework for extensive student support system explained and funding and policy issues addressed.

Presenters: Terri Shelton, PhD, Vice Chancellor -Office of Research and Economic Development, The University of NC-Greensboro; and

Joan Johnson, Executive Director, Beyond Academics at UNCG

Facilitating Nursing Home Transitions: Lessons from Arkansas's Options Counseling Program

Room: Potomac I

Assisting nursing home residents to transition into home and community based services has become a priority across the nation to address rising program costs and support individuals' ability to choose their preferred setting. Federal law supports this effort through the provisions of Section Q of the Minimum Data Set (MDS). In Arkansas, the federal requirements have been augmented through Arkansas Act 516 of 2007, which requires that nursing homes and Level II assisted living facilities provide newly-admitted patients the opportunity to express interest in Options Counseling. New admissions and MDS referrals are reported to the state's Aging and Disability Resource Center (ADRC). ADRC staff work with members of the AlternativesPlus team, who follow up with residents to determine whether transition is a good option, and then facilitate linkages to enable transition. In this session, program leaders from the Division of Aging and Adult Services at the Arkansas Department of Human Services will describe the process used to gather, process, and follow up on referrals; challenges the program has faced; barriers and facilitators to transitions; and data illustrating program progress.

Presenters: Connie Parker, Assistant Director at the Division of Aging and Adult Services, Arkansas Department of Human Services; and Melanie Goodell, Research Associate, Division of Aging and Adult Services, Arkansas Department of Human Services

The Home and Community Based Experience of Care Survey

Room: Arlington/Fairfax

Section 2701 of the Patient Protection and Affordable Care Act (ACA) requires the development of a core set of health quality measures for adults eligible for benefits under Medicaid. A large and growing proportion of Medicaid spending for adults has been for home and community based services (HCBS); however, there is a paucity of tested, cross-disability HCBS quality measures in several key domains. To further promote adult quality measurement activities under ACA, the Centers for Medicare and Medicaid Services (CMS) has supported the development of a Home and

Community Based Experience of Care Survey. This survey is intended to gather direct feedback from participants in Medicaid HCBS programs about their experiences with services and supports. This session will describe the development of the HCBS Experience of Care survey and the survey tool. This session will also discuss the cognitive testing results and adaptations of the survey tool that enable use across disability groups. Information will be provided on how the survey was designed to meet Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and National Quality Forum standards. Finally, this session will describe the survey field testing process and share preliminary lessons learned.

Presenters: Julie Seibert, Research Leader, Truven Health Analytics; and Anita Yuskauskas, Technical Director for HCBS Quality, Centers for Medicare and Medicaid Services

Managed Long-Term Services and Supports: Consumer Choice, Health Plan Readiness, and Continuity of Care

Room: Potomac II

By next year, managed long-term services and supports (MLTSS) will be implemented in half the states. As the use of these models expands, states must grapple with how to implement important consumer protection issues that affect program users. With a focus on older persons and adults with physical disabilities, this session will examine key policy and operational aspects including: state readiness review processes, how states accommodate consumer choice and how states ensure continuity of care. The discussion will also highlight best practices and lessons that may be useful as states develop new and expanded MLTSS programs.

Presenters: Moderator: Lynda Flowers, Senior Strategic Policy Advisory, AARP Public Policy Institute. **Panel:** Paul Saucier, Director, Integrated Care Systems, Truven Health Analytics; Susan Reinhard, Senior Vice President, AARP Public Policy Institute; and Patti Killingsworth, Chief of Long Term Care, Tennessee Department of Finance and Administration

Nevada's Care Connection: Leveraging Volunteers for Increased Capacity in the Aging and Disability Resource Center program

Room: Kennedy

Nevada's Aging and Disability Services Division was a recipient of one of four State Volunteer Engagement Plan grants awarded by the

Aging Network's Volunteer Collaborative and the National Association of States United for Aging and Disabilities. The project, Volunteers are IN, focuses on developing three types of volunteer opportunities to increase access to information and services through the Aging and Disabilities Resource Centers program (ADRC). Nevada is focusing on creating opportunities for volunteers to provide community education and outreach about long term services and supports, futures planning assistance for consumers who are ineligible for publicly funded programs and assistance with applications for publicly funded programs. As part of this planning initiative, Nevada will leverage existing resources including information provided by its State Health Insurance Assistance Program and Senior Medical Patrol volunteer programs. Additionally, efforts through this initiative will be enhanced through expanded technology within the ADRC web portal to build an infrastructure for volunteer recruitment, training, and management. The web portal is a vital component of Nevada's Care Connection program that allows consumers, caregivers and service providers to access information and resources 24 hours a day/ 7 days a week. The web portal provides a variety of tools for consumers, caregivers and now volunteers to use in preparing for current and future long term care needs.

Presenters: Cheyenne Pasquale, ADRC Project Manager, NV Aging and Disability Services Division; and Jeff Duncan, Chief of Supportive Services, NV Aging and Disability Services Division

Delaware Care Transitions Program

Room: Lincoln

The Care Transitions Program, operated by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), is a program that falls under the umbrella of the Delaware Aging and Disability Resource Center (ADRC). The program extends community living for individuals who are in the community or in the hospital and are seeking admission to one of the state long term care facilities. Priority Diversion Services allow for quick access to traditional community-based long term care services and other types of support for individuals at imminent risk for nursing home placement. This session will provide an overview of successful nursing home diversion efforts and barriers to diversion.

Presenters: William Love, Director, Delaware Division of Services

for Aging and Adults with Physical Disabilities; and Lisa Bond, Deputy Director, Delaware Division of Services for Aging and Adults with Physical Disabilities

Kaizen Approach: The Development of Connecticut's Common Core Assessment Tool

Room: Potomac V

Connecticut is involved in rebalancing long term care by offering a full array of home and community-based services managed by several different state agencies. Each agency and each waiver uses its own distinct functional assessment tool which often results in duplication of effort across waivers and complicates the process of connecting people to the services they need. Using the Kaizen (LEAN process) a group of 12 participants from multiple state and non state agencies met for one intensive week to develop a common core standardized assessment tool. The group, led by two expert facilitators, represented a diverse disciplinary range of perspectives and practice settings and brought a wealth of experience and insight in care delivery. An added benefit to the week was the respect and camaraderie that made it possible to outside our preconceptions and work as an integrated Connecticut team. How did we do this? We used an excellent "cross-walk" prepared by the University of Connecticut (including functional assessments questions from every waiver assessment tool and other recognized sources) to highlight areas of commonality and to decide on best practice tools. The next step incorporated a group analysis of a range of domains including activity of daily living, instrumental activities of daily living, health, cognition and behavior. Guided by a mutual commitment to the applied practice of person-centeredness, the group identified priority domains and developed associated definitions of functional needs. The week concluded with an actual product: A common core standardized assessment tool to be used across all Medicaid home and community-based services.

Presenters: Laurel Reagan, APRN, Director, CT. Department of Mental Health and Addiction Services; Dawn Lambert, Project Director of CT. MFP, CT. Department of Social Service; and Siobhan Morgan, M.A., Director of Waiver Services, CT. Department of Developmental Service

Financial Steps for Family Caregivers

Room: Jefferson

This workshop will educate professionals, advocates, program coordinators and researchers about how to assist family caregivers with individual financial choices. The session will educate attendees about the common financial mistakes many caregivers make when leaving a job, how to avoid such mistakes and how to develop a strategy to create a lifetime financial plan. Women's Institute For A Secure Retirement's (WISER) tools include a Caregiver Toolkit with a tested program that includes additional modules to assist with end of life planning and the emerging use of personal care agreements with family members. Finally, the session will provide action steps, resources and tools to be used in your community. Attendees will leave the workshop with a clear understanding of the unique financial challenges and obstacles caregivers face in planning for their own retirement; have a basic understanding of the key financial information that caregivers and their families need to develop a strategic financial plan; and learn how they can offer this workshop in their communities, agencies and organizations. In addition, they will learn about the tools and resources available from WISER and the National Education & Resource Center on Women and Retirement Planning to assist in these outreach efforts.

Presenters: Cindy Hounsell, President, Women's Institute for a Secure Retirement; Sandy Timmerman, Director, MetLife Mature Market Institute; and Gail Hunt, President and CEO, National Alliance for Caregiving

3:45 p.m. – 4:00 p.m.

Break

4:00 p.m. – 5:15 p.m.

Workshops:

ACL: Long-Term Care Ombudsman Programs: Enhancing Credibility and Effectiveness—Part 1

Room: Potomac III & IV

Credibility is the most important characteristic of an effective long-term care ombudsman (LTCO). But that credibility – and therefore, the ability to be effective advocates for long-term care facility residents -- can be threatened when the LTCO program faces conflicts of interest, whether at the State or local level. While the Older Americans Act includes provisions related to conflicts, reauthorization legislation and Administration on Aging (AoA) guidance has provided heightened focus on the need for LTCO

programs to remove or remedy conflicts. This discussion with AoA will explore practical solutions to assist States, Area Agencies on Aging and other local Ombudsman entities.

Presenters: Louise Ryan, Administration on Community Living; and Becky Kurtz, Director, ACL Office of Long-Term Care Ombudsman Program

CMS: Enhancing Quality in MLTSS Programs through Meaningful Stakeholder Engagement

Room: Washington A & B

This session will describe how encouraging and applying meaningful stakeholder engagement and feedback into the development, design, and implementation of managed care programs can help to ensure an effective service delivery system that works for people with disabilities. How do leaders take action on consumer input to ensure quality health outcomes and quality of life measures for those enrolled in managed long-term services and supports (LTSS) programs? What are the real life impacts for people with disabilities, including individuals with intellectual and developmental disabilities and their families, and how can State administrators move through this process and recognize the individual outcomes and savings necessary to be sustainable? How can stakeholders most effectively engage in this process over the long term?

Presenters: Nancy Klimon, Director, Division of Integrated Health Systems, Disabled and Elderly Health Programs Group; and Merrill Friedman, VP, Advocacy – Amerigroup

Federal Policy Developments That Strengthen the Home Care Workforce, HCBS and the Economy

Room: Lincoln

This session will address the ways in which investing in the home care workforce will help equip and enable workers to keep up with growing demand for home care and ensure that consumers receive high quality care, services and supports. It will also include discussion of the positive economic impact of creating quality home care jobs. Attendees will learn about the home care workforce and the challenges it faces, the importance of investing in home care jobs, and opportunities --including healthcare reform implementation, comprehensive immigration reform and the companionship exemption regulations-- to strengthen our economy

and help improve home care jobs and the quality of care available to consumers.

Presenters: Jessica Brill Ortiz, National Advocacy Coordinator, Direct Care Alliance; Robin Shaffert, Policy Director, Caring Across Generations; and Sarah Leberstein, Staff Attorney, National Employment Law Project

Creating a Multi-disciplinary Response to Elder Abuse in Your Community

Room: Kennedy

Did you know that between one to two million vulnerable adults are abused or neglected in our country every year? For every report of abuse of an older adult or an adult with a disability five reports are not made. Many people are living out their golden years in fear. Many state and local government agencies are connected in some way to the prevention of, protection from, and investigation of elder abuse. Many states and communities struggle with resources, both human and fiscal, that impact their ability to have full Forensic Centers. The session will share information on the development of multi-disciplinary team models like MDTs, Financial Abuse Specialist Teams, Elder Death Review Teams and other models. The National Center on Elder Abuse, Center of Excellence on Elder Abuse and Neglect provides data, research, and technical assistance to raise awareness and prevent elder abuse in the U.S.

Presenters: Mary Twomey, Co-Director, National Center on Elder Abuse (NCEA), Center of Excellence on Elder Abuse and Neglect, Program in Geriatrics, University of California, Irvine; and Kevin Trout, MSW, MBA, Manager, NCEA; and Elaine Chen, M.S., Manager, NCEA.

Collaborative Approaches for Supporting the Needs of Complex Populations –Area Agencies on Aging (AAAs) and Health Plan Partnerships

Room: Roosevelt

The speakers will focus on how AAAs and health plans can partner to better deliver care to vulnerable populations in the ever-evolving state environments. We will discuss a range of options, including clinical partnerships and administrative approaches. The speakers will use Ohio as an example of an effective model, and discuss how the parties have leveraged their respective strengths and experience,

overcome challenges, and negotiated their current partnership. Many of these lessons learned can be used in other states and for other populations.

Presenters: Susan B. Sigmon, Vice President of Managed Long Term Care, Akron-Canton Area Agency on Aging; Jeffrey Corzine, MS, Vice-President, Medicare-Medicaid Enrollees, Ohio UnitedHealthcare Community & State; Joseph L. Ruby, President and Chief Executive Officer, Akron-Canton Area Agency on Aging; Kim Crandall, Vice President of Clinical Operations and Care Coordination, UnitedHealthcare Community Plan of Ohio; and Erika Ange, Vice President, Business Development, UnitedHealthcare Community and State

Listening to Their Voices- Improving Access to Health Care Using A Community Engagement Initiative Model

Room: Potomac II

Presenters will discuss the process, content and use of Voices Heard at Healthcare Town Hall Meetings for People with Intellectual and Developmental Disabilities held in 2012 across Kansas. Presenters will provide examples of the variety of dissemination and technical assistance based on the input that has been provided and the outcomes there from. The process gathered consumer feedback on obtaining accessible and culturally competent health care, dental care and long term care services and supports. As Kansas was preparing to implement comprehensive managed care in 2013, input on the current Medicaid HCBS and primary health care systems and the proposed changes to a managed care system (also called KanCare) was a targeted focus of the facilitated feedback. Six regional meetings prioritized: What is most important about healthcare access to members of your community? What should be addressed first? What barriers and opportunities exist with these systems? To ensure system changes will result in improvements to the quality of healthcare for persons of all ages and across disabilities, policy makers must use the unique abilities and contributions of the individuals most affected consumers, their families and people who provide direct support. This presentation provides the tools to make those voices heard.

Presenters: Martha Hodgesmith, Associate Director, University of Kansas Research and Training Center on Independent Living; Rocky Nichols, Executive Director, Disability Rights Center of Kansas; and

Steve Gieber, Executive Director, Kansas Council on Developmental Disabilities

Closing the Chasm: Effective Data-sharing Across State Regulatory and HCBS Operating Agencies to Efficiently Address Poorly Performing Direct Service Providers

Room: Jefferson

How Louisiana's Office of Aging and Adult Services (OAAS) and Health Standards Section (HSS) developed a data-driven process prompting increased surveillance of providers who fall outside of normal performance parameters. Investigation of abuse/neglect allegations, critical incidents and complaints against providers all focus primarily on ensuring participant safety and resolving individual problems. However, data gained from these labor-intensive investigative processes is not always maximized to improve the state pool of enrolled providers. A relatively small amount of data-mining and statistical analysis can yield an efficient and defensible system for identifying a state's outlying performers. Presenters from Louisiana's OAAS will describe how current and historical data was analyzed to establish meaningful alert levels when further agency investigation is warranted. Action alert levels were established through analysis of per capita data indicating: low incident reporting rates, high substantiated complaint rates, high substantiated abuse and neglect rates, and high back-up staffing failure rates. The presenters will also discuss how OAAS and HSS have collaborated on system development and data-sharing to maximize effectiveness and avoid duplication of effort. These new quality processes were developed as part of the Money Follows the Person (MFP) grant initiative. Over 400 HCBS participants have now transitioned out of nursing facilities into the community through MFP. MFP resources have facilitated a new data-driven process to increase provider oversight and better protect our most vulnerable participants.

Presenters: Jeanne LeVelle, RN, BSN, BGS, Waiver Quality Manager, Louisiana Office of Aging and Adult Services; and Amy Demoulin, Data Manager, Louisiana Adult Protective Services

Hawaii's Community Living Program (CLP): Piloting Participant Direction in Rural Areas

Room: Roosevelt

Hawaii's unique island geography, combined with the majority of its population and businesses on one island, has resulted in a lack of long-term services and supports (LTSS) for many of those living on the six "neighbor" islands needing assistance. This is especially challenging on smaller islands, such as Molokai and Lanai.

Participant-directed options offer the potential to address this inequity by funding supports provided by the local community in these more isolated areas. In 2009, the Hawaii Executive Office on Aging (EOA) received a Community Living Program (CLP) grant from the then Administration on Aging (AoA). Under this grant, Hawaii has engaged in an effort to develop standardized tools, policies and procedures that reflect our State's unique geography and varied cultures. This session will describe the program, notably focusing on the role of the Coach. It will present summary information from a University of Hawaii report on the program and will use actual case examples, to describe the pilot's challenges, successes, lessons learned, as well as current and future plans for expansion of participant-direction statewide.

Presenters: Pat Tompkins, Program Manager Community Living Program, State of Hawaii, Department of Health, Executive Office on Aging Long-Term Care Specialist; Deborah Arendale, Executive on Aging, Maui County office on Aging; Laura Holman, Acumen Fiscal Agent, LLC; and Steven Lutsky, Ph.D., President, HCBS Strategies, Inc.

Health Home Technology Simulation Workshop

Room: Potomac I

Several Centers for Medicare & Medicaid Services (CMS) initiatives --including Money Follows Person (MFP), Balancing Incentive Program (BIP), and Health Home Incentives-- are prompting states to address requirements of person-centered State Medicaid systems. This has direct implications for HCBS programs. While this trend ultimately encourages improvement, it also presents significant technical challenges associated with coordinating care across disconnected specialty providers and software platforms which can overwhelm staff responsible for designing and implementing the changes. This workshop will focus on demonstrating how interoperability, developed by CMS and ONC (Office of the National Coordinator), simplifies existing software solutions.

Presenters: Chris White, Senior Vice President, FEi Systems; and

Ron Hendler, Former MFP Director, CMS

Quality of Care and Quality of Life in Managed Long-Term Services and Supports: Consumers' Concerns and States' Designs for Safeguards

Room: Potomac V

Consumers are approaching the proliferation of managed care for Medicaid managed long-term services and supports (MLTSS) with caution. They voice concern that capitated payments may incentivize managed care organizations (MCO) to authorize fewer services and supports than members need. Consumers also worry that MCOs may pass over experienced community providers and contract with large providers who aren't culturally competent or as skilled in serving members' nonmedical needs and preferences. This workshop frames these concerns as quality of care and quality of life issues. A consumer advocate will discuss areas of concern and offer recommendations, followed by speakers from two state Medicaid MLTSS programs – Arizona's Long Term Care System (ALTCSS) and Tennessee's CHOICES. The state speakers will describe how they have built safeguards into their programs to uncover service plan inadequacy and non-receipt or tardiness of services, while also advancing member control and authority. Mechanisms to be discussed include: Contract management/oversight of all MCO activities; Evaluation and revision of MCO contracts; Use of gap reporting and Electronic Visit Verification System (real time accountability); Face-to-face visits with members and service plan audits; Member satisfaction surveys; and Implementation of member-directed options.

Presenters: Beth Jackson, Ph.D., Director - Community Living Systems, Truven Health Analytics; and Alice Dembner, Project Director, Community Catalyst; and Michelle Morse Jernigan, Deputy, LTSS Quality & Administration, Bureau of Tenn Care; and Jami Snyder, Operations Administrator - Acute and Long Term Care, AHCCCS, Division of Health Care Management

Achieving Results by Integrating Family Caregivers into Managed Care

Room: Potomac VI

Participants will learn how successful managed care organizations have integrated family caregivers into the work they do, including

one model of paid family caregiving called Structured Family Caregiving (SFC). A number of recent studies have pointed out the need to support family caregivers. The SFC agency model allows caregivers to make the full time commitment to allow loved ones to live at home and offers professional oversight as well as caregiver training. Participants will learn about how interdisciplinary care teams are able to provide support to family caregivers allowing consumers with the highest medical needs to remain in the community from the perspective of PACE (Elder Service Plan of East Boston), a Senior Care Options plan (Commonwealth Care Alliance) and Caregiver Homes (a provider of Structured Family Caregiving). Discussion will focus on how family caregivers are successfully integrated into inter-organizational care teams and the results that have been achieved through these successful partnerships.

Presenters: Kelly Magee, State Director, Caregiver Homes of Massachusetts; Cheryl Pascucci, NP, Clinical Director, Commonwealth Care Alliance; and Laura Wagner, VP, Geriatric Services East Boston Neighborhood Health Center

THURSDAY, SEPTEMBER 12, 2013

7:00 a.m. – 5:00 p.m.

Registration

7:30 a.m. – 8:30 a.m.

Continental Breakfast

8:30 a.m. – 9:45 a.m.

Workshops:

ACL: The Aging & Disability Network's Role in Delivering Veteran's Administration Self-Directed Programs

Room: Potomac III & IV

Administration for Community Living and Veterans Health Administration will provide an overview of Veterans Affairs' Self-Directed Programs and the role the Aging & Disability Networks fulfill in the delivery of these programs. Two Veteran-Directed HCBS operational sites will share information about their program design, development and strategies to engage the Veterans Affairs Medical Centers.

Presenters: Kevin Foley, VA Self-Directed Program Lead,

Administration for Community Living; Daniel Schoeps, VHA; and Patrick O'Keefe, VHA

CMS: Improving Care Transitions Across Settings: Medical and Long-Term Supports and Services (LTSS) Coordination

Room: Washington A & B

Re-hospitalization and subsequent re-institutionalization is an important quality of care and quality of life issue for Medicaid beneficiaries. State Medicaid Agencies (SMAs) and their providers also have a critical interest due to the impact on programs and financial resources. There are many technical assistance resources and opportunities available for SMAs and providers to reduce re-hospitalization and re-institutionalization for the people they serve. Learn how some SMAs, Quality Improvement Organizations (QIO), hospitals, and providers are working together at the local level to improve the transition of individuals from hospital or home health agency to home and community-based LTSS.

CMS: Developments in HCBS: CARE, Quality, and HIT

Room: Arlington/Fairfax

This session will describe the potential, challenges, and processes for standardizing data to support Quality Management and Continuous Quality Improvement programs across community-based long-term services and supports (CB-LTSS). Section 2701 of the Patient Protection and Affordable Care Act (ACA) raises the bar for advancing quality measures and quality measurement programs for adult Medicaid populations. The Centers for Medicare & Medicaid Services (CMS) is testing and making available new adult quality measures, including a library of modified CARE functional assessment elements, for use in Medicaid CB-LTSS. Data elements and assessment tools from the CMS CARE library are used in or by skilled nursing facilities (SNFs); home health agencies; inpatient rehabilitation facilities; long term care hospitals; hospices; outpatient therapy, nursing facility and day rehabilitation programs; and ambulatory settings. The process of adapting and developing CARE items for the CB-LTSS environment will help standardize patient assessment when the assessment concept is the same across populations. A library of core and supplemental CARE items will be identified that can be used to support service planning, eligibility, and quality monitoring across a wide variety of community-based

long term services and supports funded by Medicaid state plan and waiver programs. These items will be harmonized with the existing CARE library and potentially administrated by emerging CMS data governance processes.

Presenters: Anita Yuskauskas, PhD, Technical Director, HCBS Quality CMS; Susan Joslin, PhD, RN, CMS; Don Mon, PhD, Senior Director, Center for the Advancement of Health IT RTI, International; and Sue Mitchell, RHIA, Research Health IT Scientist, RTI, International

Severe Traumatic Brain Injury/Acquired Brain Injury After all These Years...Still a Civilian Silent Epidemic

Room: Potomac II

The annual incidence of traumatic brain injury (TBI) is 3.5 million: 2.1 million are seen in the ER, 300,000 are hospitalized, 84,000 are seen as outpatients, and 53,000 die. Severe TBI is a causative disease and leads to chronic conditions. Long term care providers must serve appropriately and effectively. It is imperative that human service policies and funding streams which effects delivery of services must be better understood and developed. This presentation will present an overview of the epidemiology, cause and consequences. The impact of the medical, physical, cognitive and psychological impact on the survivor and family has long term and life-long implications. This presentation will also review both progress and the unmet challenges of the Massachusetts experience over the past three decades addressing the needs of this complex population.

Presenters: Marilyn Price Spivack, Founder and Former President, Brain Injury Association of America; Mary E. Grant, MS, RN, Clinical Director, Office of Long Term Services and Supports; and Debra Kamen, Assistant Commissioner of Community Living

Integrating Diverse Data Sources to Support Community-Based Long-Term Services and Supports

Room: Potomac V

The Hilltop Institute at the University of Maryland, Baltimore County provides research support for Maryland as it carries out initiatives to deliver long-term services and supports (LTSS) in community-based settings. Among Maryland's initiatives are home and community-based services (HCBS) waivers for diverse populations, a successful Money Follows the Person (MFP) program,

and the Balancing Incentive Payment Program. To strengthen its ability to provide solid analysis in support of Maryland's programs, Hilltop is integrating data from multiple sources. Medicaid administrative data, Minimum Data Set assessments, HCBS Waiver Registry data, waiver tracking system data, and data from a new LTSS information system are among the integrated data sources. These integrated data sets underpin Hilltop's work with Maryland on MFP metrics and on data books about HCBS waivers and nursing homes. The data provide a framework for measuring LTSS program impact. Attendees at this session will learn about Maryland's use of data in its LTSS programs and Hilltop's data integration efforts, become familiar with each data source included in the integration activity, consider the types of reports created through data integration, and preview future data integration plans.

Presenters: Ian Stockwell, Director of Special Studies, The Hilltop Institute; Cynthia Woodcock, Executive Director, The Hilltop Institute; Aaron Tripp, Policy Analyst, The Hilltop Institute; Lorraine Nawara, Deputy Director for Community Integration, Maryland Department of Health and Mental Hygiene; and Eric Saber, Health Policy Analyst, Maryland Department of Health and Mental Hygiene

Volunteers Matter: Highlights from Innovative Programs in Arkansas, Minnesota, and Oregon

Room: Roosevelt

At the 2012 HCBS Conference, National Association of States United for Aging and Disabilities announced the first award winners of the Volunteers Matter competition. The awards are given for excellence in volunteer services. The award was designed to highlight successful statewide programs that are leading the way in the creative use of volunteers in the long term services and supports networks. The 2013 award winners are 1) Arkansas' Certified Volunteer Long-Term Care Ombudsman Program, 2) the SHARE Minnesota Campaign, and 3) Oregon's Money Management Program. This session will highlight each program by providing a firsthand account of their innovative uses and volunteers and successes in volunteer recruitment, training, and/or retention.

Presenters: Moderator: Kelsey Walter, Policy Associate, NASUAD. **Panel:** Kathie J. Gately, BSW, SLTCO, Office of the State LTC Ombudsman, Arkansas Division of Aging & Adult

Services; Rachel Shands, Long Term Care Systems Consultant; Krista Boston, Director Consumer Assistance Programs, Minnesota ADRC Program; and Carol Cookson, CVA, Director, Oregon Money Management Program

Stop Fraud Before it Occurs Through Technology and Human Touch

Room: Potomac VI

According to the Office of Inspector General (OIG), the incidence of significant and persistent compliance, payment and fraud vulnerabilities demonstrates the need for the Centers for Medicare & Medicaid Services (CMS) to take a more active role in engaging states to combat these issues. Using recent OIG reports as a base line and cutting edge technology and human touch interventions as a response, the panel will discuss real fraud cases from the CMS, state, information technology, academic and provider perspectives. Real solutions to real problems will be shared, addressing financial and quality impacts for participants, managing parties, co-employers, managed care organizations (MCO), financial management services providers and government agencies. The panel will identify potential points where fraud occurs, and how technology and/or human intervention could have prevented it. In addition, the panel will address inadequate controls in the prior authorization processes, inconsistent monitoring standards, and, problematic billing practices.

Presenters: Teresa C. Williams, President and CEO, Mains'l Services, Inc.; Linda Joyce, Deputy Director, Division of Long-Term Services and Supports; John Van Wingen, Assistant Dean of Information Technologies, FL State University Medical School; Pam Erkel, Manager, Special Projects Disability Services Division, MN Department of Human Services; and Jim Young, President and CEO, Independent Systems and Solutions, Inc.

Medication Use in Adults with Intellectual/Developmental Disabilities Living in Community Homes and State Efforts to Reduce Overuse Prevention, Protection & Advocacy

Room: Potomac I

Overuse of medications is a national problem for adults with intellectual and developmental disabilities in community residences. Participants will learn about state efforts to monitor and reduce unnecessary psychotropic medications. Human Services Research

Institute staff will present National Core Indicators (NCI) data on adults with intellectual and developmental disabilities taking medications for mood, anxiety, psychosis and behavior, including differences by diagnosis and residence type, and trends over time. Georgia and Massachusetts will present quality improvement initiatives to reduce overuse of these medications for adults living in community homes.

Presenters: Valerie Bradley, President, HSRI; Gail Grossman, Assistant Commissioner, Quality Management Massachusetts Department of Developmental Services; Eddie Towson, Director of Quality Management, Georgia Division of Developmental Disabilities; and Sue Kelly, Ph.D., Senior Scientist, Delmarva Foundation

Building Capacity for Exercising Choice: A Supported Decision Making Approach

Room: Jefferson

Exercising choice in the selection of services is an essential requirement for implementing the Medicaid Waiver. Staff and families often raise questions about people with intellectual and developmental disabilities making these choices. Questions commonly link to the fundamental nature of these disabilities and the many functional challenges that may impact people's ability to communicate their preferences in a clear and unambiguous way. This presentation will outline the issues to consider when supporting people to exercise choice and actively participate in the decision making process. Presenters will also share resources and most promising practices emerging in this area. Discussion will emphasize strategies that promote maximum autonomy and retention of civil rights while providing people with assistance as required.

Presenters: Tina M. Campanella, MA, Chief Executive Officer, Quality Trust for Individuals with Disabilities; Jimi Lethbridge, Director of Monitoring, Quality Trust for Individuals with Disabilities; and Jonathan Martinis, Esq., Legal Director, Quality Trust for Individuals with Disabilities

Leveraging Cross-Collaborations in Changing Times: the New Face of the Aging and Disabilities Consortium of the Greater North Shore (ADRCGNS), Inc.

Room: Kennedy

Leadership from the Aging and Disabilities Consortium of the Greater North Shore (ADRCGNS), Inc. will discuss the blending and braiding of the aging and disabilities services through a collaborative organizational structure to effectively design, implement, evaluate, and secure funding for new and innovative consumer-driven programs promoting self-directed livability. First in the nation to formally incorporate, the ADRCGNS is developing the complex capacities required to build a true regional “No Wrong Door” services system. Aply delivering meaningful health care reform through a variety of newly leveraged programs and contracts, our ADRCGNS embodies the value-added proposition that seamlessly coordinates expertise and experience of member agencies in the pursuit of meaningful person-driven long term services and supports will best meet the triple aims of better health, better health care, and lower health care costs.

Presenters: Valerie Parker Callahan, Leadership of the ADRCGNS, Director of Planning and Development at Greater Lynn Senior Services, Aging and Disabilities Resource Consortium of the Greater North Shore, Inc. (ADRCGNS); and Mary Margaret Moore, President of the Aging and Disabilities Resource Consortium of the Greater North Shore, Inc. (ADRCGNS), Executive Director of the Independent Living Center of the North Shore and Cape Ann

9:45 a.m. – 10:00 a.m.

Break

10:00 a.m. – 11:15 a.m.

Workshops:

ACL: Long-Term Care Ombudsman Programs: Enhancing Credibility and Effectiveness—Part 2

Room: Potomac III & IV

We know that Long-Term Care (LTC) Ombudsman Programs provide a valuable service to the country’s most vulnerable individuals but measuring the impact of the ombudsman program with regards to consumer satisfaction, protection of rights, improving the quality of care and impacting public policy is not well understood. How do we get from knowing the value of the program to measuring and making the case for the value of the program? This session will present the Office of LTC Ombudsman Programs and Office of Performance & Evaluation work to develop program evaluation methodologies and introduce future options for program evaluation and data measures. Participants will learn of the activities

that the Administration for Community Living (ACL) is undertaking to measure program effectiveness and to bring data collection, reporting and analysis into the 21st Century. This will also be an opportunity for ACL to hear stakeholder perspectives about LTC Ombudsman data collection and program evaluation.

Presenters: Louise Ryan, Ombudsman Program Specialist, Office of Long-Term Care Ombudsman Programs, Administration for Community living; Becky Kurtz, Director, ACL Office of Long-Term Care Ombudsman Program; and Susan Jenkins, Office of Performance Evaluation, Administration for Community Living

CMS: Medicaid Supports for Employment

Room: Washington A & B

This session will present on current Medicaid policies, waivers, programs, services and initiatives, including the Balancing Incentive and Money Follows the Person programs, which can be utilized by states to support the movement toward integrated community-based employment for all people with disabilities (including individuals with mental illness), youth and elders. There will be an opportunity to share ideas and strategies to best meet individuals' needs with regard to employment supports.

Presenters: Colleen Gauruder, Division of Long-Term Services and Supports, Disabled and Elderly Health Programs Group; Jeff Clopein, Division of Community Systems Transformation, Disabled and Elderly Health Programs Group; and Effie George, Division of Community Systems Transformation, Disabled and Elderly Health Programs Group

Legislative Update: What's New in Aging Policy...and What's Ahead

Room: Kennedy

The Policy Directors of the National Association of States United for Aging & Disabilities (NASUAD) and the National Association of Area Agencies on Aging (n4a) will bring you up to speed on the latest federal aging policy activity, from Older Americans Act reauthorization to how pressing federal budget issues will affect all programs for older adults and caregivers. The session will cover the latest news from Capitol Hill but translate it for all levels of Aging Network professionals!

Presenters: Amy Gotwals, Senior Director of Public Policy and

Advocacy, n4a; and Lindsey Copeland, Director of Policy and Legislative Affairs, NASUAD

Lessons from the Field: The Nation's First Demonstration Program for Duals Yields Creative Strategies and Lessons Learned

Room: Arlington/Fairfax

When leading the charge in integrating services and improving quality of care for duals, the need to be creative and resourceful in developing community partnerships, and using limited Medicaid and Medicare dollars is key to success in these programs. Come and learn from one of the pioneers and innovators in the area of transforming care delivery for vulnerable populations, as professionals from Massachusetts's Commonwealth Care Alliance share lessons learned from the field. This workshop will highlight two innovative program models designed and implemented by Massachusetts's Commonwealth Care Alliance for two distinct populations: seniors with complex medical needs, and working-age adults with disabilities. This workshop will explore creative strategies for coordinating community-based support services and medical care, and using the flexibility of capitated funding to get creative in the purchasing of community-based supports. The workshop will also include a presentation on the senior care options care model implemented 10 years ago, and a unique primary care practice focused solely on the care of physically and developmentally disabled individuals. Break-out sessions will allow participants to learn more specifically about applying these strategies to seniors, and then to younger adults with disabilities.

Presenters: Lois Simon, President, Commonwealth Care Alliance; Mary Glover, NP, Executive Director, Commonwealth Community Care; and Cheryl Pascucci, NP, Clinical Director, Commonwealth Care Alliance

Quality Improvement from the Mortality Review Process: Extending Beyond the Deceased to Manage Risk

Room: Potomac V

While death is a natural consequence to life, the mortality rate and conditions associated with the deaths of many of our elderly and disabled are concerning. Mortality associated with deficient quality of care led to an investigation by the United States Government

Accountability Office (GAO, 2008) into the mortality review process that states utilize following the death of a Medicaid HCBS Waiver Participant. This session will include examination of a comprehensive mortality review process that meets all of the expectations laid out within the GAO report. This includes the process for initial review through a Mortality Review Triage Team (MRTT) and secondary review through a state run Mortality Review Committee (MRC) chaired by a physician and including other stakeholders such as parents. With an eye towards quality improvement and a desire to reduce the risk of critical incident occurrence, a model for follow up reviews of other waiver participants (both on and offsite), aggregation and analysis of the data, and dissemination of the results through web posting and online training venues will be presented. Finally, data on the implementation of this model within a state will be provided as supporting evidence and to stimulate further discussion on the topic amongst the audience.

Presenters: Wayne S. Zwick, M.D., Physician, Liberty of Indiana Corporation

Collaboration Across the Lifespan: Arizona's Approach to System Change

Room: Potomac II

Building partnerships and developing collaboration across programs and populations is the key to making projects and innovation happen, and be sustained. In Arizona, various programs are coming together under the Aging and Disability Resource Center (ADRC) umbrella, creating opportunities that each program alone could not realize. The Lifespan Respite Program is developing an online caregiver registry and resource website that will supplement the state's Direct Care Workforce Initiative; it will also support the veteran-directed HCBS program that is being developed. Options Counseling helped Area Agencies on Aging and Centers for Independent Living expand their services, and linking to options counseling performed by the Division of Developmental Disabilities resulted in training modules and an expansion of populations served by the ADRC, to include children. Other innovative cooperation across programs involve the use of volunteers from the Caregiver Resource Line; linking with the state library system, coordination of consumer-directed options, a statewide searchable online resource database, and an online training

module on ADRC and community resources.

Presenters: Jutta Ulrich, Coordinator, ADRC and Home/Community Based Services, Arizona Department of Economic Security, Division of Aging and Adult Services; and David Besst, Family Caregiver Specialist, Arizona Department of Economic Security, Division of Aging and Adult Services

National Dissemination of Evidence-Based Health Promotion Programs for Older Adults: Successes, Challenges, and Impact

Room: Potomac VI

Fueled by positive outcomes and participant satisfaction, the adoption of evidence-based healthy aging programs is rapidly spreading. Panel presenters will highlight the phenomenal growth and impact of evidence-based healthy aging programs, featuring Stanford University's Chronic Disease Self-Management Program (CDSMP). The National Council on Aging, in partnership with the U.S. Administration on Aging (AoA), will present assessment data from two AoA-funded national initiatives supporting evidenced-based health promotion and self-management programs, highlighting grantee performance, innovations, and lessons learned. Best practices specific to marketing, creative partnerships, business planning, and other sustainability elements will be emphasized. Additionally, findings from a process evaluation of CDSMP conducted by IMPAQ International and Altarum Institute will be presented. The evaluation used multiple quantitative and qualitative data sources including site visits, phone surveys, grantee reports, and an analysis of program data to identify challenges, opportunities, and best practices in implementing CDSMP and bringing the program to scale. As a result of attending this session, participants will be able to describe implementation successes and challenges associated with national dissemination of evidence-based health promotion programs for older adults. Special emphasis will be placed on replicable activities and strategies that have enhanced the reach and sustainability of these proven programs.

Presenters: Kristie P. Kulinski, Senior Program Manager, National Council on Aging; Sue Lachenmayr, Senior Director, National Council on Aging; Cynthia H. Woodcock, Executive Director, (currently)/Principal Research Associate (previously), The Hilltop Institute (currently)/IMPAQ International, LLC (previously); and Michele L. Boutaugh, Aging Services Program Specialist, US

Administration for Community Living/Administration on Aging

Health Homes, Patient Centered Medical Homes, Home Health: Which Home is It?

Room: Jefferson

Health Homes are outlined as a service option in the Patient Protection Affordable Care Act (PPACA) to promote a holistic approach, integrating physical and behavioral health services for persons experiencing a serious mental illness, two or more chronic conditions, or one chronic condition and at risk of another chronic condition. State Medicaid programs are given an incentive to implement health homes for their Medicaid beneficiaries with an enhanced federal match, 90% for six health home defined services during the first 24 months of the program. A variety of options are given to states in defining health homes and while only eleven states have the Centers for Medicare & Medicaid Services approved models in their State Plan Amendments, an additional 25 states are engaged at some level in a planning process. This presentation provides a brief history and background on health homes, outlines the rationale for health homes focused on chronic conditions and reviews current models. Discussed is a danger for States to move quickly without sufficient consideration to system transformation issues and thus they will maintain the status quo. However, an impression is given of a new service delivery model based upon a new name, implying the health service delivery system is evolving to reflect a holistic approach integrating physical and behavioral health services, while it remains business as usual. The presentation offers a point of view on how health homes can be a disruptive innovation in establishing a new care delivery system.

Presenters: David Johnson, MSW, ACSW, AVP, Health Care Programs, WellPoint

Opportunities to Improve Care Coordination for Vulnerable Populations

Room: Potomac I

Ensuring that appropriate supports are in place for vulnerable populations can often be challenging. Many times our vulnerable populations receive services through multiple state agencies and private programs making information exchange and care coordination more critical and at the same time more challenging. In

this presentation, UnitedHealthcare will share their experiences and innovative approaches to serving vulnerable populations. The presentation will highlight lessons learned in care coordination for adults and will close by sharing a technology solution designed to support electronic information exchange amongst key stakeholders.

The UnitedHealthcare Care Coordination Model supports vulnerable adults in the community through person-centered care planning, care coordination, and linkage with psychosocial supports.

UnitedHealthcare Foster Bridge is a UnitedHealth Group innovation that supports electronic information exchange for children in foster care via a web based, secure electronic platform. This tool will enable professionals to view important health, education, and social service information for children in foster care programs. Foster Bridge is a prototype, designed to support children in foster care. However, the information sharing concept is applicable to a variety of vulnerable populations, as having timely access to complete and accurate information empowers stakeholders to better address a person's needs. UnitedHealthcare is interested in exploring opportunities to partner on a Foster Bridge pilot in support of children in foster care and/or to support collaboration with adult protective services teams in serving vulnerable adults.

Presenters: Ann Lundy, RN, BSN, MBA, Sr. Director National Complex Care, UnitedHealthcare Community and State; Jennifer Kyle, RN, MA, Director, Population Strategy Children & Families, UnitedHealthcare Community and State; and Daphne Rood-Hopkins, Director of Community Outreach and Behavioral Health Programs, State of New Mexico, Children, Youth, and Families Department

11:15 a.m. – 11:30 a.m.

Break

11:30 a.m. – 12:45 p.m.

Workshops:

ACL: What are the Components of a State's No Wrong Door/ADRC System?

Room: Potomac III & IV

The Administration for Community Living, Centers for Medicare & Medicaid Services, and the Veterans Health Administration will provide an overview of the national vision for the No Wrong Door/Aging and Disability Resource Center (NWD/ADRC) System that will serve all populations and all payers. Two of the eight states developing NWD/ADRC Systems will present their NWD/ADRC

System and how the organizational structure is developing within their state.

Presenters: Joseph Lugo, NWD/ADRC System Team Lead, Administration for Community Living; Jeane Nitsch, CMS; and Daniel Schoeps, VHA

CMS: State Progress on Balancing LTSS

Room: Washington A & B

The Affordable Care Act provides new opportunities for states to improve access to Medicaid long-term services and supports provided in the community. This session will highlight progress to date to further balance their delivery systems. Participants will learn more about the Balancing Incentive Program and how States are building on the services and supports provided in other Medicaid programs including Money Follows the Person, Community First Choice, 1915(i) etc.

Presenters: Effie R. George, PhD, Division of Community Systems Transformation, Disabled and Elderly Health Programs Group

From \$1/hour to \$13/hour and into the future: The story of raising workforce standards and strengthening home care programs in Illinois

Room: Kennedy

It is a little-known fact that in-home personal care is one of the most highly unionized industries in the service sector. The power of workers to raise standards for both consumers and themselves is strengthened by working together with consumers, providers and state government. This panel offers a case study of the remarkable impact of 30 years of such advocacy in the state of Illinois.

Representatives of union leadership, the disability rights movement and executive-level provider management will share their perspectives on the vibrant partnership among these parties in support of stable funding and expansion of both Medicaid and non-Medicaid programs in the state. Key accomplishments to be highlighted include significant wage gains, access to employer-provided health benefits and voluntary training for workers. The panel will share data that demonstrates how these achievements have substantially stabilized the workforce and reduced turnover and will identify the policy and legislative platforms through which they were

enacted. The panel will also explore future of the delivery system, with emphasis on the prospects for further rebalancing as managed care is implemented and the role of the workforce in these new integrated care programs.

Presenters: Terri Harkin, Vice President & Home Care Director, SEIU Healthcare Illinois/Indiana; Flora Johnson, Personal Attendant, Illinois Department of Rehabilitative Services; Darby Anderson, Vice President, Home Care Services Addus Healthcare, Inc.; and Tom Wilson, Community Development Organizer, Access Living

Better Home Care for Consumers through a Stronger Workforce

Room: Jefferson

In this session, the presenters will focus on the mutually beneficial relationship home care consumers and workers have in improving the job quality of the direct care workforce. They will share consumer perspectives on workforce issues and provide insight from consumers on relationships between themselves and their home care workers. Furthermore, they will highlight two key issues that are integral to strengthening the direct care workforce: immigration reform, and the extension of minimum wage and overtime protections to direct care workers. These reforms are critical to cultivating a highly skilled direct care workforce; however, many consumers have not yet made the connection between immigration reform, labor protections and home care quality. The speakers will also discuss how these reforms would directly benefit home care consumers by strengthening the retention and recruitment of quality workers.

Presenters: Sarah Wells, MA, Executive Director, National Consumer Voice for Quality Long-Term Care; and Marybeth Williams, Public Policy Associate, National Consumer Voice for Quality Long-term Care

It can give you a positive outlook towards the future: Delivering Chronic Disease Self-Management Education to Virginia's Prison Populations

Room: Lincoln

This session will cover the development and outcomes of Virginia's successful pilot program to provide evidence-based Chronic Disease Self-Management Education programs in prison facilities, targeting

offenders returning to the community. Presenters will describe the collaboration with the state corrections system to roll out the program and will share inspiring comments and stories from workshop leaders, participants, and prison officials. The session will be interactive, providing opportunities for brainstorming ideas and developing achievable action plans to disseminate evidence-based self-management programs in correctional settings.

Presenters: April Holmes, Coordinator of Prevention Programs, Virginia Department for Aging and Rehabilitative Services; and Debbie Spencer, Local Coordinator, District Three Senior Services, Virginia

Improving Outcomes with Innovative Community Nutrition Services in an era of Integration of Health & LTSS

Room: Potomac VI

This session will cover four key points: 1) nutritional issues in community dwelling older adults, 2) the importance of transition of care in driving improved patient outcomes, 3) The Community-Based Care Transition Program (CCTP), of the Affordable Care Act, for high risk Medicare beneficiaries, and 4) the Post-Acute Support System (PASS) Sustainable Community Model. Staying up-to-date on care transitions is an essential topic for anyone who works with older adults.

Presenters: Dalila Suazo, Manager, Nutrition and Wellness Independent Living Systems

Sustaining Lifespan Respite Programs: Successful Strategies in Economically Challenging Times

Room: Arlington/Fairfax

State aging or disability government agencies are recipients of Lifespan Respite grants from the Administration for Community Living to establish statewide systems to improve respite care access for family caregivers of individuals of any age with a disability or chronic condition. States are encouraged to develop sustainability plans to ensure that program activities continue once the federal funding has ended. At the heart of Lifespan Respite projects are partnerships between the state agency, a statewide respite coalition, other state partners, and Aging and Disability Resource Centers. Many states have excelled at collaboration and are well on their way to sustaining efforts utilizing a variety of strategies. This workshop

will provide background on the Lifespan Respite Program, elaborate on successful sustainability strategies, and provide state examples of successful sustainability efforts.

Presenters: Jill Kagan, Program Director, ARCH National Respite Network and Resource Center; Alicia Blater, M.S., APR, Family Caregiver Support Program Consultant, Lifespan Respite Project Director, NC Division of Aging and Adult Services; Patricia Bordie, Manager, Special Projects Unit, Access & Intake Division, Texas Department of Aging and Disability Services; and Ellen Nau, Human Services Program Coordinator, Virginia Department for Aging and Rehabilitative Services, Division for the Aging

Balancing Risk and Choice: Supporting Consumer Direction when Using Home Care Providers

Room: Potomac V

CareStar's holds a public-private partnership with the Ohio Department of Job and Family Services successfully provides care management to over 9,000 Ohioans of all ages who have various disabilities. From 2004-2013, CareStar was the provider oversight entity for nearly 10,000 agency and independent providers under the Medicaid Ohio Home Care Waiver Program. Our track record of success includes orienting and training new providers, investigations into health and welfare incidents impacting these consumers and providers, and completing annual provider audits. Through this dual role, CareStar has become a leader in supporting consumer direction, ensuring quality providers, and promoting health and welfare allowing individuals to remain in their community. This session will explain key elements a professional needs to know to support self-determination; describe how consumers can be their best advocates when selecting and directing providers; list steps in problem solving and conflict resolution; identify strategies in preventing abuse, exploitation and neglect when consumers use family members as paid providers; and illustrate how CareStar's secure consumer portal improves self-management of their care, including linking and selecting preferred home care providers.

Presenters: Jerrie O'Rourke LISW-S, Business Development Manager, CareStar, Inc.; and Felicia Faison, LSW, Director, Provider Management, CareStar, Inc.

Collaborating with AAAs to Advance LTSS Care Management

in the Post Waiver World

Room: Potomac II

Humana is currently working to build a statewide Area Agencies on Aging (AAA's) partnership in advance of the Veterans Affairs' request for proposal on long-term services and supports for Elderly or Disabled with Consumer Direction (EDCD Waiver) and Assistive Technology (AT Waiver) populations. In line with the July 2012, the National Association of Area Agencies' Policy Brief, The Role of the Aging Network in Medicaid Managed Care for Long-Term Services and Supports, Humana is showing that it is an 'and' not a 'or' with the AAA's and the MCO's. We want to show the industry how we did it and our successes in partnership vs. displacement.

Presenters: Maresa R. Corder, RN, MPA, CCP, Strategic Consultant, Humana; and Kathy Vesley-Massey, President and CEO, Bay Aging

The Aging Network's Volunteer Collaborative: PowerUP! Your Organization

Room: Potomac I

Learn how to engage the passion, talents and leadership of new cadres of older adult volunteers to expand your organization's reach and better serve older adults. Become a leader in the PowerUP! Initiative and be a part of launching a new volunteer engagement strategy developed exclusively for the Aging Network! Aging services organizations nationwide are beginning to use a new, highly effective messaging tools and a volunteer engagement strategy – self-directed teams. The Aging Network's Volunteer Collaborative has partnered with trainers from the Self Directed Volunteer Network to offer hands-on training where you will learn to build your own self-directed volunteer teams. This fresh approach to volunteer engagement is rooted in proven methods to recruit, engage, and retain the next generation of older adult volunteers. And this strategy is a pathway to new types of engagement opportunities, expanding your volunteer force, and reducing, after initial start-up staff intensive volunteer management and administration. PowerUP! provides full access to training, technical assistance, tools and a suite of web-based resources specially designed to support the development of a new volunteer force using self-directed volunteer teams within your organization or program.

Presenters: Tom Endres, Director, The Aging Network's Volunteer

Collaborative; Deborah Merrill, Senior Policy Director, NASUAD; and Dr. Edmina Bradshaw, Founder, Self-Directed Volunteer Network

12:45 p.m. – 1:45 p.m.

Lunch

1:45 p.m. – 3:00 p.m.

Closing Plenary, *Regency Ballroom*



Cindy Mann, Deputy Administrator/Director, Center for Medicaid and CHIP Services, Centers for Medicaid & Medicare Services

Cindy Mann, J.D. has served as the Director of the Center for Medicaid and CHIP Services (CMCS) within the Centers for Medicare and Medicaid Services (CMS) since June 2009. As CMS Deputy Administrator and Director of CMCS, Cindy is responsible for the development and implementation of national policies governing Medicaid and the Children's Health Insurance Program (CHIP) and works closely with states as they design and administer their Medicaid and CHIP programs.

Prior to her return to CMS in 2009, Cindy served as a research professor at the Georgetown University Health Policy Institute and was the Executive Director of the Center for Children and Families at the Institute. Her work at Georgetown focused on health coverage, financing, and access issues affecting low-income populations and states. She was also a senior advisor at the Kaiser Commission in Medicaid and the Uninsured. Cindy served as Director of the Family and Children's Health Programs Group in CMS' (then HCFA's) Center for Medicaid and State Operations (now CMCS) from 1999 – 2001, where she played a key role in implementing the SCHIP program and led the center's broader work on Medicaid policies affecting children and families. Before joining HCFA in 1999, Cindy directed the Center on Budget and Policy Priorities' federal and state health policy work. She also has extensive state-level experience, having worked on health care, welfare, and public finance issues in Massachusetts, Rhode Island, and New York.

Cindy received a law degree from the New York University School of Law and a B.A. from Cornell University.