

HCBS I&R/A Pre-Conference Intensive

September 15, 2014

Administration for Community Living Update



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

Brain Health As You Age: You Can Make a Difference!



- 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

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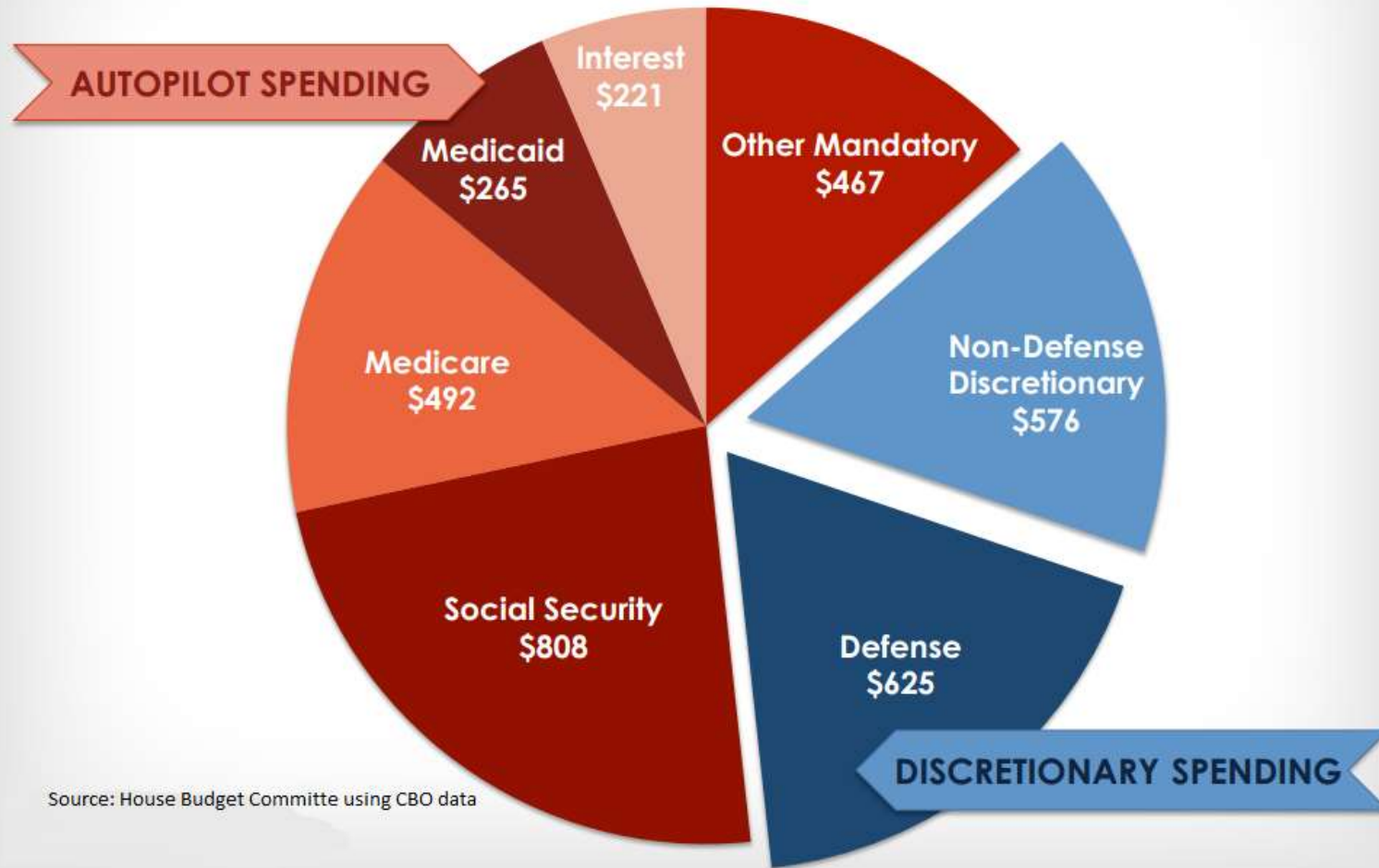


Federal Policies of Interest

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



Source: House Budget Committee using CBO data

FUNDING FOR SENIORS NOT KEEPING PACE

Percent of Seniors Continues to Grow

2010



ONE IN EIGHT

ADULTS 65+

2032

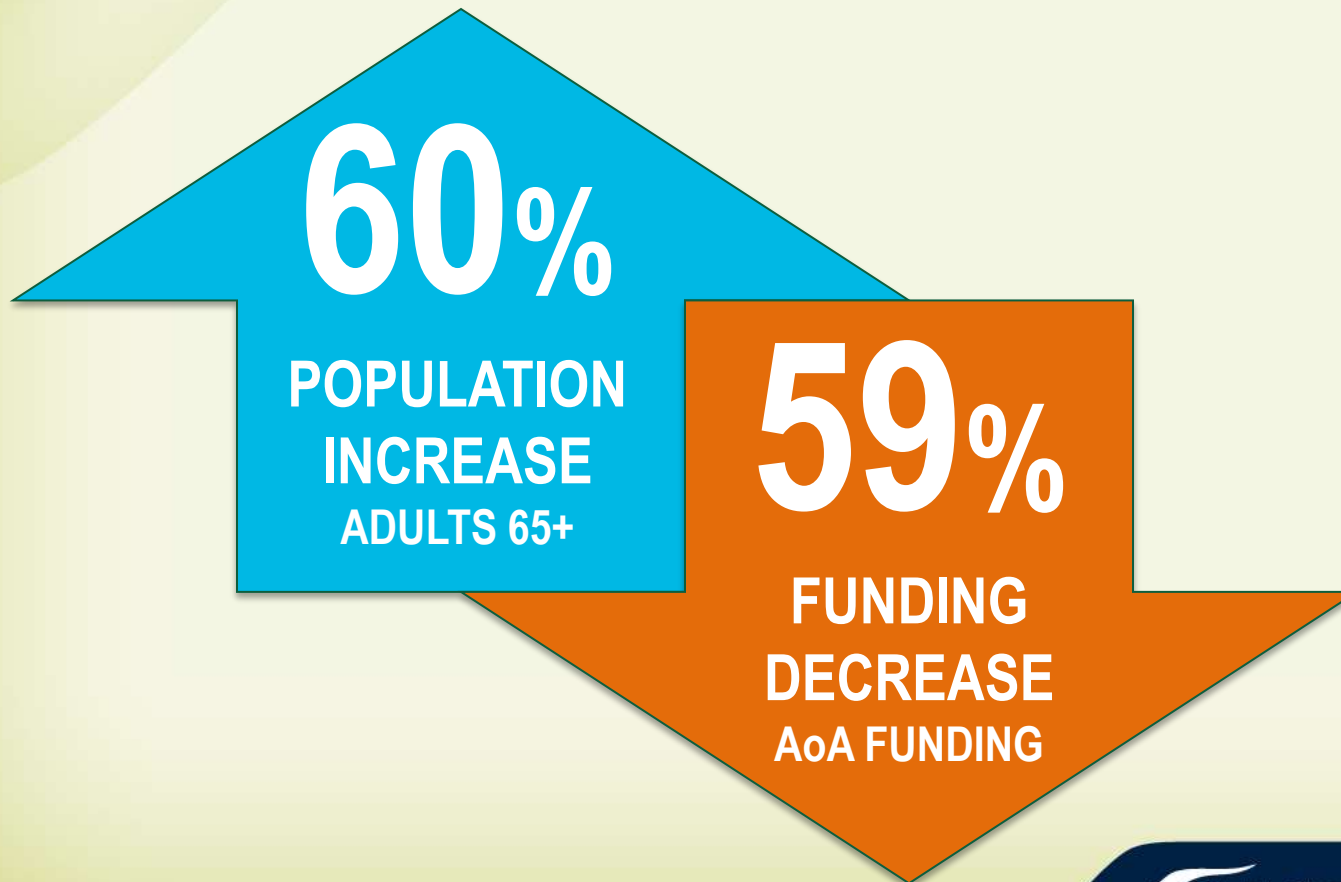


ONE IN FIVE

ADULTS 65+

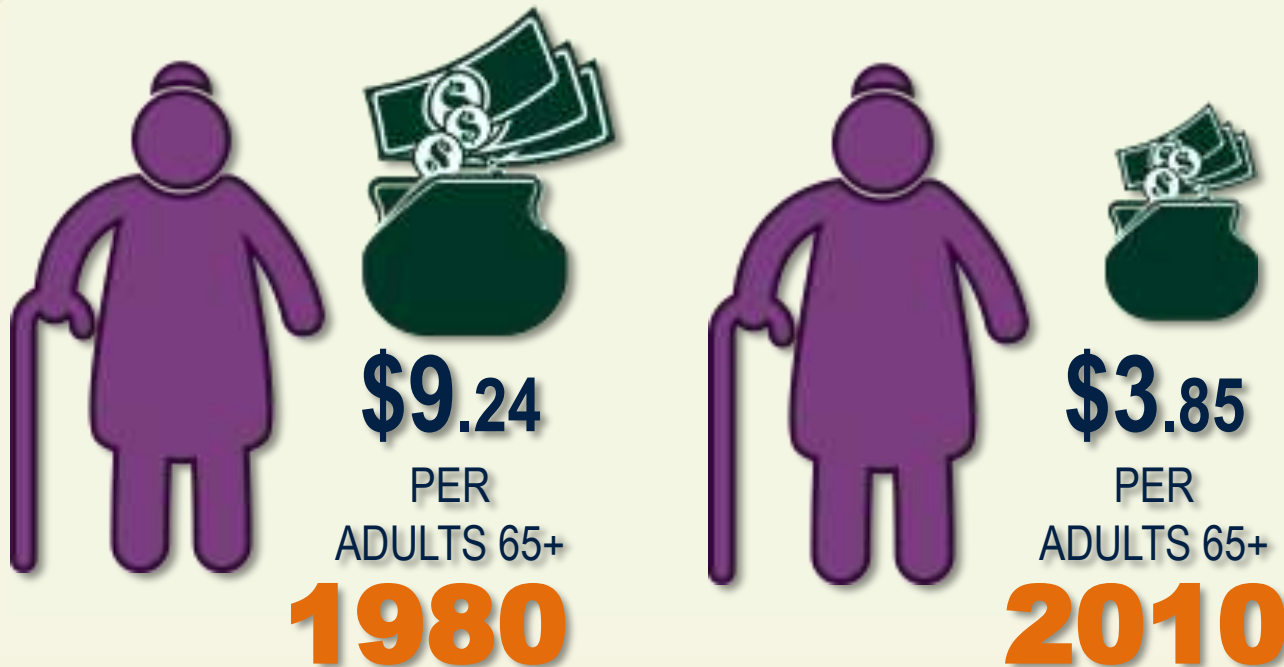
FUNDING FOR SENIORS NOT KEEPING PACE

From 1980 to 2010



FUNDING FOR SENIORS NOT KEEPING PACE

Current Funding Levels Unable
to Meet Increased Need

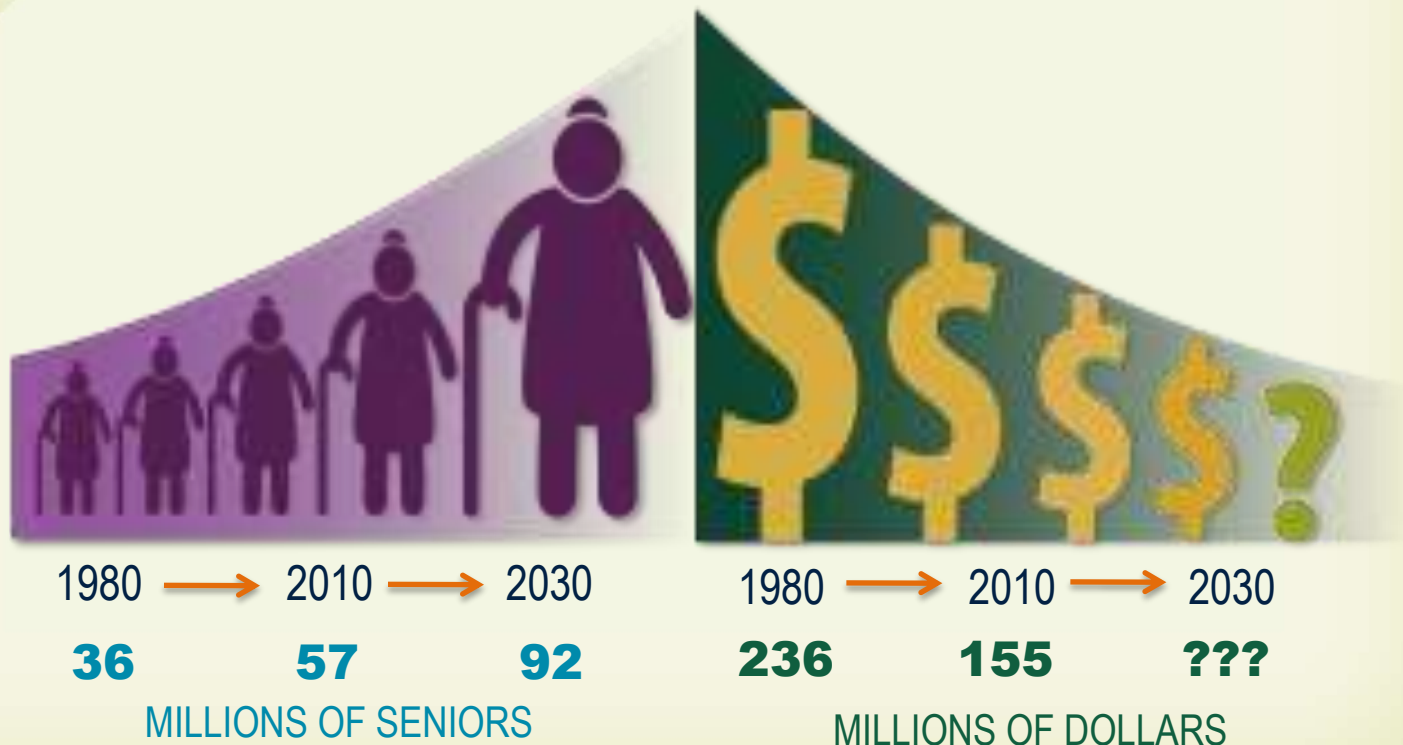


AGING SERVICES UNABLE TO MEET DEMAND



AGING SERVICES UNABLE TO MEET DEMAND

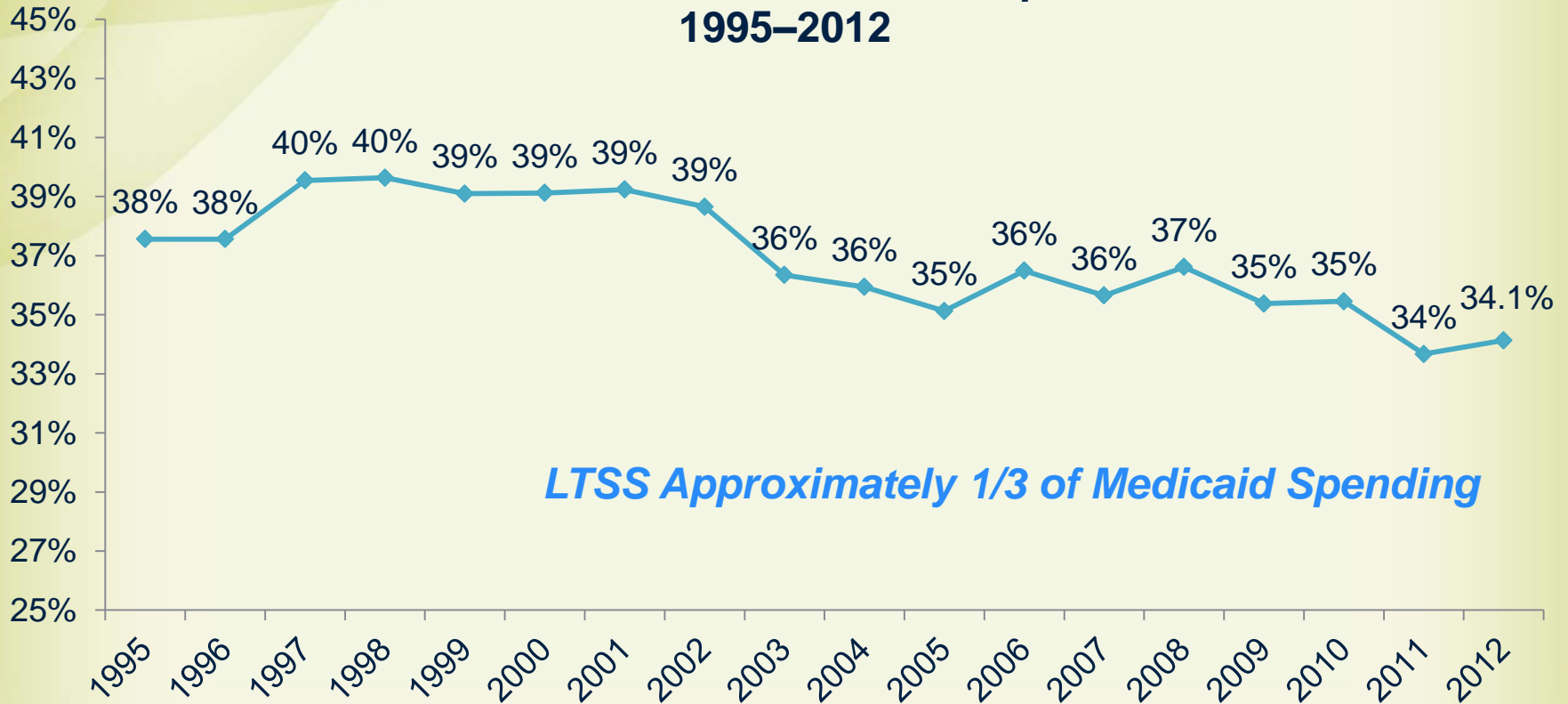
If these trends continue...
millions will be eligible, few will be served.



Average Annual Growth in National Medicaid LTSS Expenditures, FFY 1995-2012

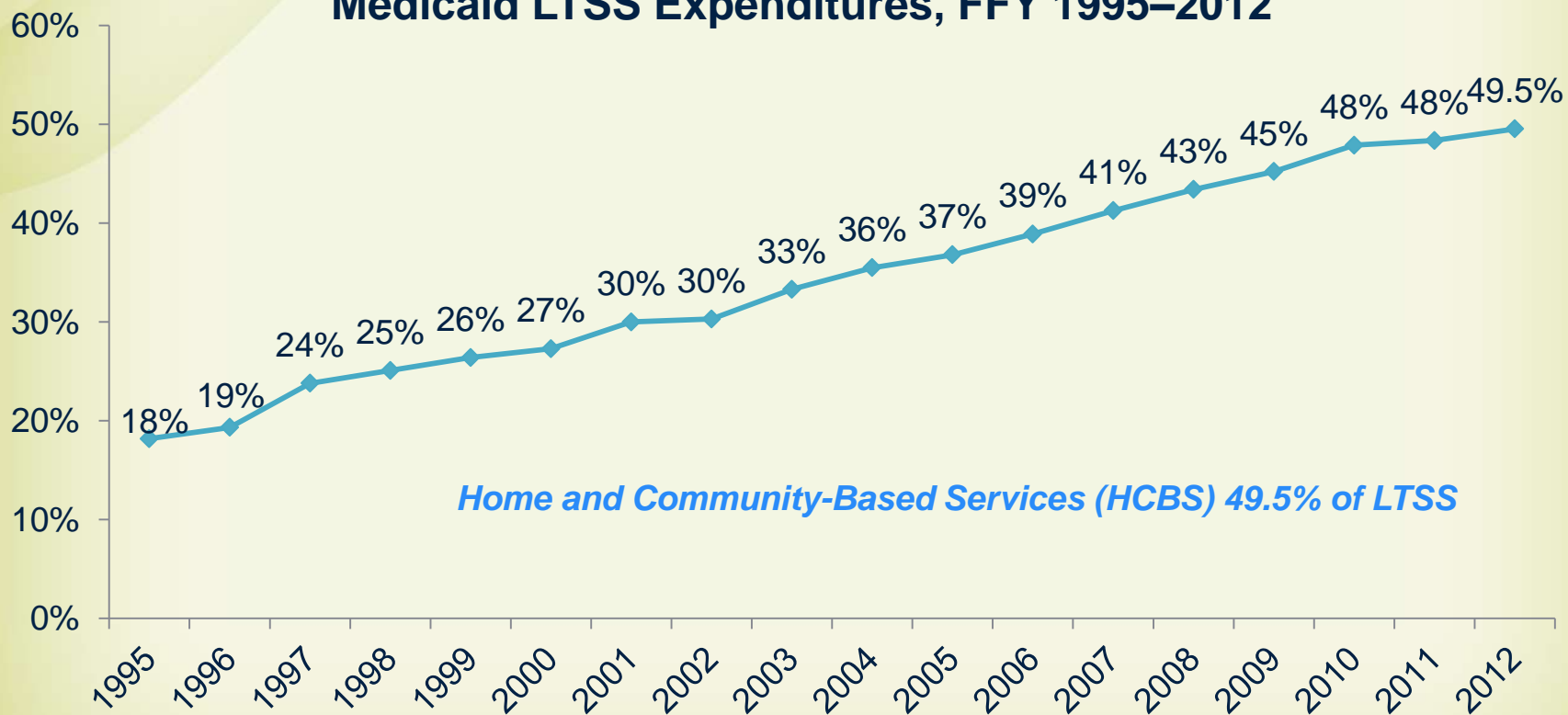


LTSS as a Percent of Total Medicaid Expenditures, FFY 1995–2012



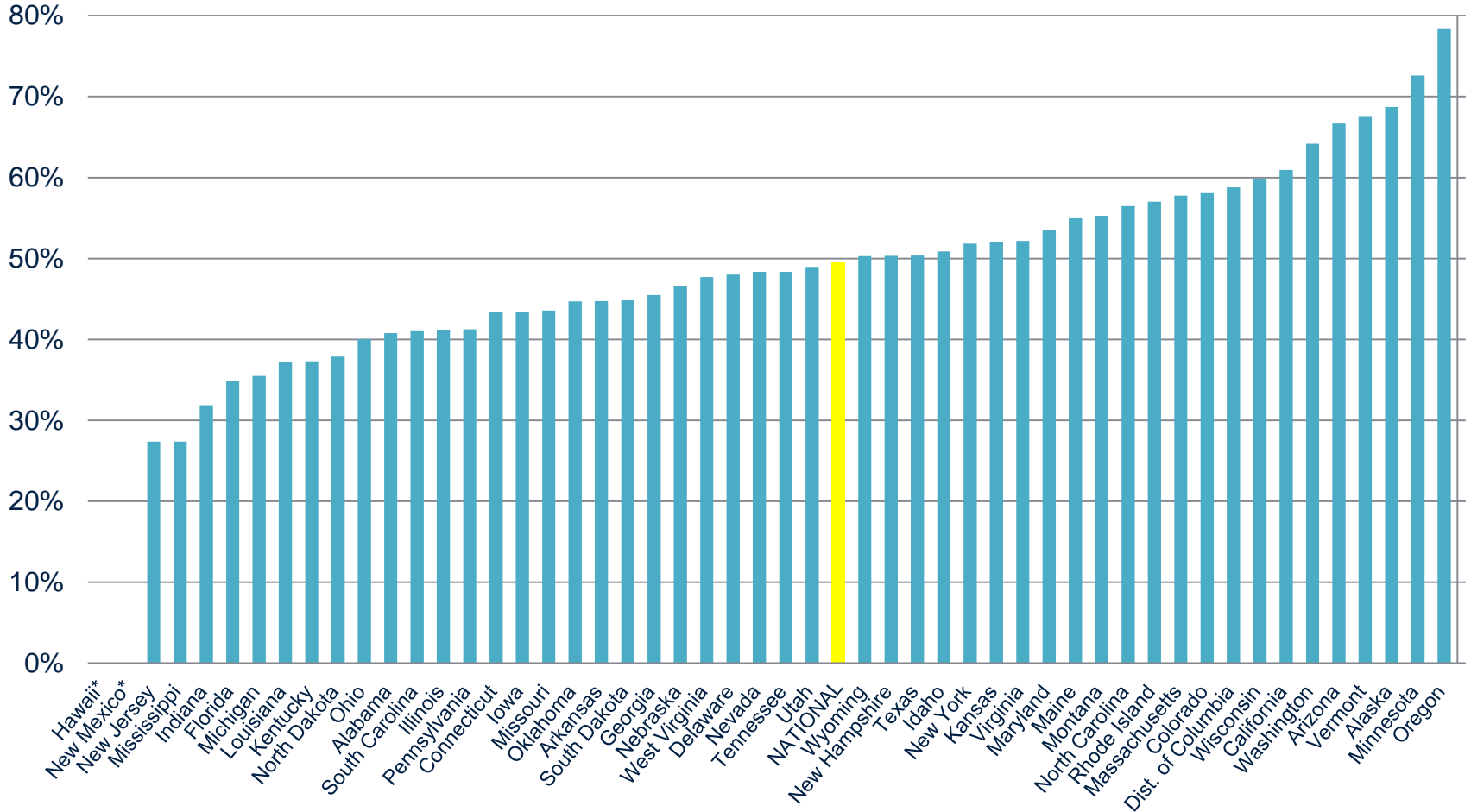
LTSS Approximately 1/3 of Medicaid Spending

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



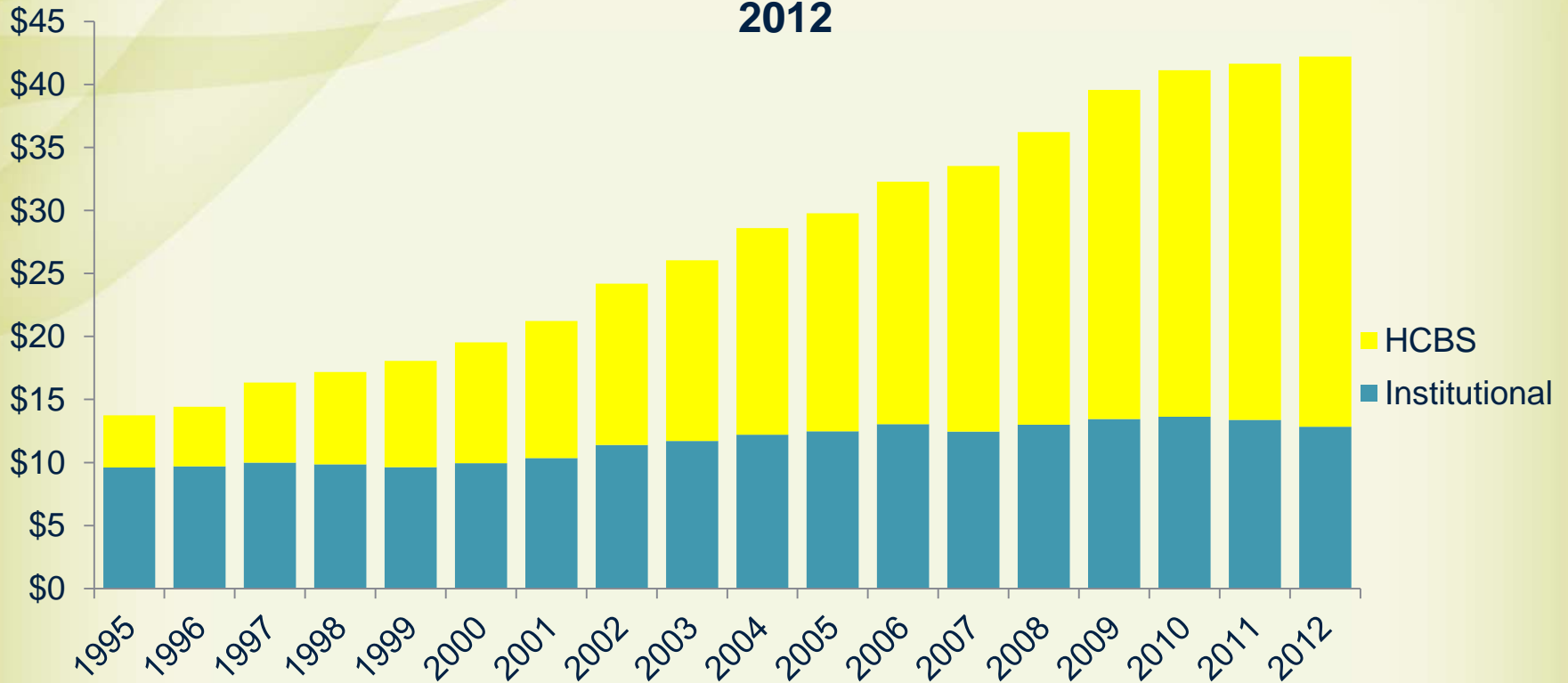
States with the Greatest Increase in Medicaid HCBS Expenditures as a Percent of Total Medicaid LTSS Expenditures, FFY 2010-2012



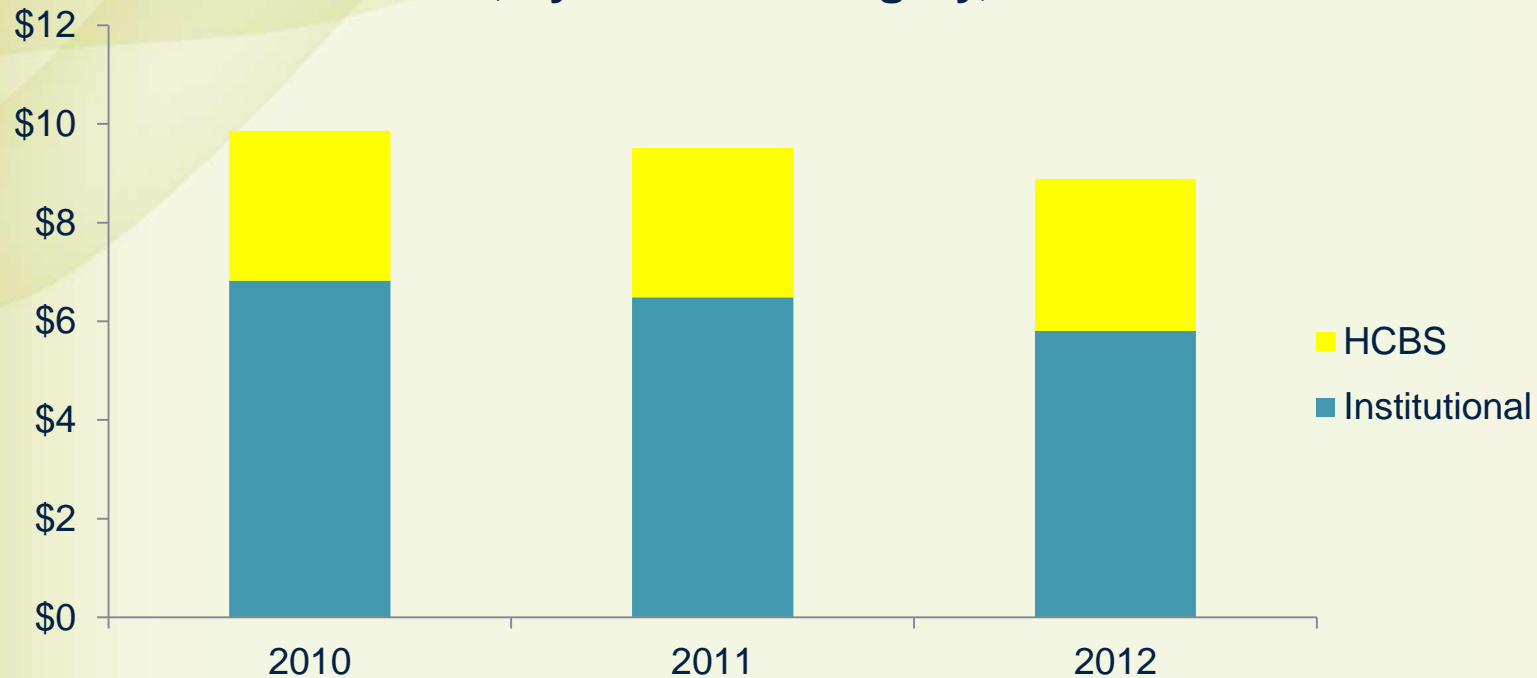
Medicaid LTSS Expenditures Targeted to Older People and People with Physical Disabilities, by Service Category, FFY 1995–2012



Medicaid LTSS Expenditures Targeted to People with Developmental Disabilities, by Service Category, FFY 1995–2012

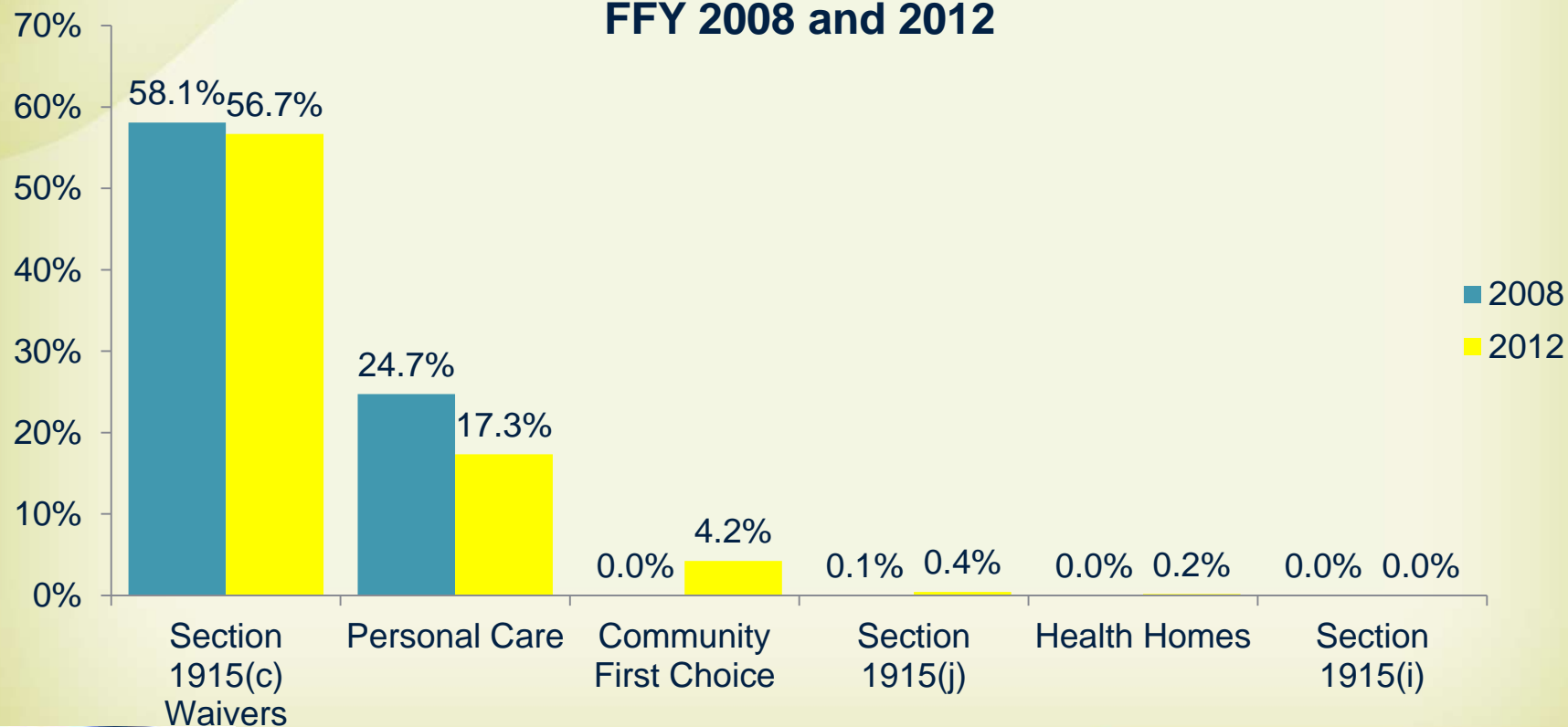


Medicaid LTSS Expenditures Targeted to People with Serious Mental Illness or Serious Emotional Disturbance, by Service Category, FFY 2010–2012



Selected Program Authorities as a Percentage of Total HCBS

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



Source

Medicaid Expenditures for Long Term Services and Supports in 2012

Prepared for CMS by Truven Health Analytics, April 2014

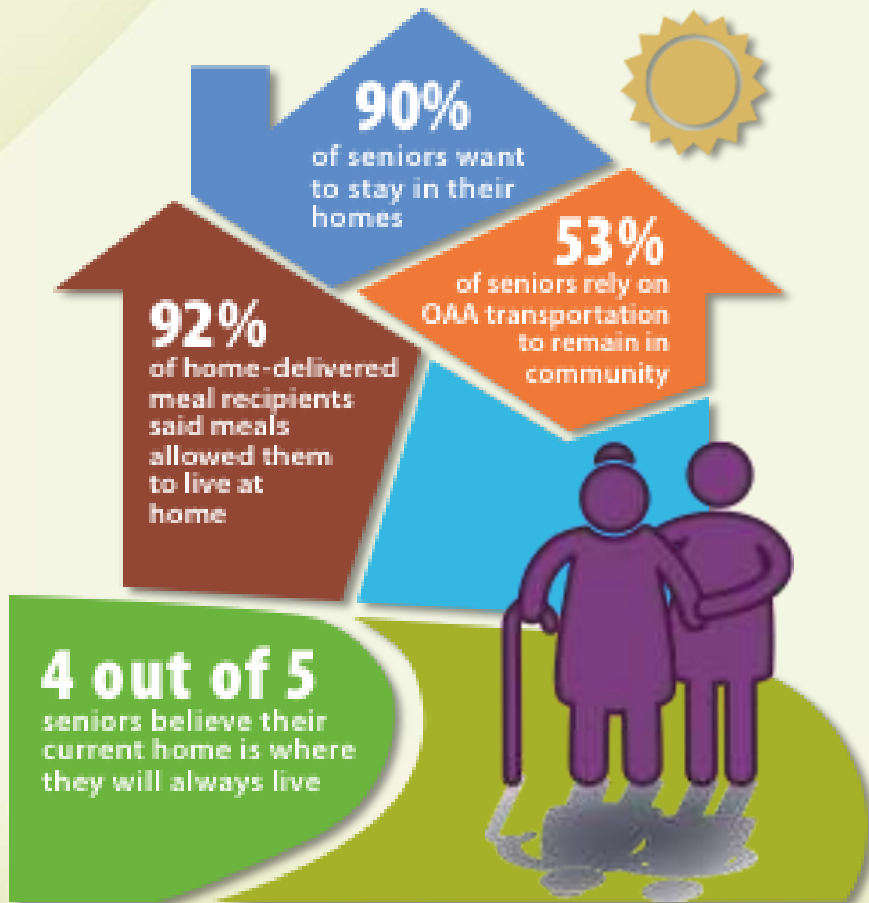
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Long-Term-Services-and-Supports.html>



**OLDER
AMERICANS ACT
REAUTHORIZATION:
The Time to Act is
Now**

OLDER AMERICANS ACT SERVICES

HELP SENIORS STAY AT HOME



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.

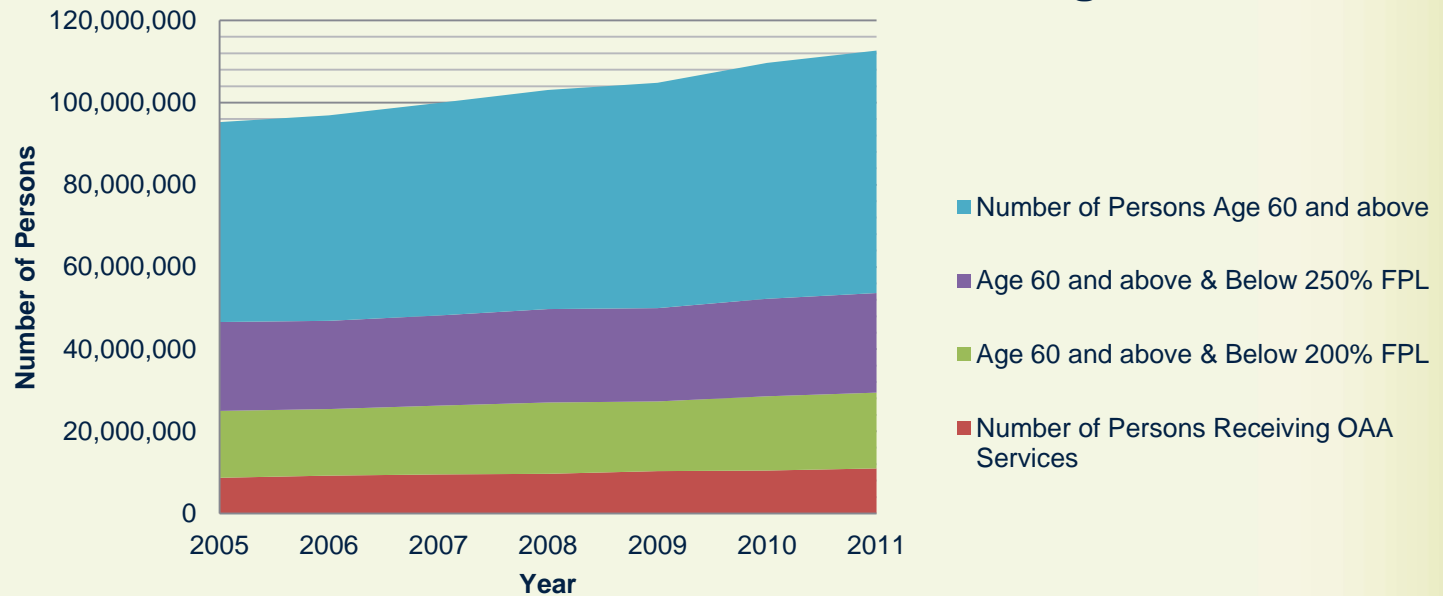
This is a very small window of opportunity, so STAY TUNED for advocacy opportunities in the coming weeks and months!!!



FY15 Funding: ***Federal Budget and Appropriations***

OAA Appropriations Have Not Kept Pace With Demand

Current OAA Clients and Potential Eligibles



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.

FY15 Appropriations Process Is Underway

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 laid 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.”

HCBS Regulations

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

DOL FLSA

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 (ie: 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.

DOL FLSA

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

I&R Support Center



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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

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- 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: NASUADiQ



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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



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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

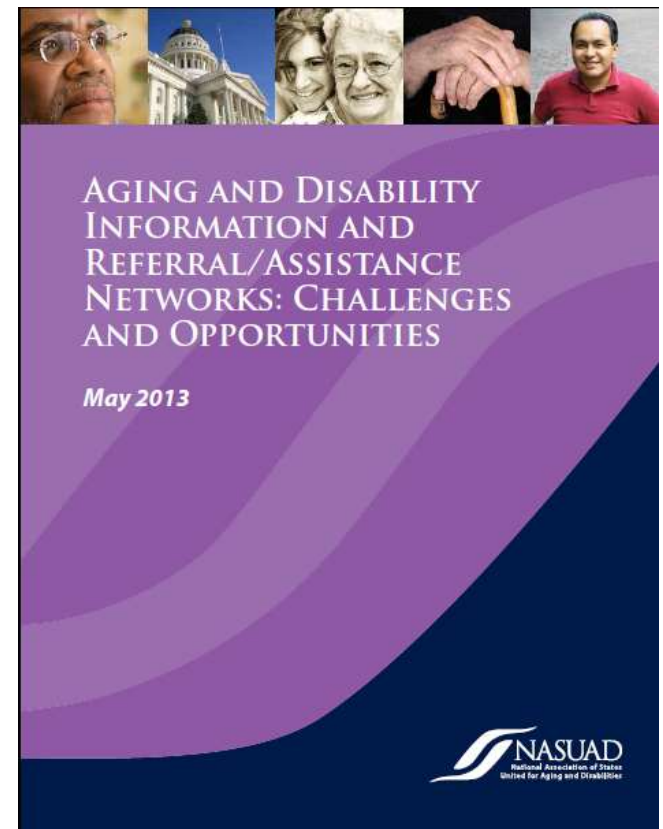
Visit <http://www.nasuad.org/initiatives/information-and-referralassistance/monthly-calls> for presentations and audio recordings.

I&R Network Survey

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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



I&R User Survey

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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

The New CIRRS-A/D

Coming Soon!

CIRS-Aging and Disability Certification



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- 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



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- 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

I&R Resources: Stay Informed



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Join our distribution list!

Visit <http://www.nasuad.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

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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.

Visit <http://www.nasuad.org/initiatives/state-health-insurance-programs/medicare-improvements-patients-and-providers-act>

MIPPA Outreach Poster

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Get HELP with your MEDICARE COSTS!



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

FOR ASSISTANCE, CALL:



MIPPA Outreach Poster

Available MEDICARE SAVINGS:



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

Monthly Income Limit* (single):	Monthly Income Limit* (married):	Programs Pay for:
\$1,300	\$1,800	Part B monthly premium

*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.

Monthly Income Limit* (single):	Monthly Income Limit* (married):	Program Pays for:
\$4,000	\$5,300	Part A monthly premium

*Income limits are approximated and vary by state.

FOR ASSISTANCE, CALL:

MIPPA Outreach Poster

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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:

FOR MORE INFORMATION

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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

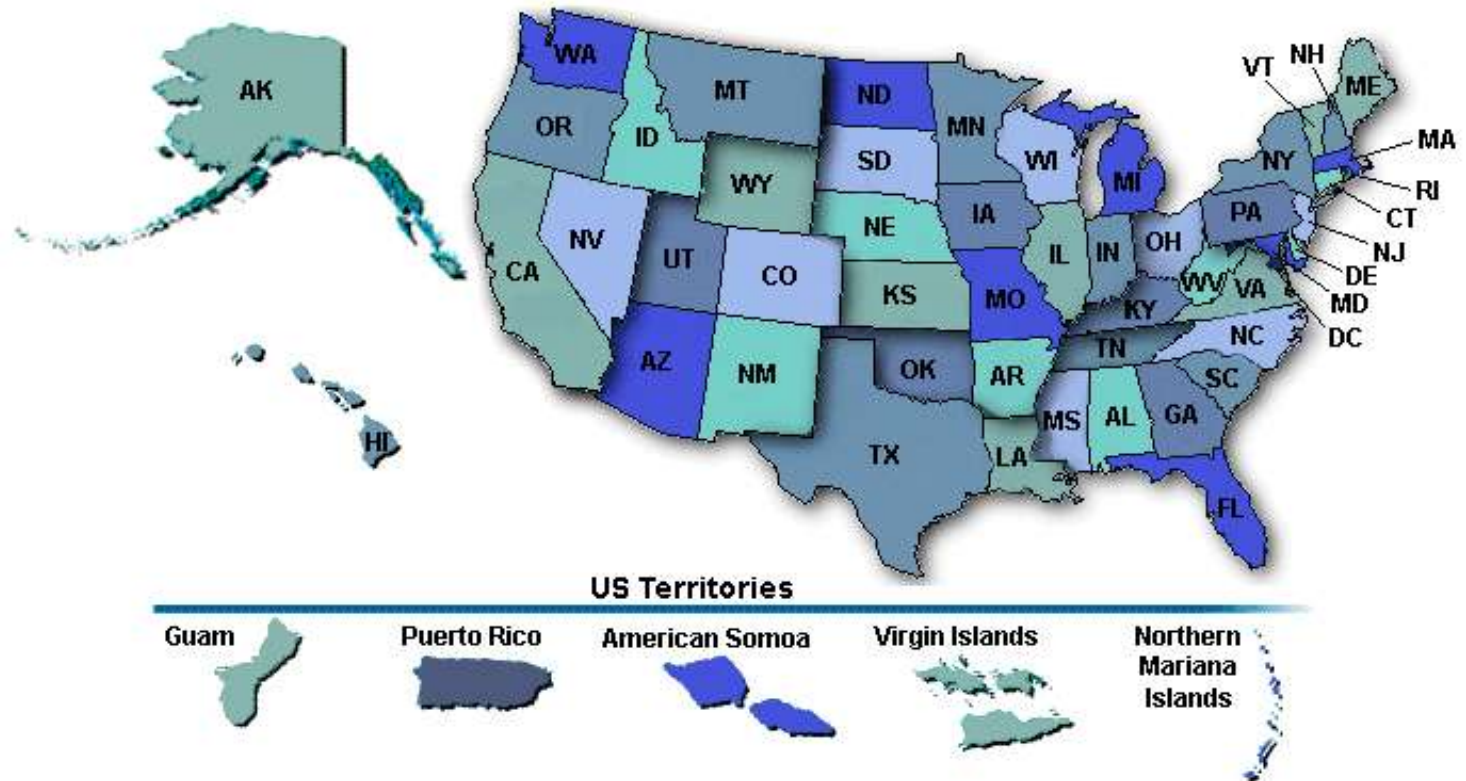


Independent Living Programs

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



CIL Directory



<http://www.ilru.org/html/publications/directory/index.html>

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



Legislative & Advocacy

Priorities Guide

Summer 2014



View online at
www.ncil.org

Serving Older Adults and Individuals with Disabilities through No Wrong Door

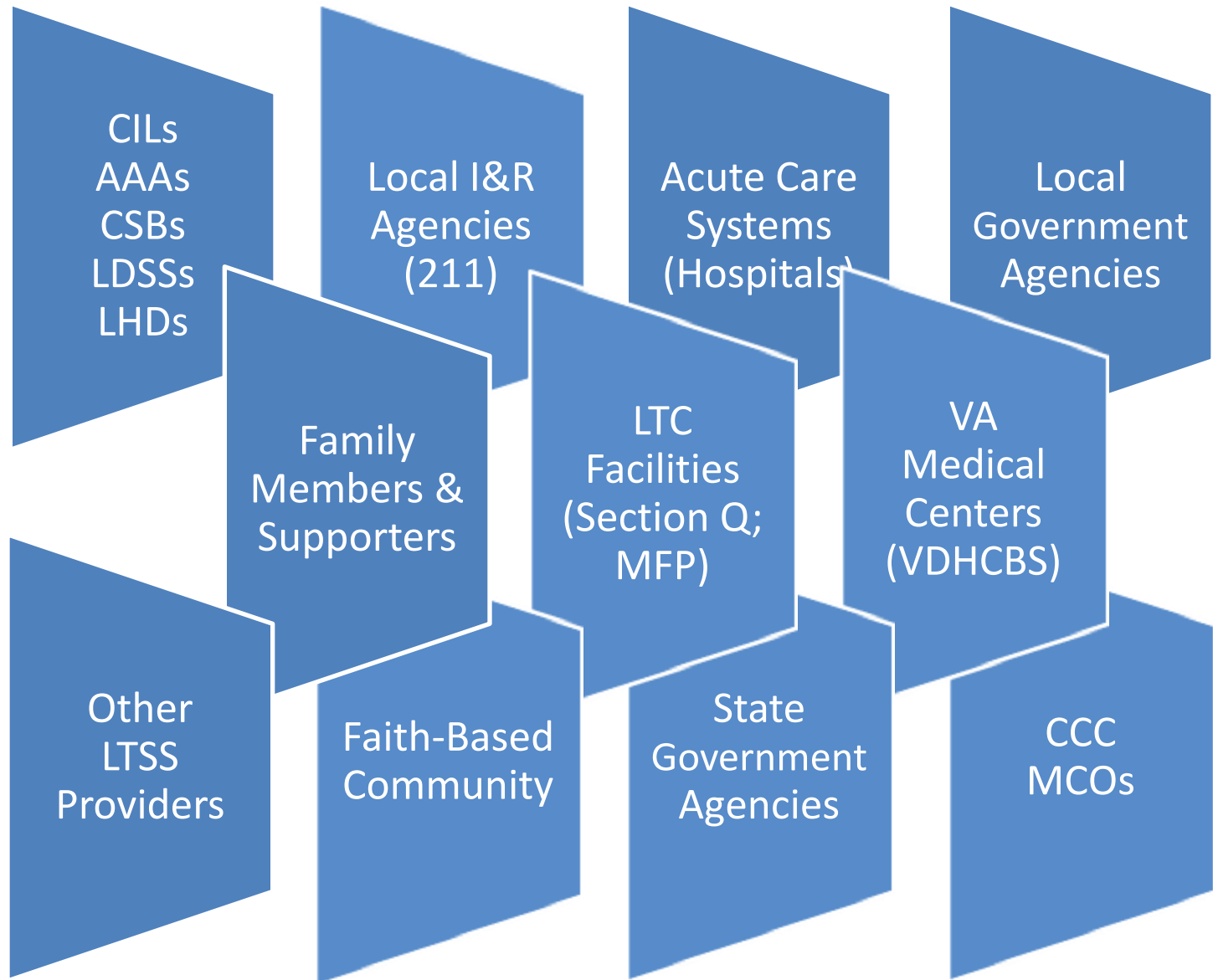
NASUAD – I&R Intensive
September 15, 2014



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



Multiple Entry Points into HCBS



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

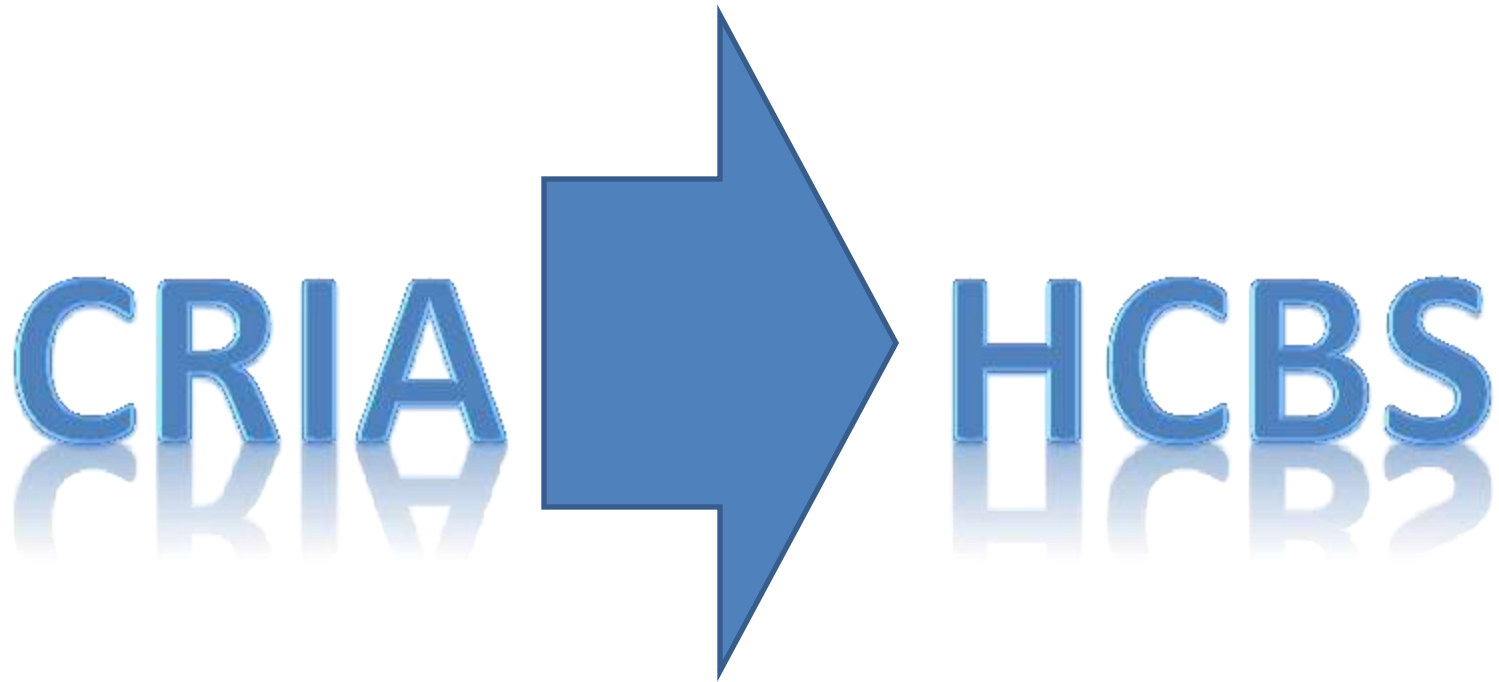
- Older Adults
- Individuals with Disabilities
- Family Caregivers
- Public and Private
- Statewide Initiative

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



Interfaces with VirginiaNavigator Provider Database of 26,000+ Programs/Services

Customized dependent drop-downs for region, service, and funding source

Interfaces with statewide Client Profile Database

Shares client-level data within secure web-based environment between partners

Tracks “real-time” status of referrals: pending, accepted, rejected

Automates reports on individual, staff, agency, and state levels

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



Integrates with Care Transition Module

Automates reports for CMS Reimbursement

Tracks quality assurance measures related to readmission

Tracks Section Q protocol and response rates

Integrates with automated referrals to MFP Transition Coordination Providers (TCPs)

Provides Universal Assessment



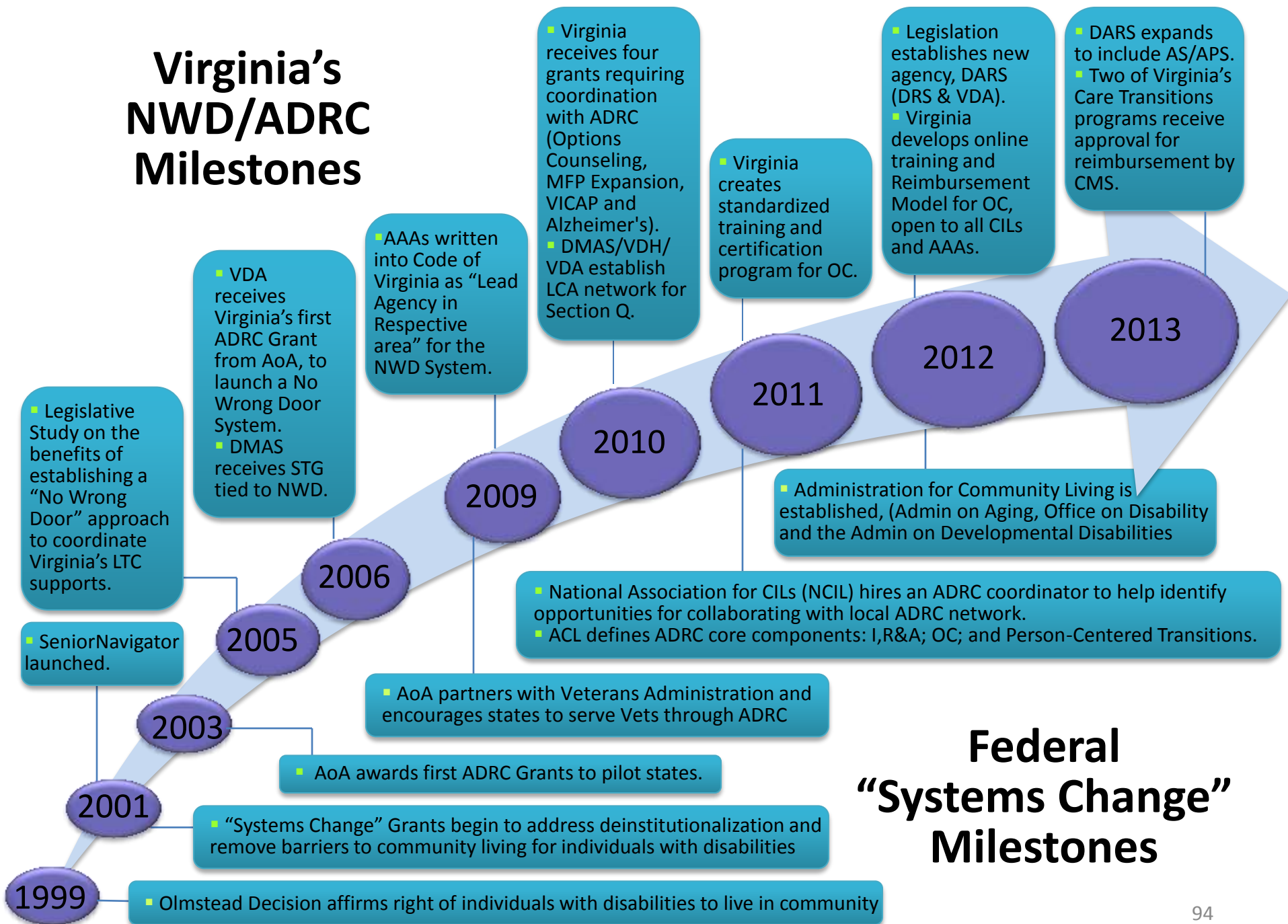
Integrates with Virginia's Uniform Assessment Instrument

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



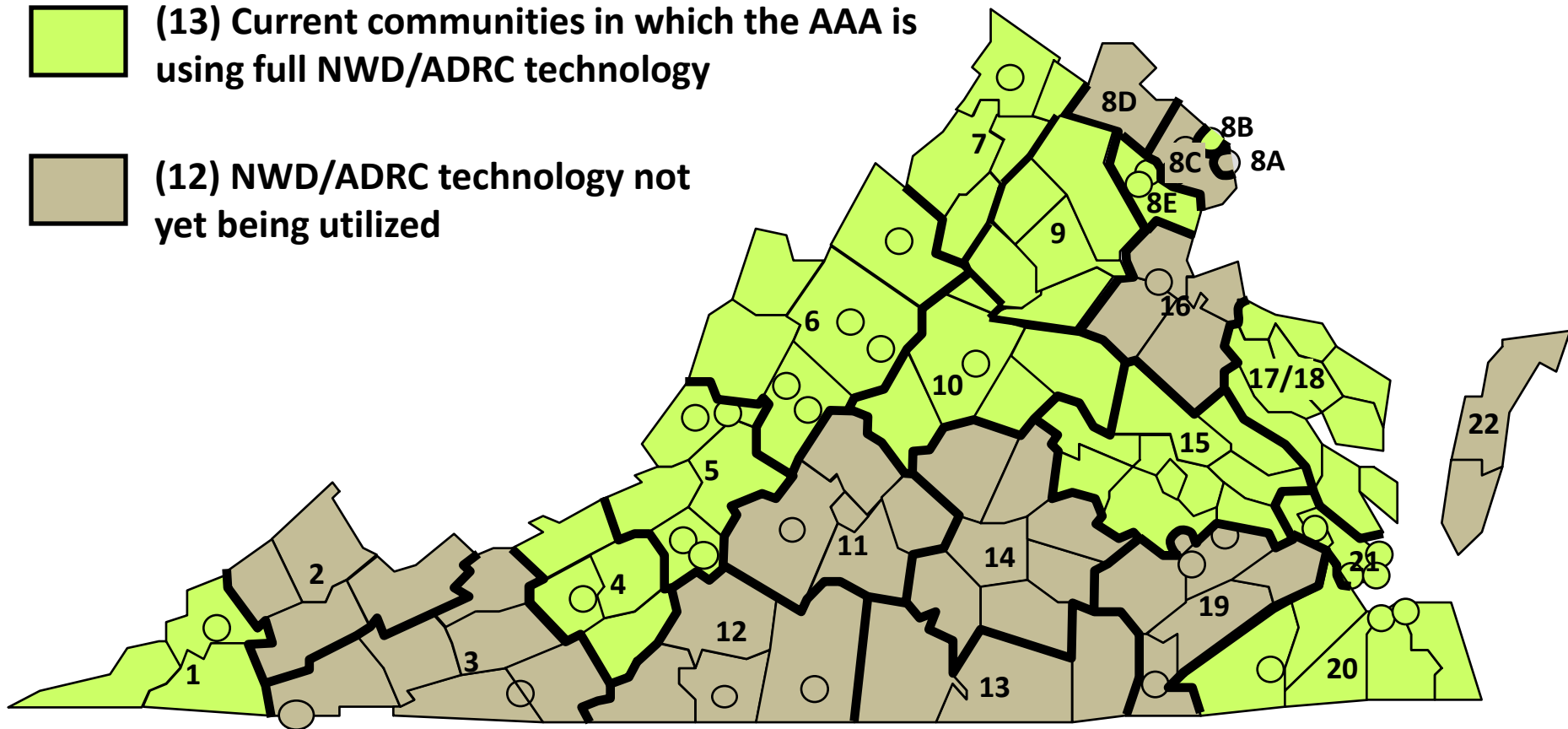
Federal "Systems Change" Milestones

ADRC Coverage (October 2009)

Approximately 50% of State
AAAs only

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

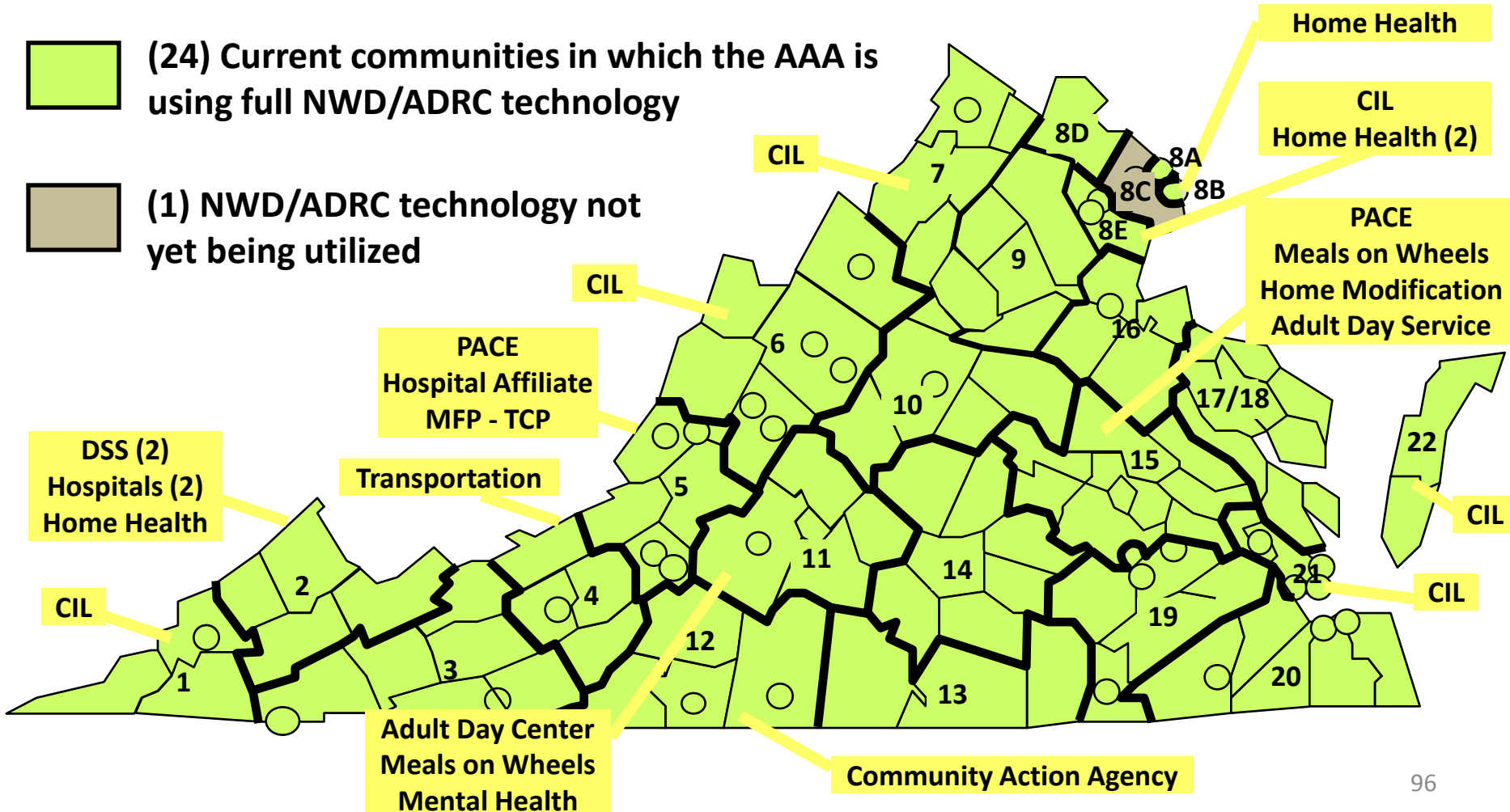
 (12) NWD/ADRC technology not yet being utilized



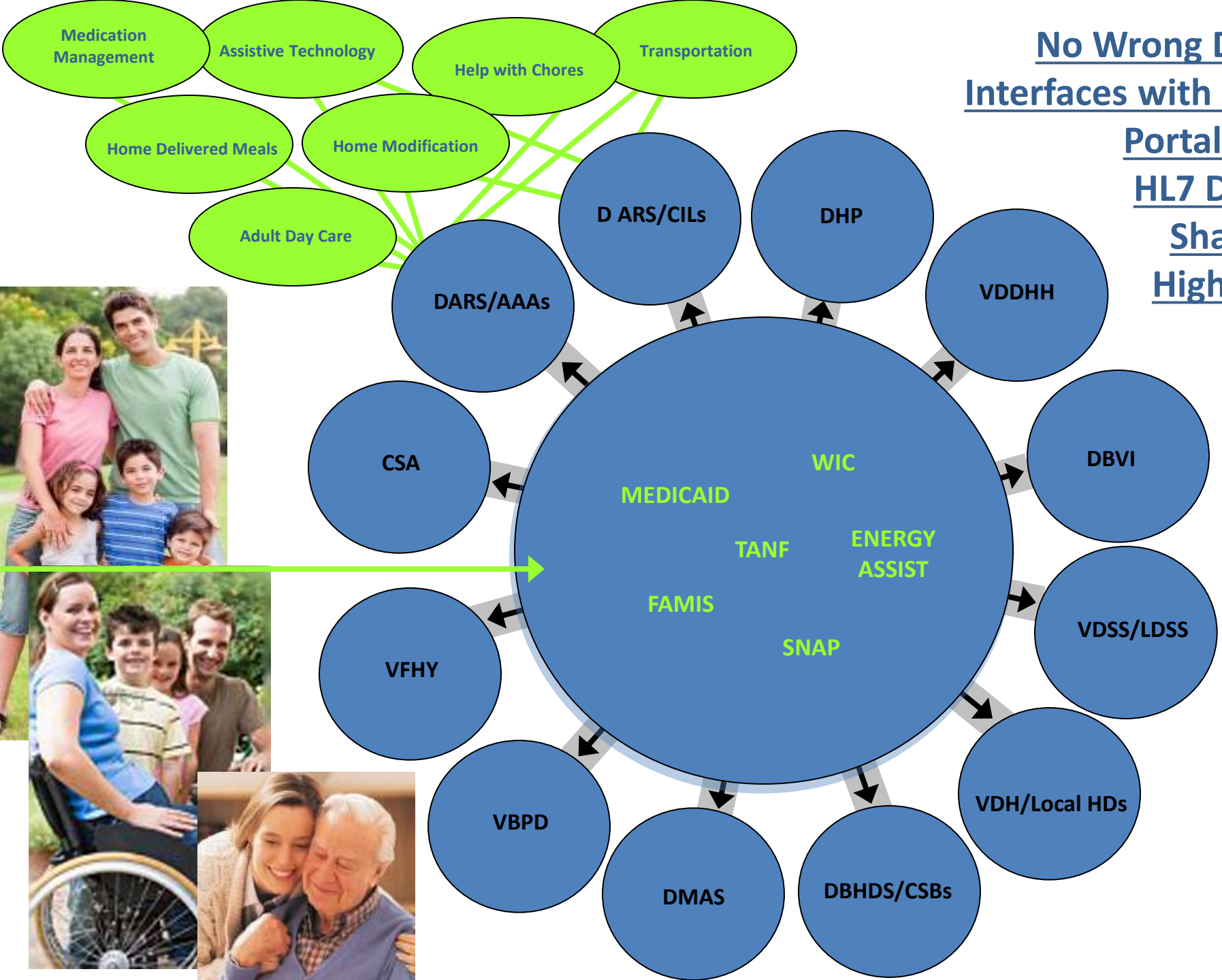
ADRC Coverage (October 1, 2014)

Approximately 96% of State

AAAs/CILs/DSS/Private Providers



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

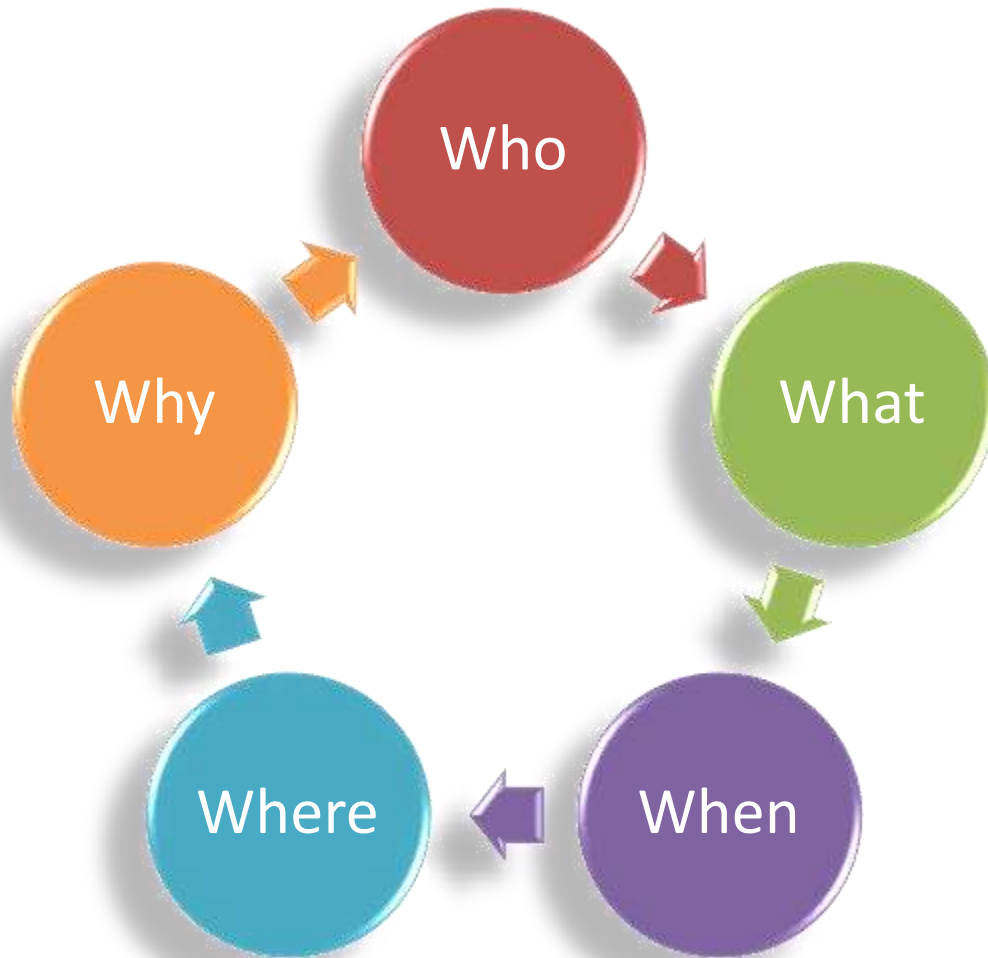
I&R/A Pre-Conference Intensive Agenda

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?**

EXECUTIVE SUMMARY

RAISING EXPECTATIONS

2014
SECOND EDITION

A State Scorecard on Long-Term Services and Supports for Older Adults,
People with Physical Disabilities, and Family Caregivers

Susan C. Reinhard, Enid Kassner, Ari Houser, Kathleen Ujuvari, Robert Mollica, and Leslie Hendrickson



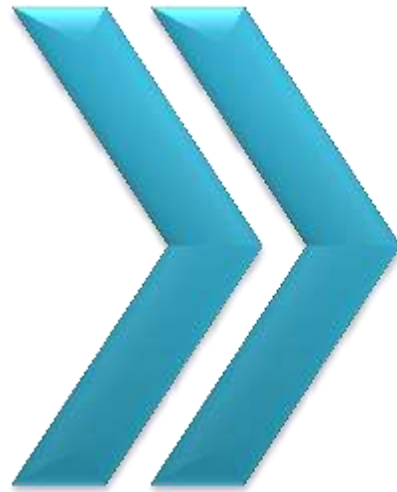
www.longtermcarecard.org

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

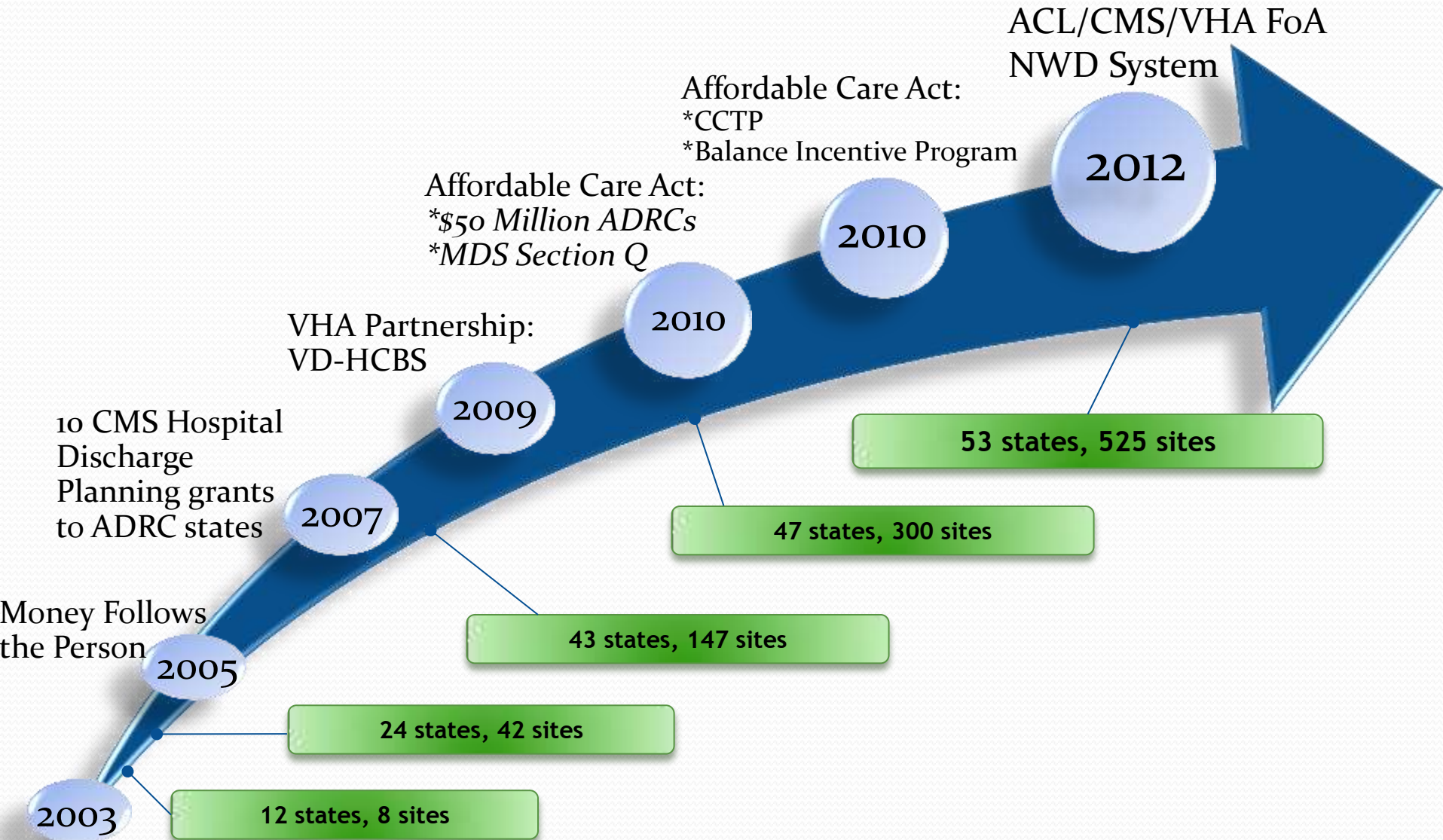
- 1) *Affordability and Access*
- 2) Choice of Setting and Provider
- 3) Quality of Life and Quality of Care
- 4) Support for Family Caregivers
- 5) Effective Transitions

What: This Is About Changing the Interface Between Public and LTSS



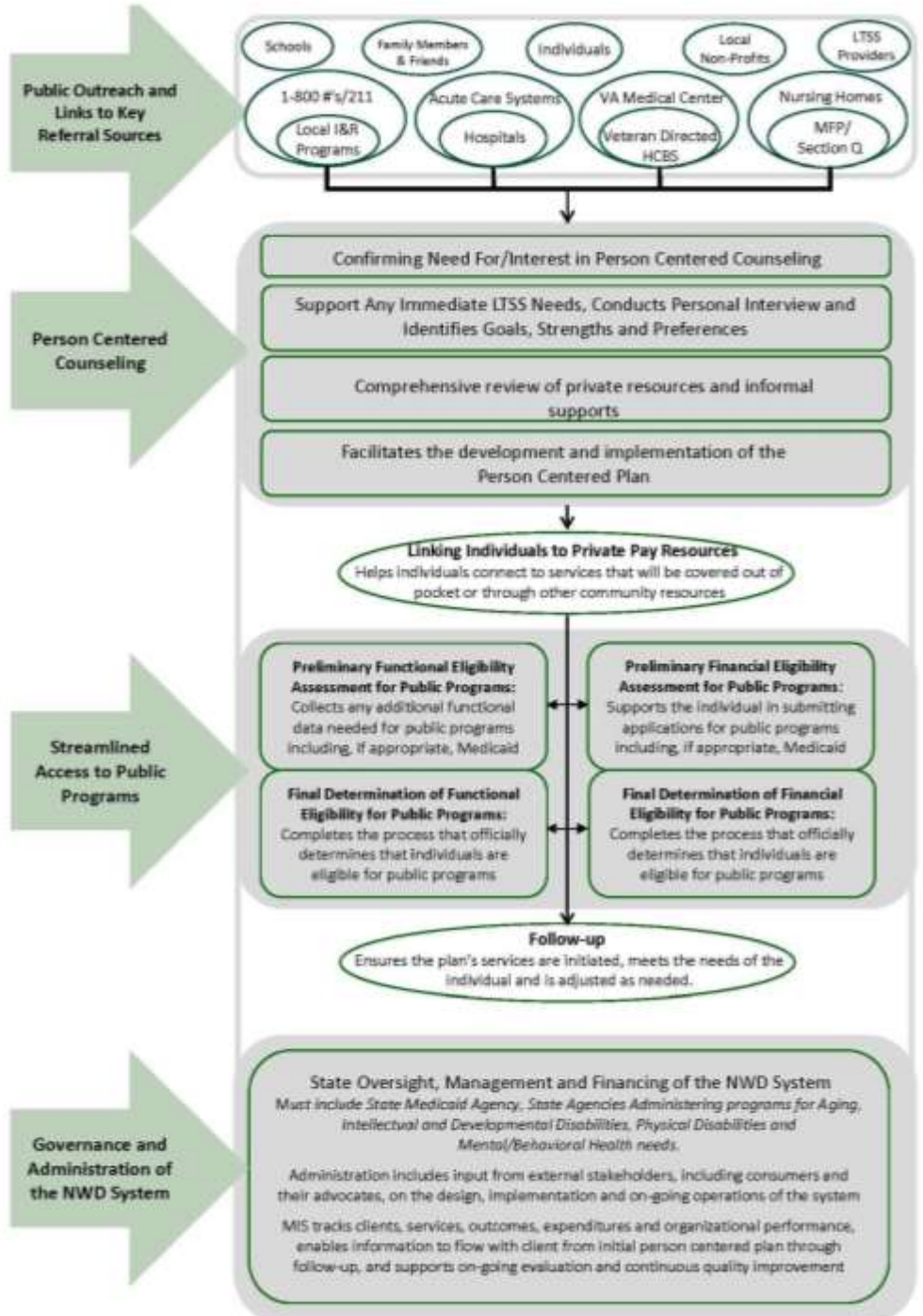
- How do I know if I need I to go there?
- How do I get there?
- How much does it cost?
- How do I plan before I go?
- How do I customize my trip?

When - Milestones of ADRC Development



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

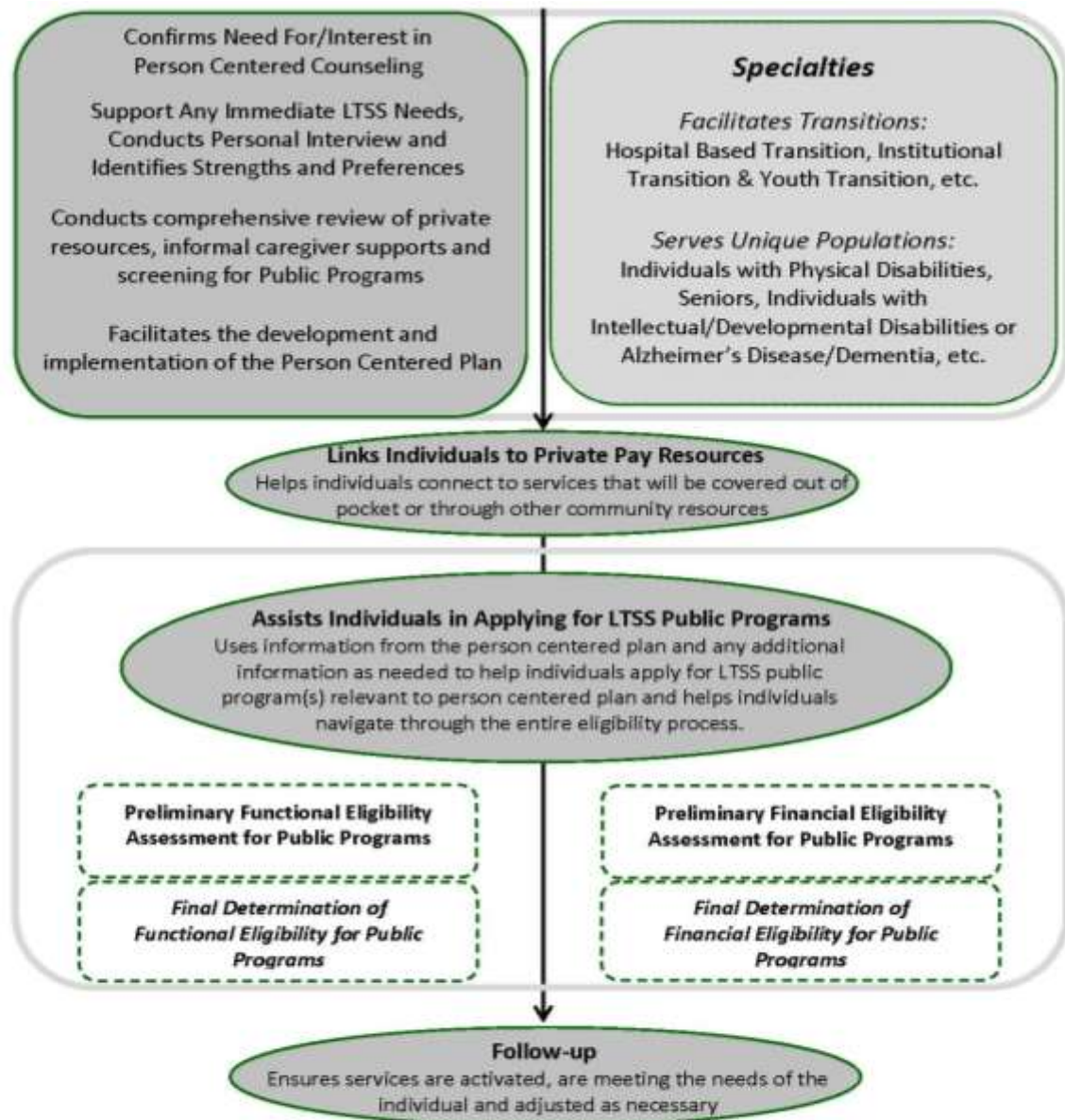
Faith Based Organizations




Alzheimer's Chapters

Organizations with
Peer-to-Peer, including Family
to Family models

Other Organizations

Person-Centered Counseling Functions



-  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

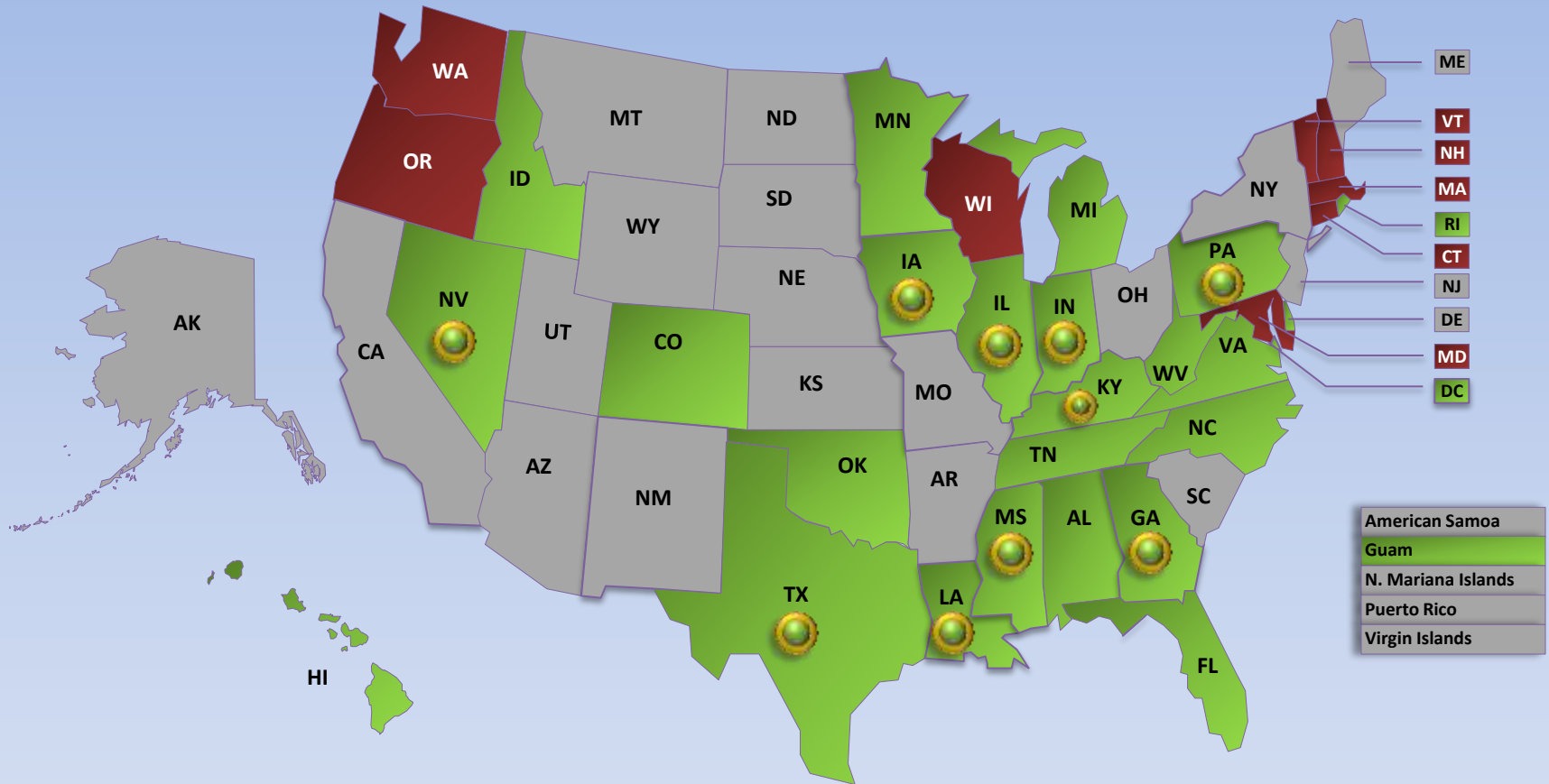
FOA Requirements

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.

Required Full Partners	Required Agencies/Stakeholders
<ul style="list-style-type: none">• State Medicaid Agency• State Unit on Aging• State agencies that serve or represent the interests of the physically disabled population• State agencies that serve or represent the interests of the I/DD population• State authorities administering mental health services	<ul style="list-style-type: none">• Consumers and their advocates• Area Agencies on Aging• Centers for Independent Living• Local Medicaid agencies• Local organizations that serve or represent the interests of the physically disabled population• Local organizations that serve or represent the interests of the I/DD population• Local organizations that serve or represent the interests of individuals with mental/behavioral health needs• Veteran Service Organizations• Service providers

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



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