HCBS I&R/A Pre-Conference Intensive

Administration for Community Living Update

September 15, 2014
Workforce Innovation and Opportunity Act

• Bi-partisan bill signed into law July 2014
• Changes to Rehabilitation Act and the Assistive Technology Act.
• Transfers three programs from Department of Education to ACL.
Workforce Innovation and Opportunity Act

• Programs being transferred to ACL include:
  – The Independent Living programs,
  – The National Institute on Disability, Independent Living, and Rehabilitation Research, and
  – The Assistive Technology Act programs

• ACL working with ED on transfer
The SHIP program moved to ACL from CMS in the Consolidated Appropriations Act of 2014

The majority of the administrative transition occurred by July, 2014

ACL is continuing to staff up to administer the program

ACL will be soon announce the newly created SHIP Technical Assistance Center grantee

For questions, contact ship@acl.hhs.gov
Elder Justice a Priority

• At least 10% of older adults – approx 5 million - experience elder abuse each year.

• Estimated that for every 1 case of elder abuse that comes to the attention of authorities, 24 cases go undetected or unreported.

• Older victims of even modest forms of abuse have dramatically higher (300 percent) morbidity and mortality rates than non-abused
Current EJ Investments: Summary

**Older Americans Act**
- Title VII Formula Funding
- Resource Centers

**Prevention and Public Health Fund**
- Elder Abuse Prevention Grants
- National Adult Maltreatment Reporting System

**Elder Justice Act**
- Elder Justice Coordinating Council
- 8 Recommendations

**FY15 Request**
- NAMRS Implementation
- APS Evaluation
- Prevention Research
Evidence-based Fall Prevention Grants

- Falls leading cause fatal and nonfatal injuries for those 65 years of age and older.
- Over 4 million in PPHF funds
- Grants to states, tribal, and community orgs
- Target older adults and persons with disabilities
- National Falls Prevention Resource Center
2012 Alzheimer’s Awareness Campaign Overview

• Campaign Parameters
  • Overall Theme: Connect caregivers with existing resources
  • Resources: $4 million
  • Partners: Alzheimer’s Association, NIA
  • Time Frame: Six weeks from contract modification
  • Launch Date: May 15, 2012

• Campaign Elements:
  • alzheimers.gov website in English and Spanish
  • Caregiver voices featured on website (videos)
  • Promotional Campaign
    • Television: 30 second spot placed on a paid basis
    • Digital: search optimization and banner advertising
    • Print: Outdoor and major print outlets e.g. Parade
2014 Alzheimer’s Awareness Campaign
Proposed Activities

• Campaign Parameters
  • Theme: early recognition of mild cognitive impairment
  • Resources: $4 million in annual funds
  • Partners: states, other stakeholder organizations
  • Time Frame: October 1, thru September 30, 2015

• Campaign Elements
  • Technical Expert Panel to provide direction:
    • government and non-government entities
    • determine best use of funds so as not to duplicate
    • consider NAPA Advisory Council recommendations
  • Competitively bid communications contract
    • Digital is likely to be primary mechanism
ACL, NIH, and CDC developed a Brain Health Resource

Provides the most current, evidence-based information, and resources about brain health as you age. Contents include:

- Slide presentation
- Educator Guide
- Handouts

http://acl.gov/Get_Help/BrainHealth/Index.aspx
Stay Connected With Us

http://www.facebook.com/aclgov

https://twitter.com/aclgov

https://public.govdelivery.com/accounts/USACL/subscriber/new

www.acl.gov
Federal Policies of Interest
Top things that I and R Support professionals should know

• 1. Appropriations
• 2. OAA Reauthorization
• 3. HCBS setting
• 4. DOL rule
• 5. Change in state leadership
• 6. Change in state agencies
TOTAL SPENDING IN FY2013 = $3.45 TRILLION

- Social Security: $808
- Medicare: $492
- Medicaid: $265
- Interest: $221
- Other Mandatory: $467
- Non-Defense Discretionary: $576
- Defense: $625

Source: House Budget Committee using CBO data
FUNDING FOR SENIORS
NOT KEEPING PACE
Percent of Seniors Continues to Grow

ONE IN EIGHT
ADULTS 65+

ONE IN FIVE
ADULTS 65+
FUNDING FOR SENIORS
NOT KEEPING PACE

From 1980 to 2010

60% POPULATION INCREASE ADULTS 65+
59% FUNDING DECREASE AoA FUNDING
FUNDING FOR SENIORS
NOT KEEPING PACE
Current Funding Levels Unable to Meet Increased Need

$9.24
PER ADULTS 65+
1980

$3.85
PER ADULTS 65+
2010
AGING SERVICES UNABLE TO MEET DEMAND

57 MILLION ADULTS 60+

11 ONLY MILLION SERVED
AGING SERVICES UNABLE TO MEET DEMAND

If these trends continue… millions will be eligible, few will be served.

1980   2010   2030

36       57       92
MILLIONS OF SENIORS

1980   2010   2030
236     155     ???
MILLIONS OF DOLLARS
Average Annual Growth in National Medicaid LTSS Expenditures, FFY 1995-2012

- 1995 - 2000: 5.5%
- 2000 - 2005: 7.1%
- 2005 - 2010: 5.3%
- 2010 - 2012: 0.4%
LTSS as a Percent of Total Medicaid Expenditures, FFY 1995–2012

LTSS Approximately 1/3 of Medicaid Spending
Medicaid HCBS Expenditures as a Percent of Total Medicaid LTSS Expenditures, FFY 1995–2012

Home and Community-Based Services (HCBS) 49.5% of LTSS
Medicaid HCBS Expenditures as a Percent of Total Medicaid LTSS Expenditures, by State, FFY 2012
States with the Greatest Increase in Medicaid HCBS Expenditures as a Percent of Total Medicaid LTSS Expenditures, FFY 2010-2012

- Virginia: 5.0% increase
- Ohio: 5.4% increase
- Maine: 4.4% increase
- Rhode Island: 6.1% increase
- Alabama: 6.5% increase
- Tennessee: 6.9% increase
- Georgia: 7.8% increase
- New Hampshire: 10.3% increase
- Massachusetts: 7.8% increase
- Delaware: 10.9% increase

Legend:
- Blue: 2010
- Yellow: 2012
Medicaid LTSS Expenditures Targeted to Older People and People with Physical Disabilities, by Service Category, FFY 1995–2012
Medicaid LTSS Expenditures Targeted to People with Serious Mental Illness or Serious Emotional Disturbance, by Service Category, FFY 2010–2012
Selected Program Authorities as a Percentage of Total HCBS

Selected Program Authorities as a Percentage of Total HCBS, FFY 2008 and 2012

Section 1915(c) Waivers

Personal Care

Community First Choice

Section 1915(j)

Health Homes

Section 1915(i)
Source

Medicaid Expenditures for Long Term Services and Supports in 2012

Prepared for CMS by Truven Health Analytics, April 2014

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Long-Term-Services-and-Supports.html
OLDER AMERICANS ACT REAUTHORIZATION: The Time to Act is Now
OLDER AMERICANS ACT SERVICES

HELP SENIORS STAY AT HOME

90% of seniors want to stay in their homes

53% of seniors rely on OAA transportation to remain in community

92% of home-delivered meal recipients said meals allowed them to live at home

4 out of 5 seniors believe their current home is where they will always live

NASUAD
NASUAD’s OAA Reauthorization Priorities

Build the capacity of state agencies to meet the needs of seniors, their families, and caregivers

- Update the OAA to reflect the needs of current and future seniors by increasing the statutorily authorized funding levels for all titles of the OAA
- Increase the allowable percentage of administrative funding for states from five to ten percent, or from $500,000 to $700,000, whichever is greater
- Embed evidence-based health promotion and disease prevention programs as a core service of the Act

Increase state flexibility in administering OAA programs

- Merge Title III C-1 and C2 funding into one category
- Expand the range of Title III services for which cost-sharing is permitted, continuing to exclude low-income individuals from payments
- Clarify that LTCO may serve all residents of nursing facilities, regardless of age
- Add “parent caregivers” to NFCSP eligibility

Incorporate person-centered language, objectives, and goals into the OAA

- Update OAA language, objectives, and goals to reflect the Network’s role in meeting the needs of populations unanticipated by the Act
- Update language to account for the unique family structures and collective experiences of underserved, vulnerable communities of all racial and ethnic groups, as well as LGBTQ older adults
- Include provisions that promote cultural linguistic competence for all racial and ethnic groups, as well as LGBTQ older adults
- Highlight the need for the provision and funding of special meals stemming from a religious requirement, ethnic consideration, or health conditions.
OAA Reauthorization Timeline

• Winter 2010: AoA Listening Sessions
• 2012: Sanders priorities’ bill introduced in Senate early; compilation bill of Senate Dems introduced in the fall
• May 23, 2013: Streamlined Sanders bill (S. 1028) introduced
• July-September 2013: Senate Bipartisan working group meetings
• September 30, 2013: Senate Bipartisan bill introduced (S. 1562)
• October 30, 2013: Senate HELP Committee Unanimously Approved S. 1562
• Fall 2013 – Spring 2014: Senate Bipartisan Funding Formula working group met
• January 2014: Off-Committee House members introduce bipartisan “straight” reauthorization (HR 3850)
• February 2014: On-Committee House Democrats introduce bill (HR 4122) that builds upon S. 1562
• February 2014: House hearing on OAA
• Spring 2014: Senate Bipartisan Funding Formula working groups talks stall
What’s in S. 1562?

• Reauthorizes the OAA through 2018
• Authorization levels are spared from cuts
• Updates definitions of “adult protective services,” “abuse,” “exploitation and financial exploitation,” and “elder justice”
• Allows ombudsmen to serve all residents of LTC facilities, regardless of age
• Updates the definition of “Aging and Disability Resource Center,” including an emphasis on independent living and home and community based services
• Clarifies current law that older adults caring for adult children with disabilities and older adults raising children under 18 are eligible to participate in the Family Caregiver Support Program
• Emphasis on Evidence-based Programs, preventing fraud and abuse, and health and economic welfare
Status of Reauthorization

- Senate HELP Committee unanimously endorsed S. 1562 on October 30 2013, next procedural step would be full Senate consideration. But….
- During the markup, Sen. Burr (R-N.C.) introduced an amendment to S. 1562 that would have eliminated the FY06 Hold Harmless provision in the Title III Funding Formula.
- Funding Formula debates are notoriously controversial, as some states necessarily gain funds, while others see funding decreases.
- Though the amendment failed, several Senators expressed concern about the current formula, and HELP Committee Chairman Tom Harkin (D-Iowa) agreed to form a Working Group to explore these issues in more detail, in advance of full Senate consideration of S.1562.
- The Working Group met for several months. It was comprised both HELP Committee members and Senators who are off-Committee. The composition of the group and the content of their meetings was being kept confidential, per the Working Group’s decision and in accordance with HELP Committee rules.
- The negotiations reached an impasse at the end of March, leaving the funding formula issue unresolved.
- Meanwhile, two bills have emerged from the House (HR 3850, HR 4122). Movement in the lower chamber could reignite Senate negotiations, but next steps are unclear.
- There is growing consensus that the current Congress is the best opportunity for reauthorization that we will see in the next several years.
- Advocates are currently strategizing on how to build momentum and support for a bipartisan, bicameral reauthorization through 2014.

This is a very small window of opportunity, so STAY TUNED for advocacy opportunities in the coming weeks and months!!!
FY15 Funding: 
Federal Budget and Appropriations
OAA Appropriations Have Not Kept Pace With Demand

Source: NASUAD Analysis of U.S. Census data (Current Population Survey) and AGid
How Did We Get Here? FY14 Funding

In December 2013, Congress approved and the President signed a two-year budget deal, the Bipartisan Budget Act (BBA, PL 113-67). The compromise measure partially rolled back the sequester for FYs 2014 and 2015, setting slightly increased topline spending levels for both years.

Passage of the BBA cleared the way for appropriators in both chambers to begin developing FY14 spending bills that adhered to its new, higher funding level. In allocating these dollars, Congressional appropriators had the same discretion they always do in deciding what programs to fund and by how much.

In January 2014, Appropriations Chairs Sen. Barbara A. Mikulski (D-Md.) and Rep. Harold Rogers (R-Ky.) released their trillion-dollar omnibus, which included all 12 annual appropriations bills and set funding levels for the remainder of FY14.

Under the deal, the majority of OAA programs received level funding, relative to FY13 post-sequester amounts. Several OAA programs saw small increases in FY14, but the bulk of the restored funding went to the Act’s nutrition programs.

Additionally, the measure transferred mandatory dollars from the Affordable Care Act’s Prevention and Public Health Fund to support activities at ACL, including Chronic Disease Self-Management ($8 million); Elder Falls Prevention ($5 million); and the Alzheimer’s Disease Initiative ($14.7). Further, the omnibus transferred the SHIPs from CMS to ACL.
Traditionally, each chamber releases a formal budget resolution in April. Though non-binding, these resolutions set the overall spending level for the applicable FY, and serve as the blueprint to guide the work of the appropriations committees.

But...! Last December’s budget deal already did most of the work of a budget resolution, in that it established top line spending levels for FY15, making the need for the House and Senate to develop such plans for FY15 moot. Nevertheless, the House did produce a budget resolution that adheres to Republican priorities (“The Ryan Plan”), while Senate budget chair Patty Murray (D-Wash.) stuck to her original plan of offering no counterpart measure.

The entire appropriations process is still largely being driven by the December deal’s framework.

Notably, the two-year deal reduced SOME of the effects of sequestration in FY14 and FY15, but did not provide enough relief to return all programs to pre-sequester levels, and is inadequate to address the growing need for services. As a result, FY15 will be another challenging year.

Months ago, House and Senate appropriations Chairs aid out an ambitious timetable for FY15 spending bills, with the goal of clearing as many bills done as possible before the August recess. To date, the House has reported five bills and passed five, with another to be marked up by the full Committee on July 15. The Senate, meanwhile, has reported seven of the 12 annual bills out of Committee, but passed none.

The Labor-HHS bill, which funds the OAA, is the most contentious. It remains outstanding in both chambers.
Status of FY15 Appropriations: Labor-HHS

On June 10, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) approved its FY15 appropriations bill.

Though a summary of the bill has been released, the bill text has not. Accordingly, beyond those programs highlighted in the summary, the Subcommittee's recommendations are not yet known. According to the summary document:

- The draft bill rejects several cuts proposed by the Administration in its FY15 budget request, opting instead to maintain FY14 funding levels for initiatives such as Low Income Home Energy Assistance (LIHEAP), and Community Services Block Grant (CSBG).
- The measure also includes $10 million to implement the Elder Justice Initiative at ACL.

Next steps for the bill include consideration by the full Appropriations Committee, but no date has been set.

In the House, it is uncertain whether a Labor-HHS markup will occur in the coming months. Of the 12 annual appropriations bills, it is the only draft measure that House appropriators have yet to release.

Election year politics are taking their toll on the FY15 Labor-HHS bill, and the appropriations process in general. Some form of a lame duck omnibus measure is likely to wrap up FY15 funding, and staff work on the individual bills is expected to continue in the coming months.
Current Status of Appropriations

• On September 9th, the House Appropriations Committee introduced a Continuing Resolution (CR) proposal
  – The CR would fund government operations through December 11, 2014
  – The CR would enact several minor policy changes, but none that affect Aging or Disability policy
  – OAA programs would likely be level-funded from FY2014
  – Entitlements such as Social Security, Medicaid and Medicare would likely be unaffected

• The House and the Senate are expected to pass a CR before current funding authorization expires on September 30

• House and Senate Appropriations leadership has indicated intent to continue negotiations regarding appropriations legislation, which could involve an omnibus package that consolidates each discrete appropriations bill into a large piece of legislation
Our Top Asks in FY15: Appropriators are currently working on the bills... **NOW** is the time to weigh in!

- Restore All AoA programs to pre-sequester FY10 levels

- Adopt ACL’s Elder Justice Initiative, and fully fund it at $25 million in FY15. This funding is critical to begin to address the growing problems of elder abuse, neglect, and exploitation.

- Increase FY15 discretionary ADRC funding from $6 million to $16 million, in order to “bridge” expiring and future mandatory funding streams without compromising the program.

- Continue to allocate PPHF dollars to support Falls Prevention, CDSMP, and the Alzheimer’s Disease Initiative.

- Reject the proposed restructuring of the Senior Corps programs, as well as the proposed cuts to SCSEP, CSBG, and LIHEAP.
Workforce Improvement and Opportunities Act Reauthorization

The Rehabilitation Act is contained in WIOA. Specifically, improvements to Independent Living in this bill include:

- Independent Living Programs will move to the Administration for Community Living (ACL)
- A fifth core service will be added: transition
- SILC activities will be improved and include resource development
- SPIL sign-off will now include CIL Directors
- States will choose their ‘designated state entity’ (formerly known as the DSU).
HCBS Regulation

On January 16, 2014, CMS released a Final Rule that implements significant changes to Medicaid HCBS (CMS-2249-F)

The changes include a variety of changes, but most notable are new requirements for:
• Person centered planning;
• Conflict free case management; and
• HCBS Settings.
HCBS Regulation Continued

CMS now requires that “The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.”
Clear definitions and objective assessments of settings remains a challenge, particularly for services to older adults.

States must submit a statewide transition plan within 120 days of their first waiver amendment or renewal, which includes a robust public engagement requirement.

Many States are currently developing the transition plans.

*Provides opportunity for AAA and consumer engagement* in the settings discussion.
On September 17, 2013, DOL released a regulation modifying minimum wage and overtime standards for home care workers, effective January 1, 2015.

The regulations extend minimum wage and overtime protections to all direct care workers “employed” by home care agencies and other third parties (i.e.: states, MCOs, counties, agencies, etc).

The employer is determined by an economic realities test and is not necessarily the employer of record.

Multiple entities could be considered the employer for one worker. All employers are subject to ensuring compliance.
States and third parties are likely be considered “employers” in consumer-directed programs and are then required to:

- Track hours across multiple beneficiaries to determine if overtime is required;

- Reimburse the worker for travel between sites of services for different beneficiaries.

The regulation is likely to create challenges with tracking compliance and maintaining funding for self-directed programs, programs with shared-living arrangements, and family caregivers.
New HHS Guidance: Person-Centered Planning and Self-Direction

Section 2402(a) of the ACA, titled “Oversight and Assessment of the Administration of Home and Community-Based Services” requires the Secretary of HHS to issue regulations that ensure all states develop systems for delivery of home and community-based services and supports (HCBS) that are designed to respond to the changing needs of beneficiaries, maximize independence, support self-direction, and achieve a more consistent and coordinated approach to the administration of policies and procedures across programs providing HCBS.

• On June 6, HHS took its first step in implementing Section 2402(a), by issuing guidance on person-centered planning and self-direction that should be embedded in all HHS-funded HCBS programs, as appropriate.

• This guidance is not intended to supersede or otherwise conflict with existing regulations or guidance, nor does it provide a basis for enforceability on non-Departmental entities.

• For more information, please see the Secretary’s Guidance on Implementing Section 2402(a) of the Affordable Care Act, available here: http://www.acl.gov/Programs/CDAP/OIP/docs/2402-a-Guidance.pdf
New HHS Guidance: Person-Centered Planning and Self-Direction

• What Services and Agencies will be Affected? For the purpose of this guidance, HCBS are services and supports that assist older adults and people with disabilities to live with dignity and independence in community settings. The HHS agencies most directly affected by this guidance include: Administration for Community Living, Centers for Medicare & Medicaid Services, Health Resources and Services Administration, Indian Health Service, Substance Abuse and Mental Health Services Administration, and the Administration for Children and Families.

• What is the Implementation Timeline? Section 2402(a) does not prescribe a specific timeframe for achieving full implementation. However, HHS expects the affected agencies to take active steps to implement this guidance. Specifically, the standards on person-centered planning and self-direction should be used in future program regulations, program policies, funding opportunities, technical assistance contracts, grant opportunities, and other programs funding HCBS.

• What is ACL doing to Implement this Guidance? ACL is in the process of developing a training program on person-centered counseling for people working in state No-Wrong-Door systems, and is also developing a set of credentialing standards for person-centered planning.

• How will 2402(a) Implementation be Coordinated within HHS? ACL will coordinate Section 2402(a) activities within HHS. Sharon Lewis, Principal Deputy Administrator for Community Living, will chair an interagency team comprised of representatives from the affected HHS agencies. This team will oversee the implementation of this guidance and future 2402(a) implementation activities.
NATIONAL INFORMATION AND REFERRAL SUPPORT CENTER

2014 Home and Community-Based Services Conference
I&R/A Pre-Conference Intensive
The Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide.

- Monthly Technical Assistance Webinars
- Training: Online training; CIRS-A training and train-the-trainer
- Every other year survey of the Aging and Disability I&R/A Networks
- Coordinate the Aging and Disability track of the annual AIRS Conference

http://nasuad.org/initiatives/national-information-referral-support-center
CIRS-A Training

- CIRS-A Training and Exam Preparation
  - Offered in-person for groups of 15 or larger
    - Includes CIRS-A Online Exam Proctoring
  - Offered every year at National HCBS and n4a conferences
    - HCBS: September 16th (exam September 17th)

- CIRS-A Train-the-Trainer (T-t-T) Initiative
  - Working to build the CIRS-A trainer network
  - Offered over the phone to interested parties
  - Offered at National HCBS and n4a conferences (HCBS: Sept. 17th)
  - Listserv for trainers through NASUAD and the AIRS Networker
Online training modules include courses on:

1. I&R/A Services and the Aging Network
2. Developing Cultural Competence to Serve a Diverse Aging Population
3. Essential Components of the Aging I&R/A Process
4. Key Programs and Services for Older Adults
5. Introduction to Independent Living Movement
6. Housing for Older Adults and Persons with Disabilities
7. HCBS Taxonomy
8. Medicare and Medicaid 101
9. Affordable Care Act

Visit http://www.nasuadiq.org/
Monthly Webinars

Recent webinars:

- August 2014: Person-Centered Planning
- July 2014: Medicare Savings Options for Low-Income Beneficiaries: Available Programs and Referral Resources
- June 2014: Exploring Assistive Technology for Aging Well: Tracking Trends & Transferring Knowledge
- May 2014: Introduction to LGBT Aging
- April 2014: 2-1-1s and Aging and Disability Resource Centers: Partnership Successes and Challenges

Survey of I&R Specialists in Aging and Disability Networks:

- Survey conducted every other year
- Next survey to be released late 2014
- Coordinate with leads in each state to ensure participation across the U.S.
- Working with the National Council on Independent Living to encompass CIL perspective
Survey of I&R Support Center users, conducted spring 2014. Top 10 issues identified by respondents as affecting their I&R/A organization:

- Funding (by far!)
- Limited resources
- Partnerships
- Change
- Staffing
- Housing
- Data collection
- Disability population
- Transportation
- Mental health
New Directions

The New CIRS-A/D

Coming Soon!
Job Task Analysis with aging and disability professionals to analyze work of I&R specialists (October/November 2013)

Findings were validated based on a survey of CIRS-A certified specialists.

Overwhelming support for having a single certification that covers work of I&R specialists serving older adults and persons with disabilities

Development of new exams for the new credential

2014 ABCs of I&R guide has a new chapter focused on disability services

New CIRS-A/D expected in late 2014
Grandfathering CIRS-A holders to new CIRS-A/D qualification

- NASUAD will offer a free, online disability training module to all CIRS-A holders through NASUADiQ
- The training will conclude with a self-administered, online quiz (can be retaken without penalty)
- The course/quiz may be taken at any time from when available until a CIRS-A holder’s existing date of recertification
- Upon confirmation of course/quiz completion, a CIRS-A holder could use the designation of CIRS-A/D
- CIRS-A holders will receive their full CIRS-A/D Certificate from AIRS at recertification at their existing renewal date
Join our distribution list!

Visit [http://www.nasuaad.org/community-opportunities/stay-informed](http://www.nasuaad.org/community-opportunities/stay-informed) to join the I&R Support Center List Serv.

Also stay informed by subscribing to Friday Updates.

Additional newsletters include:

- Medicaid Expansion Tracker Updates
- State Medicaid Integration Tracker
- E-Clips
More resources: MIPPA Outreach Materials

In collaboration with professionals in the aging and disabilities network, NASUAD developed outreach materials to promote Medicare low-income subsidies to beneficiaries with disabilities:

- Three posters to educate Medicare beneficiaries with disabilities about subsidies that may help them save on Medicare costs.
- A Tip Sheet for outreach professionals to use as a quick reference tool about Medicare low-income subsidies and referral resources.

Get HELP with your MEDICARE COSTS!

A Medicare Savings Program may help with some of your Medicare costs.

FOR ASSISTANCE, CALL:
Available MEDICARE SAVINGS:

If you are low-income, a Medicare Savings Program may help with some of your Medicare costs.

If your monthly income is close to the limits listed below, a Medicare Savings Program may help you.

<table>
<thead>
<tr>
<th>Monthly Income Limit* (single)</th>
<th>Monthly Income Limit* (married)</th>
<th>Programs Pay for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,300</td>
<td>$1,800</td>
<td>Part B monthly premium</td>
</tr>
</tbody>
</table>

*Income limits are approximated and vary by state.

If you are a working person with a disability and your monthly income is close to the limits listed below, the Qualified Disabled Working Individuals Medicare Savings Program may help you.

<table>
<thead>
<tr>
<th>Monthly Income Limit* (single)</th>
<th>Monthly Income Limit* (married)</th>
<th>Program Pays for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000</td>
<td>$5,300</td>
<td>Part A monthly premium</td>
</tr>
</tbody>
</table>

*Income limits are approximated and vary by state.

FOR ASSISTANCE, CALL:

Current as of August 2014
I’m working again, but I still can’t afford my
MEDICARE COSTS...
Is there any HELP out there for me?

YES! If you are a working person with a disability under 65 and on Medicare, the Qualified Disabled Working Individuals Program (QDWI) may help you!

QDWI is a Medicare Savings Program that may help pay some Medicare costs for low-income working individuals with a disability.

If you are single with a monthly income of about $4,000 (or married with a combined monthly income of about $5,300), this program may help you.*

*Income limits vary by state.

FOR ASSISTANCE, CALL:

Current as of August 2014
FOR MORE INFORMATION

Nanette Relave, I&R Support Center director
nrelave@nasuad.org
202-898-2578
National Council on Independent Living
The National Council on Independent Living (NCIL):

- is the longest-running national cross-disability, grassroots disability organization (founded in 1982)
- run by and for people with disabilities
- is a membership-based organization
- promotes a national advocacy agenda set by our membership
What is Independent Living?
What is Independent Living?

- Individuals with disabilities are the best experts on their own needs.
- Individuals with disabilities deserve equal opportunity to decide how to live, work, and participate in their communities.
- Promotes a completely different approach than the ‘medical model’.
The 10 Key Elements of IL Philosophy

1. Civil rights
2. Consumerism
3. De-institutionalization
4. De-medicalization
5. Self-help
6. Advocacy
7. Barrier removal
8. Consumer control
9. Cross-disability
10. Inclusion
Independent Living Programs

• Centers for Independent Living (CILs)
  ◦ Consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agencies
  ◦ Designed and operated by people with disabilities
    • 51% of Board members
    • 50% of staff
  ◦ Four core services:
    • Peer Support,
    • I&R
    • Individual and Systems Advocacy
    • IL Skills Training
  ◦ *New* fifth core service: transition
  ◦ Additional services often provided as well
Independent Living Programs

- Statewide Independent Living Councils (SILCs)
  - Advise CILs
  - Identify the need for expanded services
  - Create the State Plan for Independent Living (SPIL)
Who is NCIL?

- NCIL represents thousands of organizations and individuals throughout the US including:
  - Individuals with disabilities
  - Centers for Independent Living (CILs)
  - Statewide Independent Living Councils (SILCs)
  - Other organizations that advocate for the human and civil rights of people with disabilities.
- NCIL assists members in building their capacity to promote social change
- NCIL creates opportunities for people with disabilities to participate in the legislative process.
I&R/A and Disability

- A disability is a condition caused by an accident, trauma, genetics or disease which may limit a person's mobility, hearing, vision, speech or mental function.

- Americans with Disabilities Act Definition:
  - A physical or mental impairment that substantially limits one or more major life activities (as compared to most people in the general population); or
  - A record of such an impairment; or
  - Being regarded as having a disability

- One in five people have a disability.
I&R/A and Disability

- Consumers drive the process
  - Consumer control
  - Consumer direction
  - Self-determination
  - Autonomy
  - Dignity of risk
- Fully inclusive to all populations and all payers
  - Cross-training between agencies
  - Making adaptations
  - Creating resource maps
I&R/A and Disability

- Financial assistance
- Medical services and/or assistance
- In-home assistance
- Assistive technology and IT
- Case management
- Legal and advocacy assistance
- Housing and deinstitutionalization
- Crisis assistance and disaster management
- Transportation
- Employment
NCIL’s Structure

NCIL’s complex structure of Governing Board Committees, Subcommittees, Task Forces, and Caucuses ensures that the tremendous amount of work we accomplish is truly grassroots and consumer controlled.

- Diversity Committee
  - Women’s Caucus
  - Youth Caucus
- International Committee
- President’s Task Forces Not Listed Under Committees:
  - ADRC Task Force
  - Outcome Measures Task Force
- Legislative & Advocacy Committee
  - ADA / Civil Rights Subcommittee
    - Violence & Abuse Task Force
    - Mental Health Task Force
    - Voting Rights Task Force
  - Education & IDEA Subcommittee
  - Emergency Preparedness Subcommittee
  - Employment Subcommittee
  - Healthcare Subcommittee
  - Housing Subcommittee
  - PAS Subcommittee
  - Rehab Act & IL Funding Subcommittee
  - Technology Subcommittee
  - Transportation Subcommittee
  - Veterans Subcommittee
NCIL’s 2014 POLICY PRIORITIES

- Independent Living and reauthorization of the *Rehabilitation Act***
  - Establishes an Independent Living Administration, which will move IL programs from VR to ACL
  - Transition added as fifth core service
  - Improvements to SILC activities, including resource development
NCIL’s 2014 POLICY PRIORITIES

- Independent Living Funding
- Employment and Economic Equality
- Civil Rights and the Americans with Disabilities Act
- Healthcare and Long-Term Services and Supports
- Transportation
- Protecting and Expanding Housing Opportunities
- Veterans Issues
- Education
- Available and Accessible Technology
- Convention on the Rights of Persons with Disabilities
NCIL’s 2014 POLICY PRIORITIES

View online at www.ncil.org
Serving Older Adults and Individuals with Disabilities through No Wrong Door

NASUAD – I&R Intensive
September 15, 2014
Challenges to Multiple Entry Points

- People fall through the cracks between the referral point and the access/enrollment into a service
- People must provide same information to each provider (often details are left out)
- Duplication of information collected
- Referrals are often based on Coordinator’s knowledge, not on individual choice
- No common community record to track what supports an individual may have
- Most providers have their own Case Management system
Building a Solution through NWD/ADRC

- Streamline Access to Information and Supports
- Promote Person-Centered Planning and Empower Individuals to Self-direct
- Strengthen Support Coordination for Transitions
- Support Individuals In Avoiding and/or Leaving Institutions
- Strengthen Home and Community-Based Supports
- Serve Multiple Populations in One System Across Agencies
- Leverage Technology to Gain Efficiencies
- Prevent and/or Self-manage Chronic Disease
Virtual Single Point of Entry for Accessing HCBS across Virginia

- Older Adults
- Individuals with Disabilities
- Family Caregivers
- Public and Private
- Statewide Initiative
No Wrong Door Network

A virtual statewide network of long-term care providers, connected by a web-based system that enables partners to:

1. Share client data in a secure web-based system
2. Make electronic automated referrals between providers
3. Track individual progress
4. Access reports related to referrals
Communication, Referral, Information, and Assistance (CRIA)
Automates and Tracks Referrals

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Interfaces with VirginiaNavigator Provider Database of 26,000+ Programs/Services</td>
<td></td>
</tr>
<tr>
<td>Customized dependent drop-downs for region, service, and funding source</td>
<td>Shares client-level data within secure web-based environment between partners</td>
</tr>
<tr>
<td>Interfaces with statewide Client Profile Database</td>
<td>Tracks “real-time” status of referrals: pending, accepted, rejected</td>
</tr>
<tr>
<td>Automates reports on individual, staff, agency, and state levels</td>
<td></td>
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</tbody>
</table>
Enhances Person-Centered Decision Support

Data fields align with statewide standards for Options Counseling
Tracks individual progress and shares progress notes
Prompts follow-up with dates and details
Populates automated report for state reimbursement
Integrates with automated referrals
## Supports Transitions

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Integrates with Care Transition Module</td>
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<tr>
<td>Automates reports for CMS Reimbursement</td>
<td></td>
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<tr>
<td>Tracks quality assurance measures related to readmission</td>
<td></td>
</tr>
<tr>
<td>Tracks Section Q protocol and response rates</td>
<td></td>
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<tr>
<td>Integrates with automated referrals to MFP Transition Coordination Providers (TCPs)</td>
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</tr>
</tbody>
</table>
Provides Universal Assessment

 Integrates with Virginia’s Uniform Assessment Instrument

 Expedites eligibility process

 Can be downloaded to laptops and used in remote areas of the state

 Assessment areas include:  Current formal services; Financial resources; Physical environment; ADLs/IADLs; Medical Admissions; Diagnoses; Medications List; Sensory functions; Nutrition; Cognitive Function; Behavior Patterns and Emotional Status
**Virginia’s NWD/ADRC Milestones**

- **1999**: Olmstead Decision affirms right of individuals with disabilities to live in community
- **2001**: AoA awards first ADRC Grants to pilot states.
- **2003**: “Systems Change” Grants begin to address deinstitutionalization and remove barriers to community living for individuals with disabilities
- **2005**: SeniorNavigator launched.
- **2006**: VDA receives Virginia’s first ADRC Grant from AoA, to launch a No Wrong Door System.
- **2009**: DMAS/VDH/VDA establish LCA network for Section Q.
- **2010**: Virginia receives four grants requiring coordination with ADRC (Options Counseling, MFP Expansion, VICAP and Alzheimer’s).
- **2011**: DMAS receives STG tied to NWD.
- **2012**: AAAs written into Code of Virginia as “Lead Agency in Respective area” for the NWD System.
- **2013**: Virginia receives four grants requiring coordination with ADRC (Options Counseling, MFP Expansion, VICAP and Alzheimer’s).
- **2014**: Virginia develops online training and certification program for OC.
- **2015**: Virginia creates standardized training and certification program for OC.
- **2016**: DMAS/VDH/VDA establish LCA network for Section Q.
- **2017**: Virginia develops online training and Reimbursement Model for OC, open to all CILs and AAAs.
- **2018**: Virginia creates standardized training and certification program for OC.
- **2019**: Legislation establishes new agency, DARS (DRS & VDA).
- **2020**: Virginia develops online training and Reimbursement Model for OC, open to all CILs and AAAs.
- **2021**: DARS expands to include AS/APS.
- **2022**: Two of Virginia’s Care Transitions programs receive approval for reimbursement by CMS.

**Federal “Systems Change” Milestones**

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(13) Current communities in which the AAA is using full NWD/ADRC technology

(12) NWD/ADRC technology not yet being utilized
(24) Current communities in which the AAA is using full NWD/ADRC technology

(1) NWD/ADRC technology not yet being utilized

ADRC Coverage (October 1, 2014)
Approximately 96% of State

AAAs/CILs/DSS/Private Providers

- Home Health
- CIL Home Health (2)
- PACE Meals on Wheels
- Home Modification
- Adult Day Service
- Community Action Agency
- DSS (2) Hospitals (2) Home Health
- Transportation
- Adult Day Center Meals on Wheels Mental Health
- Hospital Affiliate MFP - TCP
No Wrong Door Interfaces with HHR Portal and HL7 Data-Sharing Highway
NWD/ADRC: Evaluating Outcomes

- Integrating evaluation into process using Technology to Document and Demonstrate
- Tracking Community Tenure via Living Environment
  - Increase in individuals served
  - Increased understanding of options
  - Increased knowledge of caregiver supports
  - Documenting gaps and unmet needs in HCBS
  - Successfully supporting individuals in the environment of their choice
Serving Older Adults and Individuals with Disabilities through No Wrong Door

NASUAD – I&R Intensive
September 15, 2014

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No Wrong Door System Update

I&R/A Pre-Conference Intensive Agenda

HCBS Conference

Monday, September 15, 2014
Objectives: NWD System Update

I. Who are the agencies involved in this effort?
II. What is a NWD System?
III. How did we get here?
IV. Where is this activity going on?
V. Why do we need a NWD System?
A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers

List of 26 Indicators Across 5 Domains in a State Scorecard on LTSS

1) Affordability and Access
2) Choice of Setting and Provider
3) Quality of Life and Quality of Care
4) Support for Family Caregivers
5) Effective Transitions
What: This Is About Changing the Interface Between Public and LTSS

- How do I know if I need to go there?
- How do I get there?
- How much does it cost?
- How do I plan before I go?
- How do I customize my trip?
When - Milestones of ADRC Development

2003: 12 states, 8 sites

2005: 24 states, 42 sites

2007: 43 states, 147 sites

2009: 47 states, 300 sites

2010: 53 states, 525 sites

ACL/CMS/VHA FoA NWD System

Affordable Care Act:
* CCTP
* Balance Incentive Program

Affordable Care Act:
* $50 Million ADRCs
* MDS Section Q

VHA Partnership: VD-HCBS

Money Follows the Person
NWD System to Long Term Services and Supports

“Defining Elements”
Examples of Organizations That Could Be Designated by the State to Perform NWD System Functions

- Area Agencies on Aging
- Developmental Disability Management Organizations
- Centers for Independent Living
- Vocational Rehabilitation Agencies
- Local Medicaid Agencies
- Behavioral Health Management Organizations
- Organizations serving Ethnic & Minority Populations
- School Districts
- Faith Based Organizations
- Organizations with Peer-to-Peer, including Family to Family models
- Alzheimer’s Chapters
- Other Organizations
Person-Centered Counseling Functions

Confirms Need For/Interest in Person Centered Counseling
Support Any Immediate LTSS Needs, Conducts Personal Interview and Identifies Strengths and Preferences
Conducts comprehensive review of private resources, informal caregiver supports and screening for Public Programs
Facilitates the development and implementation of the Person Centered Plan

Specialties
Facilitates Transitions: Hospital Based Transition, Institutional Transition & Youth Transition, etc.
Serves Unique Populations: Individuals with Physical Disabilities, Seniors, Individuals with Intellectual/Developmental Disabilities or Alzheimer’s Disease/Dementia, etc.

Links Individuals to Private Pay Resources
Helps individuals connect to services that will be covered out of pocket or through other community resources

Assists Individuals in Applying for LTSS Public Programs
Uses information from the person centered plan and any additional information as needed to help individuals apply for LTSS public program(s) relevant to person centered plan and helps individuals navigate through the entire eligibility process.

Preliminary Functional Eligibility Assessment for Public Programs
Final Determination of Functional Eligibility for Public Programs

Preliminary Financial Eligibility Assessment for Public Programs
Final Determination of Financial Eligibility for Public Programs

Follow-up
Ensures services are activated, are meeting the needs of the individual and adjusted as necessary

Core Training: Required of all Person-Centered Counselors
Specialties: Duties to be performed by subsets of Counselors with specialized knowledge and experience
Duties that can be assigned to Person-Centered Counselors at the discretion of the State
HHS Deliverables from ACA Grant Investment in the 8 Part A States

• National Standards for a No Wrong Door System of Access to LTSS for All Populations and All Payers
• National Training and Credentialing Program for NWD Person-Centered Counselors
• Measures and Tools for Documenting and Strengthening the Operational Capacity and Performance of NWD Systems
• Portfolio of Best Practices States Can Use to Develop or Strengthen Various Components of their NWD System
• Official Guidelines States Can Use in Claiming Medicaid Administrative Funding and VHA Funding to Support their NWD Infrastructure.
• 8 States with Leadership Experience in Developing NWD Systems for All Populations and All Payers that will be models for other states
FOA Requirements

12-month Planning process to generate a 3-year implementation plan to transform the state LTSS access function into a No Wrong Door System for all populations and all payers.

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<thead>
<tr>
<th>Required Full Partners</th>
<th>Required Agencies/Stakeholders</th>
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<tbody>
<tr>
<td>• State Medicaid Agency</td>
<td>• Consumers and their advocates</td>
</tr>
<tr>
<td>• State Unit on Aging</td>
<td>• Area Agencies on Aging</td>
</tr>
<tr>
<td>• State agencies that serve or represent the interests of the physically disabled population</td>
<td>• Centers for Independent Living</td>
</tr>
<tr>
<td>• State agencies that serve or represent the interests of the I/DD population</td>
<td>• Local Medicaid agencies</td>
</tr>
<tr>
<td>• State authorities administering mental health services</td>
<td>• Local organizations that serve or represent the interests of the physically disabled population</td>
</tr>
<tr>
<td></td>
<td>• Local organizations that serve or represent the interests of the I/DD population</td>
</tr>
<tr>
<td></td>
<td>• Local organizations that serve or represent the interests of individuals with mental/behavioral health needs</td>
</tr>
<tr>
<td></td>
<td>• Veteran Service Organizations</td>
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<td></td>
<td>• Service providers</td>
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2014 No Wrong Door Funding Opportunity
Administration for Community Living, Centers for Medicare & Medicaid Services, Veterans Health Administration

States & Territories Applied for FoA (25)
Indicates States & Territories Balance Incentive Program (10)
Indicates Part A States

American Samoa
Guam
N. Mariana Islands
Puerto Rico
Virgin Islands
Application Summary

• 23 States and 2 territories (Guam & District of Columbia) Applied
• 24 Applicants have included all the required agencies as co-leads on this project (ID – missing Mental/Behavioral Health).
• 14 Applicants have indicated a more robust planning process.
• 10 of the Applicants are in the Balancing Incentive Program
• 23 of the Applicants are also receiving Money Follows the Person grants from CMS (Only FL, Guam have not received)
• 11 of the Applicants have at least one VD-HCBS program operating in their state