



FEDERAL POLICY UPDATES

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Appropriations – Programs for People with Disabilities



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Program	FY2017 Level	FY2018 Level
National Institute on Disability, IL, and Rehabilitation Research	103.9	104.9
Paralysis Resource Center	6.7	7.7
Independent Living State Grants	22.8	24.87
Independent Living (CILs)	78.3	88.3
Assistive Technology	34	36
Voting Access for People with Disabilities	4.96	6.96
Limb Loss Resource Center	2.5	3.5
Traumatic Brain Injury	9.3	11.3

Appropriations – Programs for People with Disabilities



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Program	FY2017 Level	FY2018 Level
State Councils on Developmental Disabilities	73	76
IDEA Grants to States	12,002	12,227
Vocational Rehabilitation Grants to States	3,398	3,453
Supported Employment State Grants	27.5	22.54
Independent Living State Grants for Older Persons who are Blind	33	33
Office of Disability Employment Policy	38.2	38.2
Senior Community Service Employment Program	400	400

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IT System Redesigns

SPR Redesign

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- ACL is currently in the process of redesigning their State Program Performance Reporting (SPR) system;
- The intended outcomes are:
 - ▣ Reducing reporting burden and enhancing data quality;
 - ▣ Modernizing the SPR data structure;
 - ▣ Aligning data elements across data collections; and
 - ▣ Considering alternative data elements to reflect the current state of the Aging Network and long-term services and supports (LTSS).
- Specific concerns:
 - ▣ Some data elements are too granular given the sparse number of individuals accessing services (ie: in home vs. out of home respite);
 - ▣ Some information may not be accessible by OAA administrators, such as requests for complimentary data from Medicaid, SSBG, etc;
 - ▣ Some individuals may not wish to disclose requested data, such as those seeking legal services.

Ombudsman Reporting System



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- ACL is redesigning the reporting system for Long-term Care Ombudsmen
- Basic premise: moving from reporting aggregated data on cases to providing specific information on each case and complaint
- A number of new data elements that collect specific information regarding:
 - ▣ The date of the complaint;
 - ▣ The type of complaint
 - ▣ The perpetrator;
 - ▣ The facility;
 - ▣ How the complaint was resolved.

Senior Community Service Employment Program



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- OAA Reauthorization included new/revised outcomes measures for SCSEP providers
- The measures tie closely to broader workforce outcomes (WIOA) programs
- Challenges with tracking outcomes:
 - ▣ New case-management requirements
 - ▣ Volatility for smaller/state-run programs
- Department of Labor notice (March 21st) proposed a July 1 implementation of new outcomes system
 - ▣ Prohibitively short timeline for implementation

Medicaid

HCBS Settings Final Rule

- The Medicaid home and community-based services (HCBS) regulation establishes new criteria and requirements for Medicaid-funded HCBS, with an emphasis on ensuring that services are provided in an integrated and community-based setting
- CMS' compliance activities are a process-based approach using transition plans to outline objectives and milestones towards meeting the rule requirements by the 2022 deadline
- States have, for the most part, not made any final determinations regarding the settings that are allowable and those which violate the integration mandate

Current Status and Issues

- Heightened Scrutiny:
 - What process will states use to identify settings subject to heightened scrutiny, determine whether they are compliant with the rules, and submit evidence of the determination to CMS?
- Assessment of settings:
 - Objective criteria (prongs 1&2): “are they collocated with institutional services?”
 - Subjective criteria (prong 3): “does the setting isolate individuals?”
- CMS workgroup with states to clarify:
 - Ways to identify violations of prong 3
 - Process and information submitted for heightened scrutiny reviews
 - Role of CMS and states in the process
- CMS recently discussed using six states as a pilot (a few settings in each state) to provide feedback on heightened scrutiny packages

Electronic Visit Verification

- The 21st Century CURES Act mandates that state Medicaid programs have electronic visit verification for:
 - ▣ Personal care services by 2019;
 - ▣ Home health services by 2023.
- If a state does not have the system in place, they receive a decrease in FMAP:
 - ▣ Begins at 0.25% and grows to 1% over time;
 - ▣ Does not apply to all Medicaid services – FMAP only cut for the noncompliant services

Electronic Visit Verification

■ Challenging timeline:

- 1/1/2019 is less than 8 months from now but no formal CMS guidance has been issued:
 - States may receive a 1 year reprieve from the FMAP cut if they made a “good faith effort” and experienced “unavoidable delays”;
 - CMS has not yet defined what a good faith effort entails
- States must submit an Advance Planning Document to secure approval for increased federal funding to implement EVV or else fund at lower match rates;
- Competitive procurements and potential appeals will be lengthy;
- Final design, development, and implementation must follow these processes.

■ Key questions remain:

- What does “in-home visit” mean?
 - Licensed providers (ie: Assisted living/group homes/etc) not included
 - What about shared living arrangements? Family members in the same home?

Health and Welfare

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- Several Federal reports have raised concerns about oversight of health and welfare in HCBS, including DD group homes and assisted living
- ACL/OIG/OCR put out a joint report of recommendations, including ensuring that states have:
 - Reliable incident management & investigation processes;
 - Audit protocols to ensure compliance with reporting;
 - Mortality reviews for unexpected deaths; and
 - Quality assurance mechanisms in place
- CMS expects to release guidance (CIBs) on H&W in the near future



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