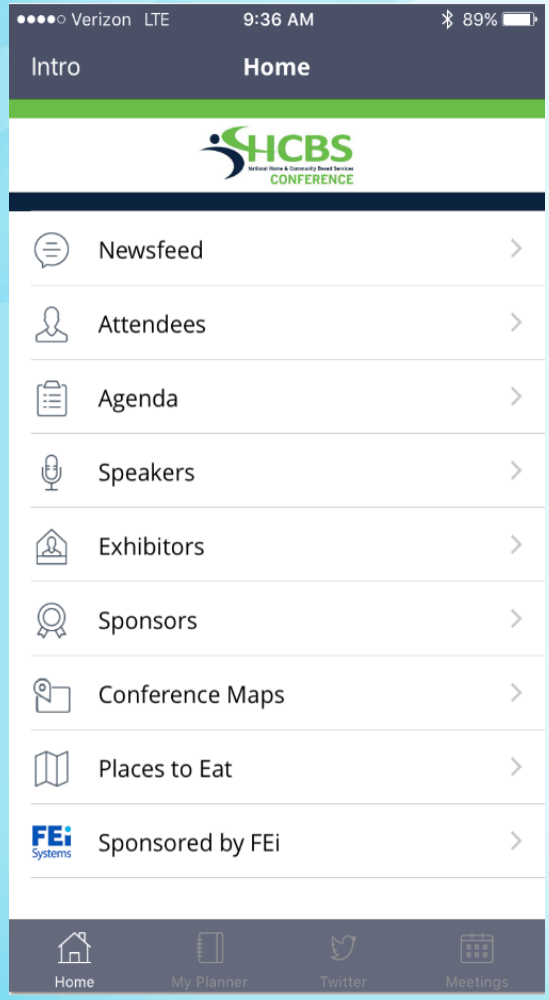
NASUAD
National Association of States
United for Aging and Disabilities

Introduction to NASUAD

May 16, 2017

Enjoy the Conference!
And download the HCBS app…



About NASUAD

The National Association of States United for Aging and Disabilities (NASUAD) represents the nation's 56 state and territorial agencies on aging and disabilities. NASUAD supports visionary state leadership, the advancement of state systems innovation and the development of national policies that support home and community based services for older adults and individuals with disabilities.

NASUAD Provides Leadership, Technical Assistance, and Policy Support to State LTSS Systems in the Following Areas:

NASUAD

MLTSS Institute

A collaboration between NASUAD members and national Medicaid health plans to:

- Drive improvements in key MLTSS policy issues,
- Facilitate sharing and learning among states, and
- Provide direct and intensive technical assistance to states and health plans.

See our new report!

Demonstrating the Value of MLTSS Programs

Disability Network Business Acumen Resource Center

Goals:

- Build the capacity of disability community organizations to contract with integrated care and other health sector entities

- Improve the ability of disability networks to act as active stakeholders in the development and implementation of integrated systems within their state

BUSINESS ACUMEN CENTER
Providing Resources to Sustain Disability Organizations

http://www.nasuad.org/initiatives/disability-network-business-acumen-resource-center

NASUAD

Business Acumen for Disability CBOs

Disability Network Business Acumen Resource Center Activities:

- Webinars
- Training and Technical Assistance
- Development of a Learning Collaborative
- Sharing of Promising Practices
- Attention on Areas of Needed Improvement
- Sharing of Perspectives and Needs across Stakeholders

Participate in Monthly Webinar Opportunities!

Fourth Wednesday of Each Month, 12:30 p.m. – 1:30 p.m. (EST)

- From Mission to Fruition: Developing your Relationships with Payers (August 23, 2017)

http://www.nasuad.org/initiatives/business-acumen-disability-organizations-resource-center/webinars

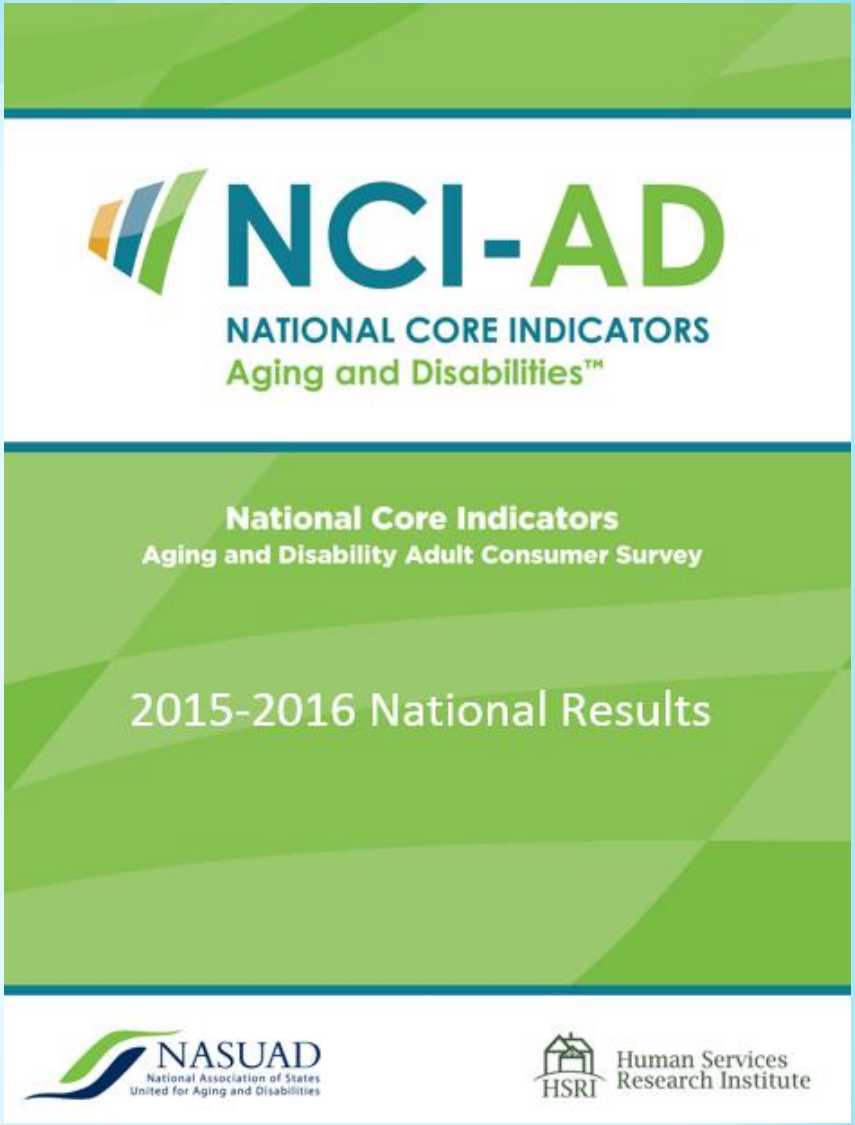
National Information & Referral Support Center

Goal: to build capacity and promote continuing development of aging and disability information and referral services nationwide.

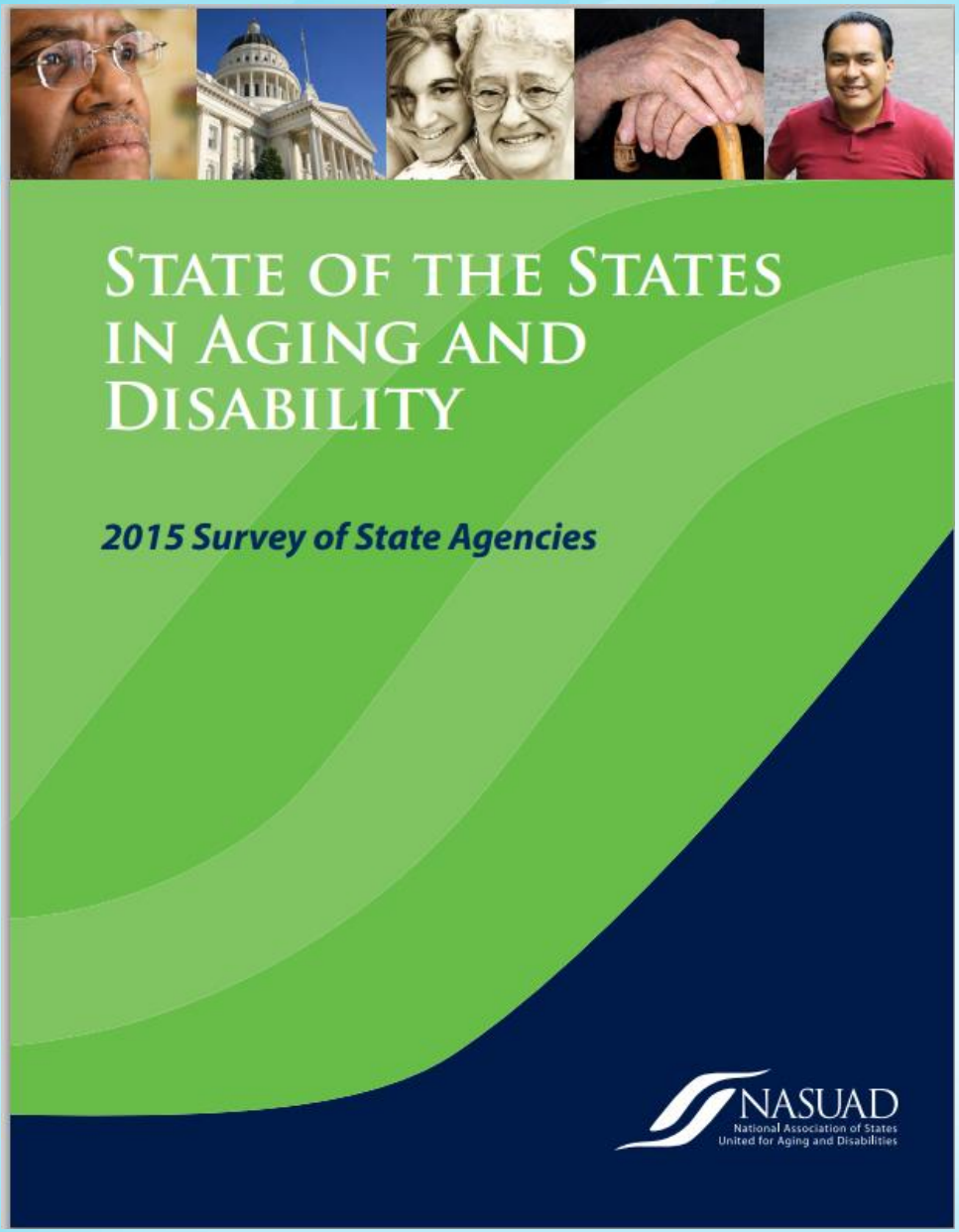
Technical Assistance Webinars: free monthly webinars
Training: Online training; AIRS certification training; and Train-the-Trainer
Distribution lists sharing information and resources
National surveys: Aging and Disability I&R/A Networks
National training events: including the Aging and Disability Symposium at the annual AIRS I&R Conference

NCI-AD

- Service recipient quality of life and outcomes survey
- Focused on seniors and adults with physical disabilities receiving publicly-funded services
- Offers an overview of state program performance
- State and national results available on www.nci-ad.org
- Interested states can enroll now!



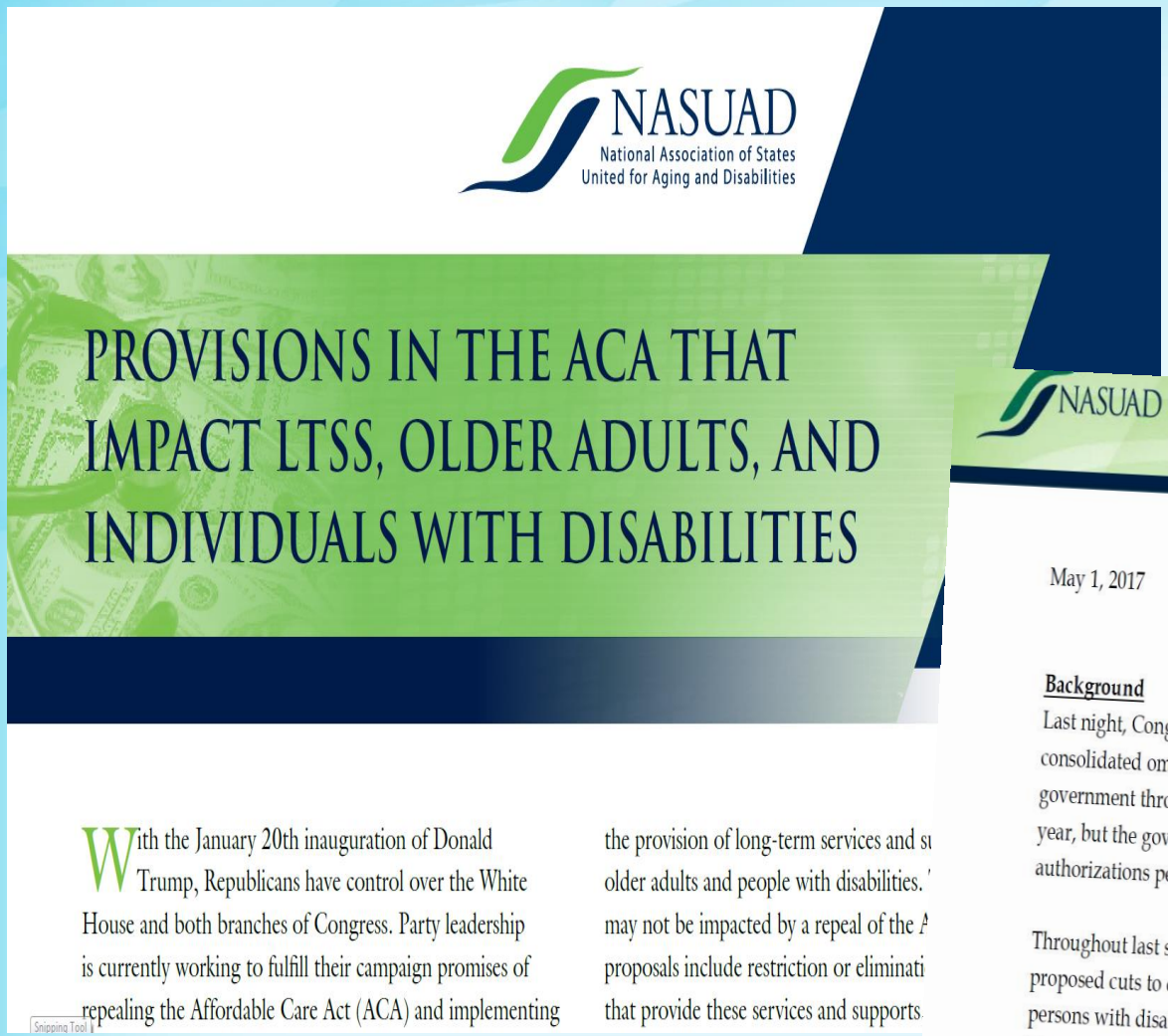
Resources for Aging and Disability Agencies



National survey of state agencies in aging and disability services


COMMUNITY-BASED ORGANIZATIONS AND MLTSS:
An Issue Brief to Assess CBO Readiness
STATE LONG-TERM CARE OMBUDSMAN PROGRAMS: ORGANIZATIONAL STRUCTURE
April 2015
Medicaid HCBS Settings Regulations and Adult Services
NASUAD
National Association of States United for Aging and Disabilities

Policy resources for program administrators.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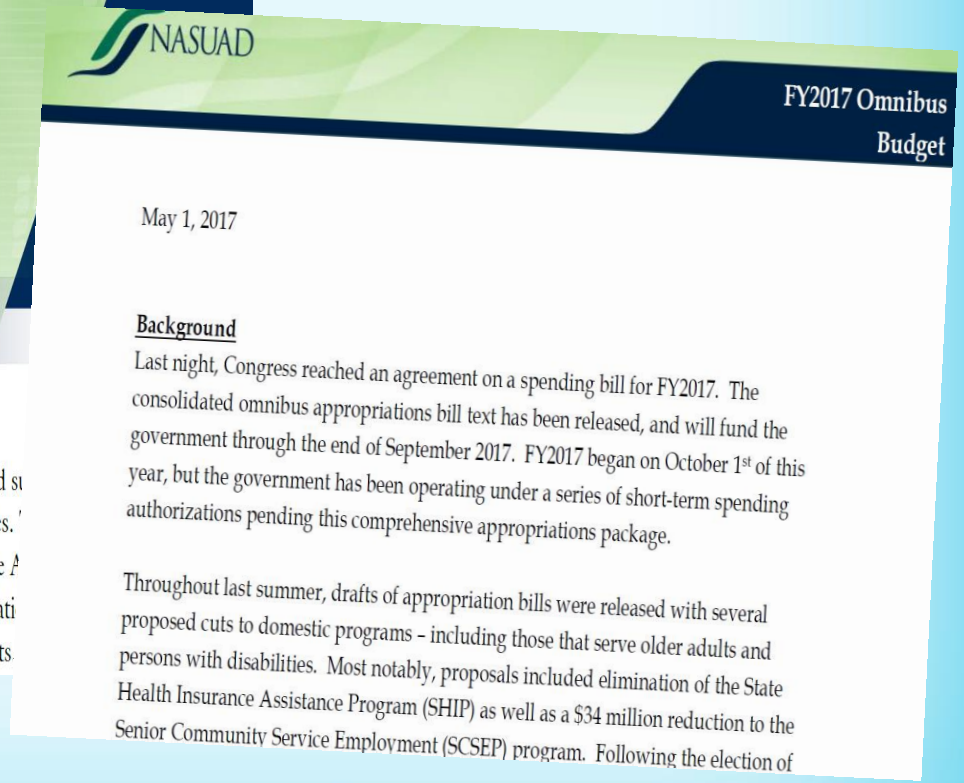
National Association of States United for Aging and Disabilities

PROVISIONS IN THE ACA THAT IMPACT LTSS, OLDER ADULTS, AND INDIVIDUALS WITH DISABILITIES

With the January 20th inauguration of Donald Trump, Republicans have control over the White House and both branches of Congress. Party leadership is currently working to fulfill their campaign promises of repealing the Affordable Care Act (ACA) and implementing

the provision of long-term services and su
older adults and people with disabilities.
may not be impacted by a repeal of the A
proposals include restriction or eliminati
that provide these services and supports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FY2017 Omnibus Budget

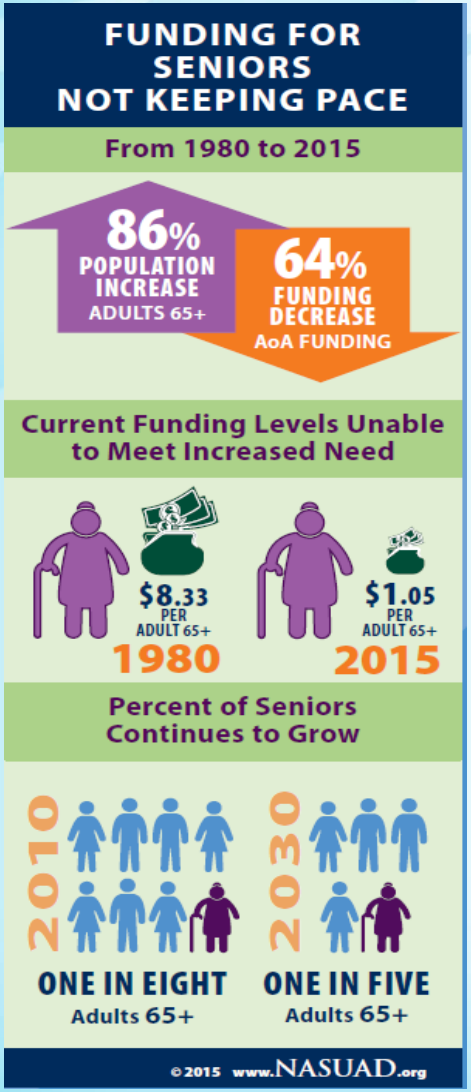
May 1, 2017

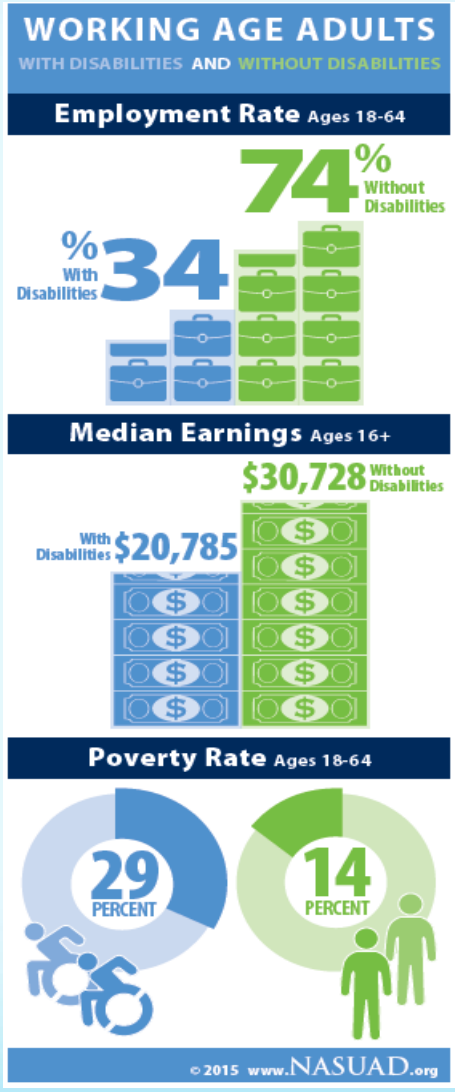
Background

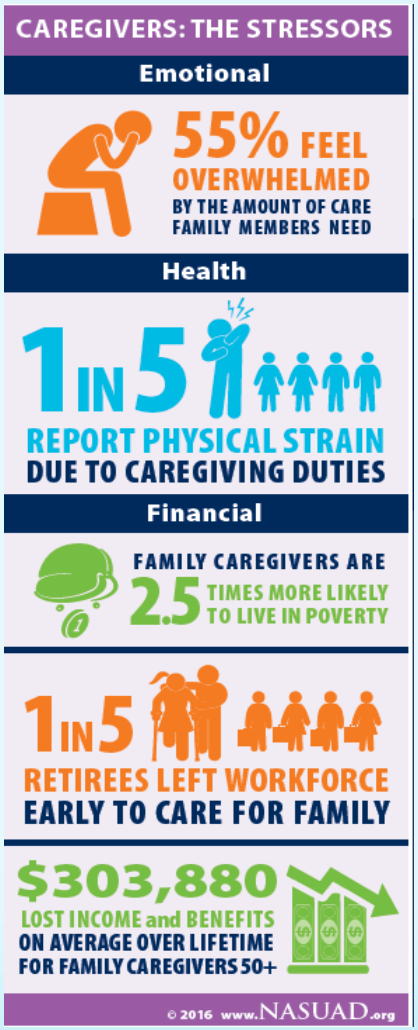
Last night, Congress reached an agreement on a spending bill for FY2017. The consolidated omnibus appropriations bill text has been released, and will fund the government through the end of September 2017. FY2017 began on October 1st of this year, but the government has been operating under a series of short-term spending authorizations pending this comprehensive appropriations package.

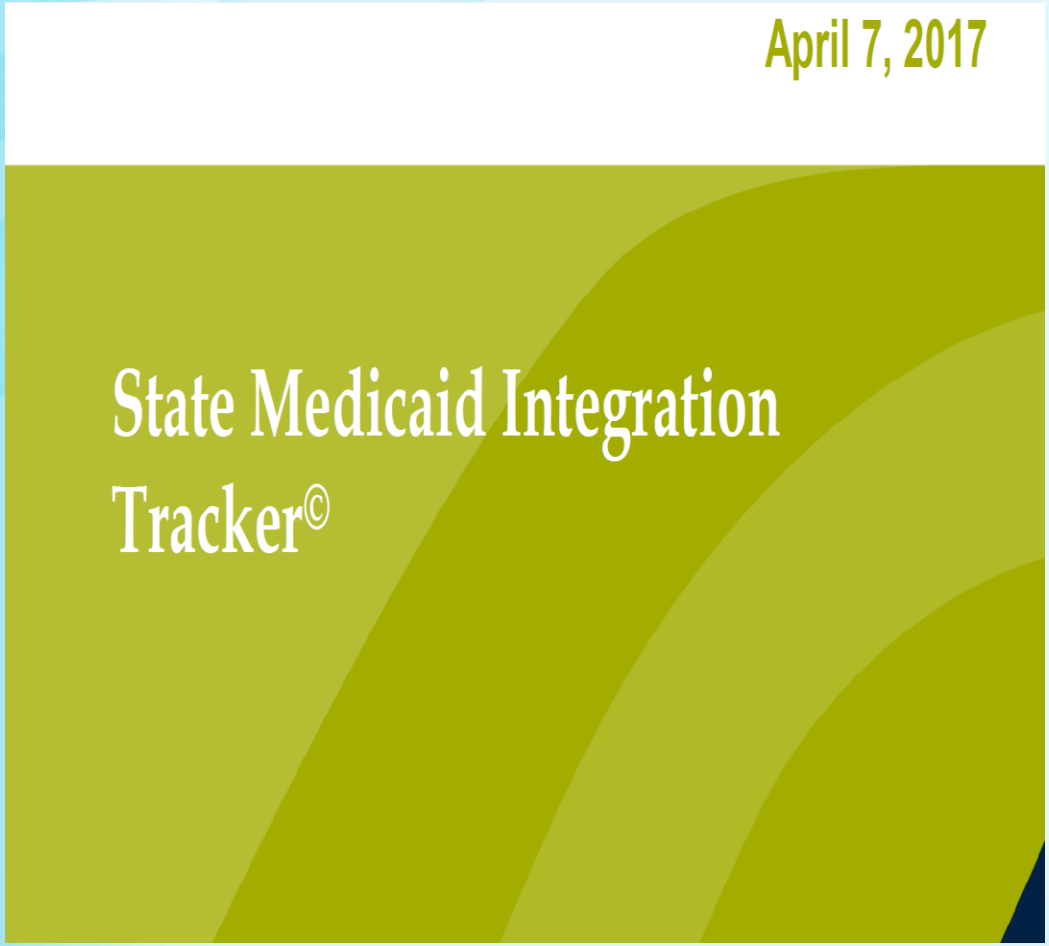
Throughout last summer, drafts of appropriation bills were released with several proposed cuts to domestic programs – including those that serve older adults and persons with disabilities. Most notably, proposals included elimination of the State Health Insurance Assistance Program (SHIP) as well as a $34 million reduction to the Senior Community Service Employment (SCSEP) program. Following the election of

Infographics on Aging, Disability & Caregivers





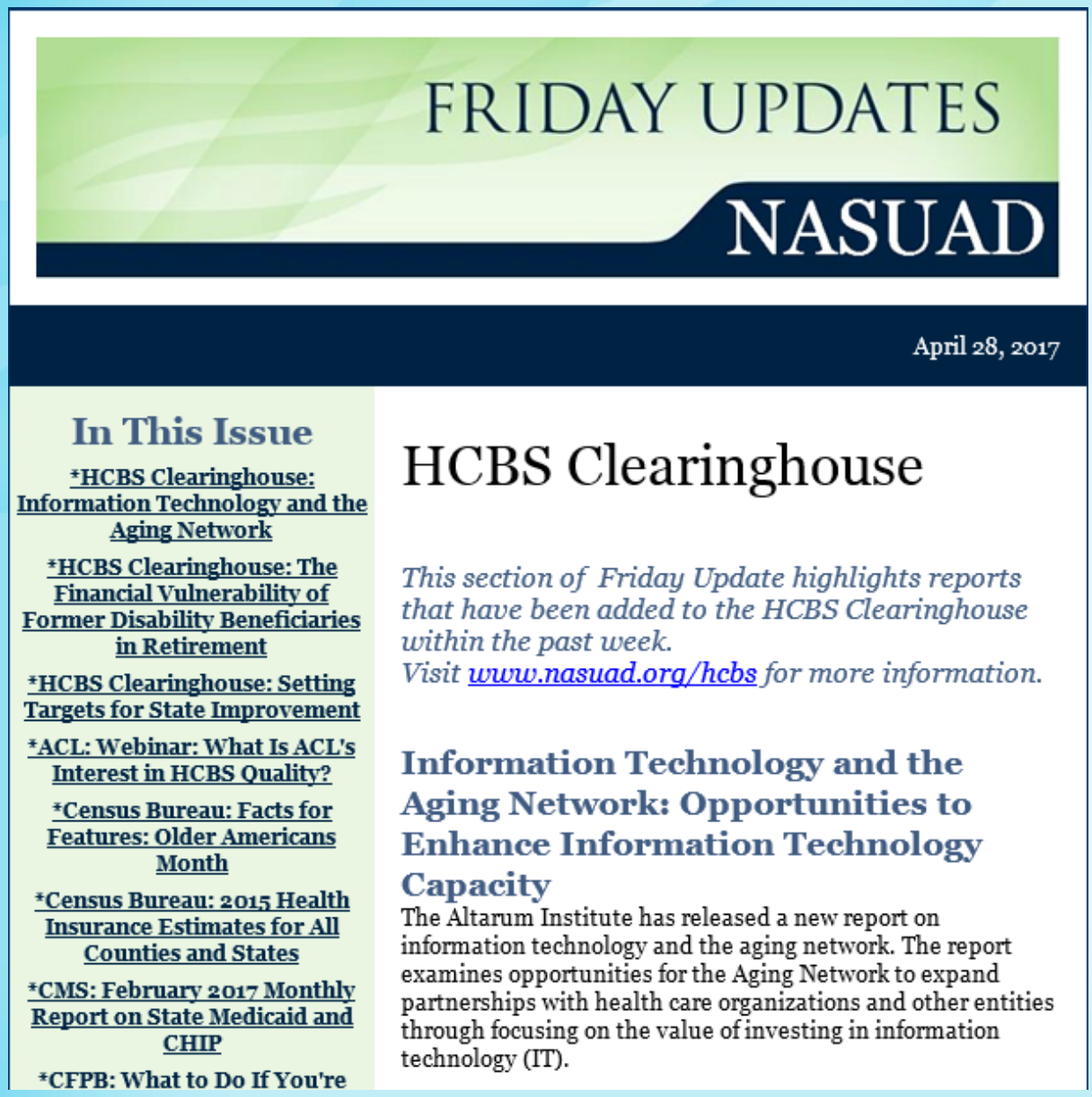




Updated Monthly

Focuses on the status of the following state actions:

- Managed LTSS
- Duals Demonstrations
- Medicare-Medicaid Coordination Initiatives
- Balancing Incentive Program (BIP)
- Medicaid State Plan Amendments under 1915(i)
- Community First Choice Option under 1915(k)
- Medicaid Health Homes



FRIDAY UPDATES

NASUAD

April 28, 2017

In This Issue

HCBS Clearinghouse

This section of Friday Update highlights reports that have been added to the HCBS Clearinghouse within the past week.
Visit www.nasuad.org/hcbs for more information.

Information Technology and the Aging Network: Opportunities to Enhance Information Technology Capacity

The Altarum Institute has released a new report on information technology and the aging network. The report examines opportunities for the Aging Network to expand partnerships with health care organizations and other entities through focusing on the value of investing in information technology (IT).

- **Free weekly e-newsletter**
- **National, federal and state updates on a broad range of topics pertaining to aging and disability policy and services**
- **Almost 9,000 recipients!**

HCBS.org
Home & Community Based Services
CLEARINGHOUSE

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HCBS.org is the premier clearinghouse promoting the development and expansion of home and community- based services by gathering resources and tools for research, policy making and program development into a one-stop online library.

Welcome to the HCBS Clearinghouse

Default is for ALL words you enter. If you want ANY of the words, place an OR between each of your terms. For exact phrase "put quotes around search terms"

Search Terms

Quick search

Online Classes about Aging and Disability Programs, Resources and Services

NASUAD iQ

www.nasuadiq.org

ONLINE LEARNING CENTER

Online Training: NASUADiQ

Free, online training courses for aging and disability professionals. Courses include:

- Strengthening Cultural Competence in I&R/A Work with Asian American and Pacific Islander (AAPI) Older Adults (*new!*)
- Medicaid Managed Care 101 (*launched in 2017*)
- Medicaid 101: What You Need to Know
- Disability for I&R Specialists
- An Introduction to Elder Abuse
- Adult Protective Services
- The Role of MIPPA: Helping Older Adults and Individuals with Disabilities Afford Medicare
- Developing Cultural Competence to Serve a Diverse Aging Population
- Essential Components of the Aging I&R/A Process
- Introduction to the Independent Living Movement

Visit **http://www.nasuadiq.org/**

NASUAD

NASUADiQ

Nanette

NASUADiQ Online Learning Center

Designed to help strengthen participants' knowledge of the aging and disability networks, our online courses provide overviews and analyses of systems and services that impact older adults, people with disabilities, and their caregivers.

If you experience any technical difficulties, please let us know by contacting adiaz@nasuad.org.

Instructional Guide to NASUADIQ.org Online Learning Center

Available courses

Adult Protective Services

This course provides participants with an overview of Adult Protective Services (APS) at the national and state levels. The course explains the services provided by APS and addresses differences between state programs as a result of funding discrepancies. The Elder Justice Act and its impact on APS are also detailed in the course. This training course may benefit individuals who work with older adults or vulnerable adult populations, as well as professionals in APS agencies or other state and local agencies that collaborate with APS.

NAVIGATION

Home
- Dashboard
- Site pages
- My courses

MAIN MENU

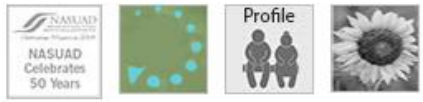
Need Assistance?

MIPPA Outreach to Disability Communities

Got an Hour? Give it Back

NASUAD, through the Aging Network Volunteer Collaborative, has launched the Got an Hour? Campaign to bring more volunteers into the aging network. The site, GiveItBacktoSeniors.org offers materials to advertise the campaign,search tool for prospective volunteers to find your opportunities, and a chance to share volunteer experiences.

Read More



NASUAD News

4/18 NASUAD Announces Staff Updates
Read more

Upcoming Events

4/23 Preventing and Addressing Elder Financial Exploitation: Tips and Tools from the Consumer Financial Protection Bureau

NASUAD IQ

NASUAD iQ Online Learning Center

This online platform offers a variety of trainings focused on the programs and services of the aging

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National Association of States
United for Aging and Disabilities

Interested in Public Policy? Join our two Public Policy Committees

- LTSS Medicaid Public Policy Committee
- Aging and Disability Non-Medicaid Public Policy Committee

Two Meetings:
Spring State Only Meeting
Fall HCBS Conference

NASUAD

National Association of States United for Aging and Disabilities

For more information, please visit: **www.nasuad.org**

Or call us at: **202-898-2583**

Martha Roherty
mroherty@nasuad.org

Overview of the Administration for Community Living

2017 National HCBS Conference

Edwin L. Walker

Deputy Assistant Secretary for Aging

August 28, 2017

Administration for Community Living (ACL)

ACL was initially established in April 2012 by bringing together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities. In the years since, additional research, service, and information and referral programs have been transferred to ACL from other agencies. ACL is responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

Mission

Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.

Vision

All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society.

ACL
Administration for Community Living

Administration for Community Living

- Created in 2012, bringing together:
  - Administration on Aging
  - HHS Office on Disability
  - ACF Administration for Developmental Disabilities
- Principal agency in HHS to lead aging and disability programs
- Reduce fragmentation and promote consistency in federal programs and policy addressing community living
- Enhance access to quality health care and long-term services and supports for older adults and people with disabilities
- Complement community infrastructure as supported by Medicaid and other federal programs

ACL Growth in 2013 to 2015

- FY 2014 and FY 2015 appropriations transfers:
  - State Health Insurance Program (SHIP)
  - Paralysis Resource Center
  - Limb Loss Resource Center
- The Workforce Innovation and Opportunity Act of 2014, transferred the following programs to ACL from Department of Education:
  - Independent Living Programs
  - Assistive Technology Program
  - National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)
- HHS Secretary transferred HRSA's Traumatic Brain Injury programs to ACL in October 2015

Operational and Strategic Integration

A fire hose of opportunity

ACL – Our Current Reach

Older Americans Act:
- Grants for State and Community Programs on Aging
- Activities for Health, Independence and Longevity
- Grants for Native Americans
- Vulnerable Elder Rights Protection

Elder Justice Act:
- Adult Protective Services

Public Health Services Act (PHSA):
- Alzheimer's Disease Supportive Services
- Lifespan Respite Care
- Chronic Disease Self-Management Education
- Paralysis Resource Center
- Limb Loss Resource Center
- Traumatic Brain Injury

Medicare Improvements for Patients and Providers Act (MIPPA):
- Grants to Aging and Disability Resource Centers
- Grants to Area Agencies on Aging
- Grants to State Health Insurance Assistance Programs
- National Center for Benefits Outreach and Enrollment

Developmental Disabilities Assistance and Bill of Rights Act (Developmental Disabilities Act):
- State Councils on Developmental Disabilities
- Developmental Disabilities Protection & Advocacy
- University Centers for Excellence in Developmental Disabilities
- Projects of National Significance

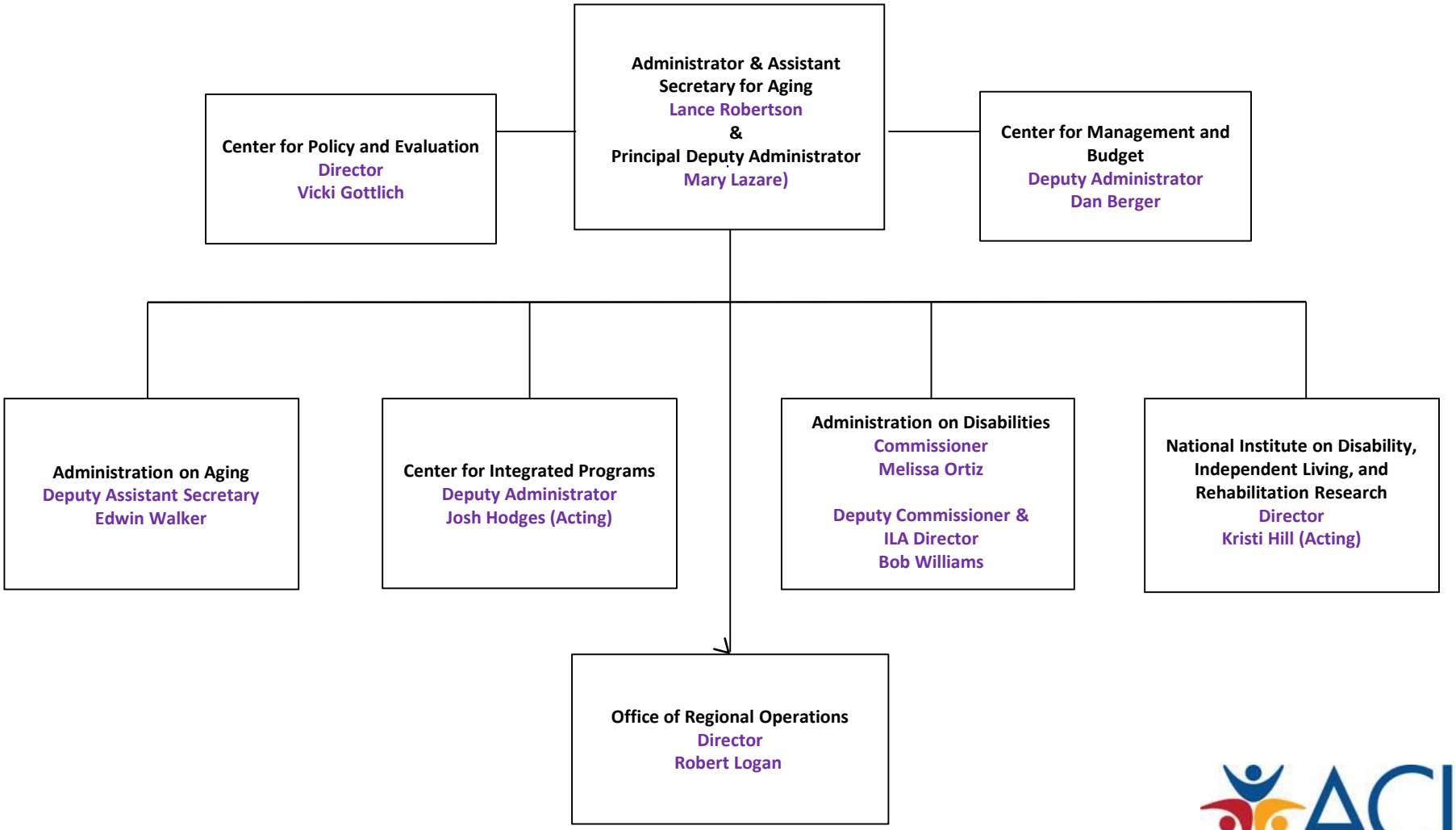
Rehabilitation Act:
- Independent Living State Grants
- Centers for Independent Living
- National Institute on Disability, Independent Living, and Rehabilitation Research

Assistive Technology Act (AT Act):
- Assistive Technology State Grants
- Protection & Advocacy for Assistive Technology
- Assistive Technology National Activities

Help America Vote Act:
- Protection & Advocacy Systems

Omnibus Budget and Reconciliation Act (OBRA):
- State Health Insurance Assistance Programs

Organizational Chart



ACL Administration for Community Living

Immediate Office of the Administrator

Lance Robertson
Asst. Secretary for Aging
Administrator

Mary Lazare
Acting Principal Deputy

- Administrator and Principal Deputy Administrator
  - Serve as members of Secretary's senior leadership team
  - Provide leadership and executive supervision to ACL
  - Carry out ACL's mission
  - Establish national policies and priorities
- Chief of Staff and Executive Secretary
  - Controlled Correspondence and Policy Clearance
  - Freedom of Information Act
- Legislative Affairs

Immediate Office of the Administrator (Cont.)

Christine Phillips
Director, Office of External Affairs

Bob Logan
Director, Office of Regional Operations

- Office of External Affairs
  - Communications Products and Website (www.acl.gov)
  - Media Inquiries and Outreach
  - Public Education Activities
- Office of Regional Operations
  - Work closely with federal, state, tribal and local organizations
  - ACL's 'eyes and ears' and advocates at the regional level
  - Monitor, assist and evaluate state agencies and tribal organizations

Administration on Aging

Edwin Walker
Deputy Assistant
Secretary for Aging

- Administers programs operated under: the Older Americans Act; Public Health Service Act; and Elder Justice Act
- Five Program Offices
  - Supportive and Caregiver Services
  - Nutrition and Health Promotion Programs
  - Elder Justice and Adult Protective Services
  - American Indian, Alaskan Native, and Native Hawaiian Programs
  - Long-Term Care Ombudsman Programs

Administration on Disabilities

Melissa Ortiz
Commissioner on Disabilities

Bob Williams
Deputy Commissioner
Director of Independent Living

- Administers programs operated under: the Developmental Disabilities Act; Rehabilitation Act; Help America Vote Act; Assistive Technology Act; and Public Health Service Act
- Administration on Intellectual & Developmental Disabilities
  - State Councils on Developmental Disabilities
  - State Protection and Advocacy Systems
  - University Centers for Excellence in Developmental Disabilities.
  - Projects of National Significance
- Independent Living Administration (ILA)
  - Independent Living Programs
  - Paralysis Resource Center
  - The National Limb Loss Resource Center
  - Traumatic Brain Injury Programs

ACL Administration for Community Living

Center for Integrated Programs

Josh Hodges
Acting Deputy Administrator for Integrated Programs

- Administers programs operated under: the Older Americans Act; Public Health Service Act; MIPPA; OBRA; and AT Act
- Office of Healthcare Information and Counseling
  - State Health Insurance Assistance Program
  - Senior Medicare Patrol Program
  - Medicare Improvements for Patients and Providers (MIPPA)
- Office of Integrated Care Innovations
  - Business Acumen, Health IT, and other Policy and Program Initiatives
  - Duals Demonstration Ombudsman Program
- Office of Consumer Access and Self-Determination
  - ADRCs, VD-HCBS, Evidence-Based Care Transitions
  - Lifespan Respite, Transportation Research and Demonstration
  - Assistive Technology, Supported Decision Making

ACL Administration for Community Living

National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR)

Kristi Hill
Acting Director
NIDLRR

- Administers research grant programs authorized under Sections 202 and 204 of the Rehabilitation Act
- Sponsors grantees to generate new disability and rehabilitation knowledge and promote its use and adoption
  - Improve ability of people with disabilities to perform activities of their choice in the community
  - Expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities
- Two Offices:
  - Research Sciences
  - Research Evaluation and Administration

Center for Management and Budget

Dan Berger
Deputy Administrator for Management and Budget

- Direct and coordinate all ACL administrative and resource management activities, and improve the efficiency and effectiveness of ACL's operations
- Executive Officer, CFO, CIO, Grants Management Officer, and Human Capital Officer
- Four Offices:
  - Budget and Finance
  - Administration and Personnel
  - Grants Management
  - Information Resources Management

Center for Policy and Evaluation

Vicki Gottlich
Director, Center for Policy and Evaluation

- Advises and supports the Immediate Office of the Administrator in developing effective federal policies to address the needs of older adults and people with disabilities
- Collects and analyzes data on populations and services, and evaluates the effectiveness of programs
- Strategic Planning
- Two Offices:
  - Policy Analysis and Development
  - Performance and Evaluation

Role of Regional Support Centers

- Serves as the regional representative of the Administrator for the Administration for Community Living/U.S. Assistant Secretary for Aging to the Aging Network and people with disabilities.

- Supports the Central Office's (CO) development function by providing ongoing advice on the Regional implications of policies and programs being considered.

- Serves as highly valued and trusted source of information for grants and technical support to external and internal customers

Role of Regional Support Centers (Cont.)

- Supports the CO management, policy, program and fiscal staff, and provides a valued assistance to agency customers.

- Represents and markets ACL/AoA's goals, objectives and initiatives to the Aging Network, people with disabilities, other Federal agencies and the general public.

- Serve as the conduit between the State Unit on Aging and ACL/AoA's central office.

Kathleen Otte

Region I (Boston) & Region II (New York City)

CT, MA, ME, NH, RI, VT

Title VI Grants for Native Americans (T-VI) – 8

NY, NJ, PR, VI; T-VI – 4 Tribal grantees

Constantinos (Costas) Miskis

Region III (Philadelphia)* & Region IV (Atlanta)

**Managed out of Atlanta*

DC, DE, MD, PA, VA, WV

AL, FL, GA, KY, MS, NC, SC, TN

T-VI – 4 Tribal grantees

Amy Wiatr-Rodriguez (Acting)

Region V (Chicago) & Region VII (Kansas City)*

**Managed out of Chicago*

IL, IN, MI, MN, OH, WI
IA, KS, MO, NE
T-VI – 36 Tribal grantees

Percy Devine

Region VI (Dallas) & Region VIII (Colorado)

AR, LA, OK, NM, TX
T-VI – 53 Tribal grantees
CO, MT, ND, SD, UT, WY
T6 – 24 Tribal grantees

David Ishida

Region IX (San Francisco) & Region X (Seattle)

AS, AZ, CA, CNMI, GU, HI, NV

T-VI – 61 Tribal grantees

AK, ID, OR, WA; TVI – 80 Tribal grantees

Administration on Aging (AoA)

1965: Three Important Programs Enacted

- Medicare
- Medicaid
- Older Americans Act (OAA)

"Every State and every community can now move toward a coordinated program of services and opportunities for our older citizens."

President Lyndon B. Johnson, July 1965

ACL Administration for Community Living

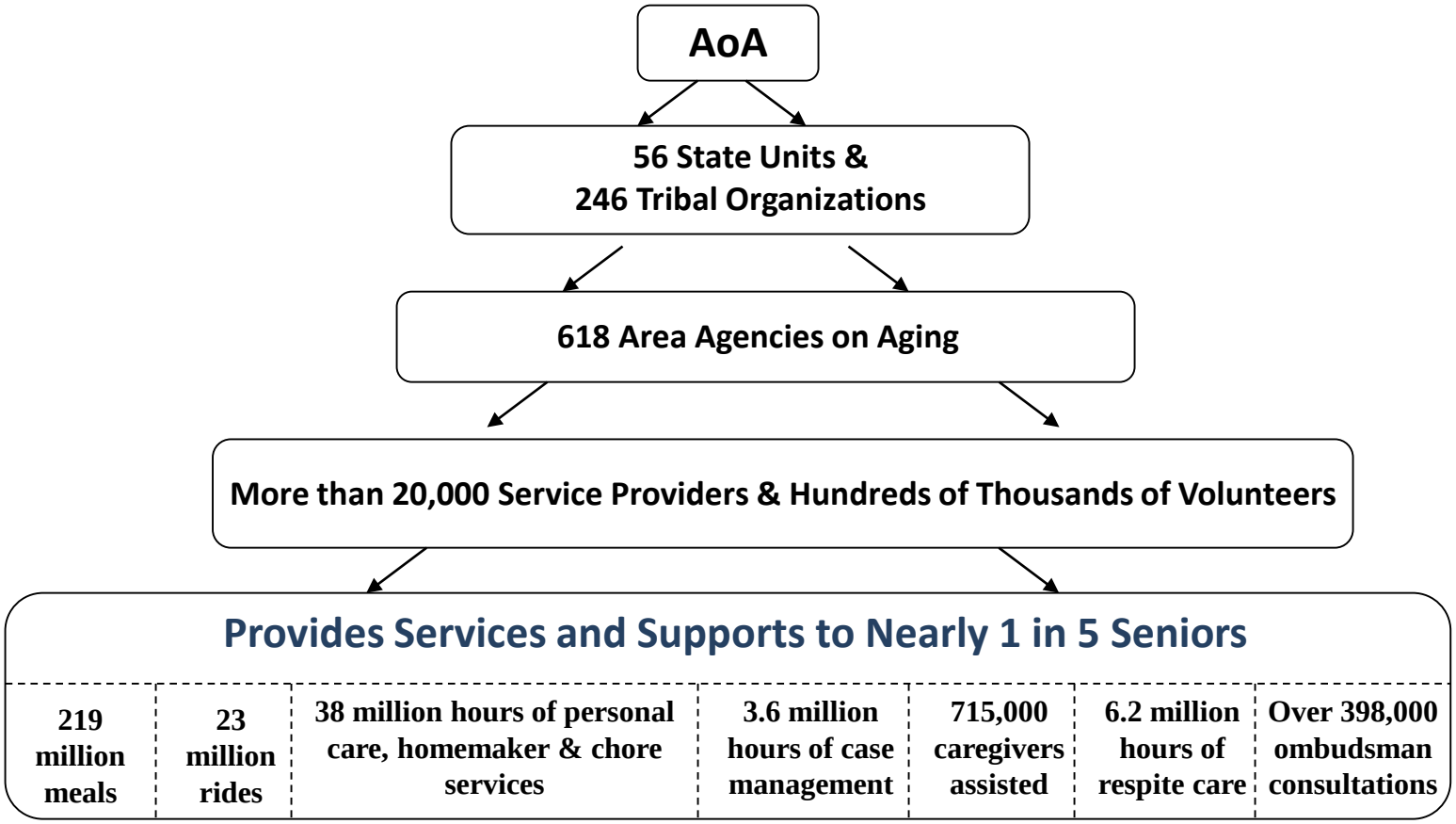
OAA Declaration Of Objectives - Title I

To Assure Older Americans:

- An adequate income in retirement
- Best possible physical and mental health
- Suitable housing
- Comprehensive long term care services
- Employment opportunities
- Retirement in health, honor & dignity
- Civic, cultural, educational and recreational opportunities
- Continuum of care for vulnerable elderly
- Benefits from research
- Freedom & independence to manage their own lives

The Older Americans Act, Administered by the Administration on Aging (AoA), Helps Nearly 11 Million Seniors *(1 in 5)* Remain at Home through Low-Cost, Community-Based Services

($3 to $1 Return on Federal Investment)



Administration for Community Living

The Older Americans Act

…assures that preference will be given to providing services to older individuals with ***greatest economic need*** *and older individuals with* ***greatest social need*** *with* ***particular attention to low-income older individuals****, including* ***low-income minority older individuals****, older individuals with* ***limited English proficiency****, and older individuals residing in* ***rural areas****.*

Who We Serve:

- Poor and Near Poor *(below 150% Poverty)*

- Frail and Vulnerable
  - Lives Alone; Diabetes; Heart Condition; Minority; Rural

- At Risk for ER visits & Hospitalization:
  - Over 92% of OAA Clients have Multiple Chronic Conditions
    - Compared to 73% of general older adult population (age = 65+)
  - 69% of Case Management Clients take 5 or more medications daily

- At Risk for Nursing Home Admission:
  - 40% of Home-Delivered Nutrition Clients have 3+ Activities of Daily Living (ADL) Impairments
  - 72% of Home-Delivered Nutrition Clients have 3+ Instrumental Activities of Daily Living (IADL) Impairments

Key Challenges

- Rapidly increasing demographics
- Increasing complexity of needs of individuals and families
- Referrals by the healthcare sector without sharing in the costs of care

Health & Independence:
Home & Community-Based Supportive Services

FY 2015 Service Data:

- 9.9 million hours of adult day care
- More than 3.6 million hours of case management
- 12.6 million calls answered for information about and assistance obtaining services
  - Augmented by National Eldercare Locator & Support Center
- Complemented by Evidence-Based Interventions:
  - Falls Prevention
  - Chronic Disease Self Management Education
  - Diabetes Self Management Training
  - Alzheimer's Disease Supportive Services
- Collaborating with Business Acumen Initiative to transform aging & disability grant recipients into strategic business partners with the healthcare sector

Targeting: Transportation Service Example

- More than half (53%) of seniors using transportation services rely on them for the majority of their transportation needs and would otherwise be homebound.
- Nationally, about 27% of individuals 60 and older live alone. In FY 2015, two-thirds (68%) of OAA transportation users lived alone.
- 14% of transportation riders take 10 or more daily prescriptions, increasing their safety risk of driving
- Nearly three-fourths of transportation clients have annual incomes at or below $20,000

ACL Administration for Community Living

Health & Independence: Nutrition Services

Congregate (Formula Grant): Meals at Group Sites, Such as Senior Centers

Home-Delivered (Formula Grant): Delivery of Meals & Related Services to Frail Seniors Who Are Homebound

Nutrition Services Incentives Program: Funds Awarded Based on # Meals Served in Previous Year

- Adequate nutrition is necessary for health, functionality and the ability to remain at home in the community.
- Provide Nutrition Services, Education and Counseling
- 60% of Home-Delivered & 52% of Congregate Nutrition Clients report the meal is half or more of their food for the day.
- OAA meals are nutritious and meet the needs of seniors with nutrition ameliorated chronic illnesses (diabetes, hypertension, congestive heart failure)
  - Provide 33% of Dietary Reference Intake
  - Adhere to the Dietary Guidelines for Americans.

- In FY 2015, Home-Delivered Nutrition Services provided 140 million meals to nearly 850,000 seniors.
- In FY 2015, Congregate Nutrition Services provided 79 million meals to nearly 1.6 million seniors in a variety of community settings.
- In FY 2015, nearly nine out of ten home-delivered meal clients reported that receiving meals helped them to continue to live in their own home.
- Researchers estimate that food insecure older adults are so functionally impaired it is as if they are chronologically 14 years older; a 65 year-old food insecure individual is like a 79 year-old person chronologically.

Caregivers: National Family Caregiver Support Program

Serving 715,000 Caregivers Annually

- Respite Care Services provided caregivers with 6.2 million hours of temporary relief from their caregiving responsibilities.
    - Coordinated with Lifespan Respite Care Program for systems development
- Access Assistance Services provided 1.15 million contacts to caregivers assisting them in locating services from a variety of private and voluntary agencies.
- 85% of caregiver clients indicate that without OAA services the care recipient would most likely be living in a nursing home or assisted living.
- 80% of all community-based long-term care is provided by family and friends.
- In 2014, approximately 34.2 million adult caregivers, or approximately 15 percent of all adults, provided uncompensated care to those 50 years of age and older.
- A 2014 study by the Rand Corporation estimates the economic value of replacing unpaid caregiving to be about $522 billion annually (cost if that care had to be replaced with paid services).

Protection of Vulnerable Elders

Long-Term Care Ombudsman

- 1,301 professional ombudsman and 7,734 volunteers:
  - monitor conditions,
  - investigate complaints,
  - represent resident interests;
  - made quarterly visits to 63% of nursing homes;
  - 26% of assisted living, board and care, and other facilities.
- Ombudsman handled 199,238 resident complaints, 74% were partially or fully resolved.
- Improved consistency with implementation of
  - Regulation (2015);
  - Reauthorization (2016);
  - Data System (2017)

Prevention of Abuse, Neglect & Exploitation

- A minimum 5 million elders are abused, neglected and/or exploited annually.
- Older victims of even modest forms of abuse have a dramatically higher (300%) morbidity and mortality rates.
- OAA focuses on training, education, and coordination with local law enforcement officials, community coalitions, and multidisciplinary teams.
- Elder Justice Act Implementation
  - EJ Coordinating Council
  - National Framework
  - National Center on Elder Abuse
  - National Adult Maltreatment Reporting System
  - APS Guidelines

Legal Services

- More than 933,000 hours of legal assistance were provided in FY 2015.
- Top Areas of Legal Assistance:
  - Income Security
  - Health Care Financing
  - Housing
  - Consumer Protection
  - Elder Abuse
- Enhanced training and technical assistance
- Proposed Data Collection

American Indian, Alaska Native, Native Hawaiian Programs

Purpose

- Promote the delivery of home and community-based supportive services, including nutrition services and support for family and informal caregivers, to Native American, Alaskan Native and Native Hawaiian elders.
- Help to reduce the need for costly institutional care and medical interventions; are responsive to the cultural diversity of Native American communities; and represent an important part of the communities' comprehensive services.
- Formula grants are allocated to Tribal organizations based on their share of the population aged 60+ in their services area. To be eligible for funding, Tribal organizations of federally-recognized Tribes must represent at least 50 Native American elders age 60 and over. There is no requirement for matching funds.
- After meeting program requirements, Tribal organizations have flexibility to allocate resources among the various activities funded by each program. Tribes may also decide the age at which a member is considered an elder and thus eligible for services.

Native American Nutrition and Supportive Services

- Grants provide funding to tribal organizations to fund a broad range of services to older Native Americans, including:
  - Congregate and home-delivered meals; Information and referral; Transportation; Personal care; Chores; Health promotion and disease prevention; and other supportive services.

Native American Caregiver Support Services

- Grants assist American Indian, Alaskan Native and Native Hawaiian families caring for older relatives with chronic illness or disability and grandparents caring for grandchildren. The program offers a variety of services that meet a range of caregivers' needs, including information and outreach, access assistance, individual counseling, support groups and training, respite care, and other supplemental services.

Administration on Disabilities (AOD)
Creating Change, Improving Lives

- Equipping individuals with disabilities of all ages with opportunities, tools and supports to lead lives of their choice in their community.

- Moving from:
  - Institutionalization
  - Isolation
  - Poverty/joblessness
  - Dependency

- To:
  - Community living
  - Inclusion & participation
  - Increased employment & financial well being
  - Independence & Self-Determination

Administration on Disabilities (AOD)

Coordinates disability programs authorized under:

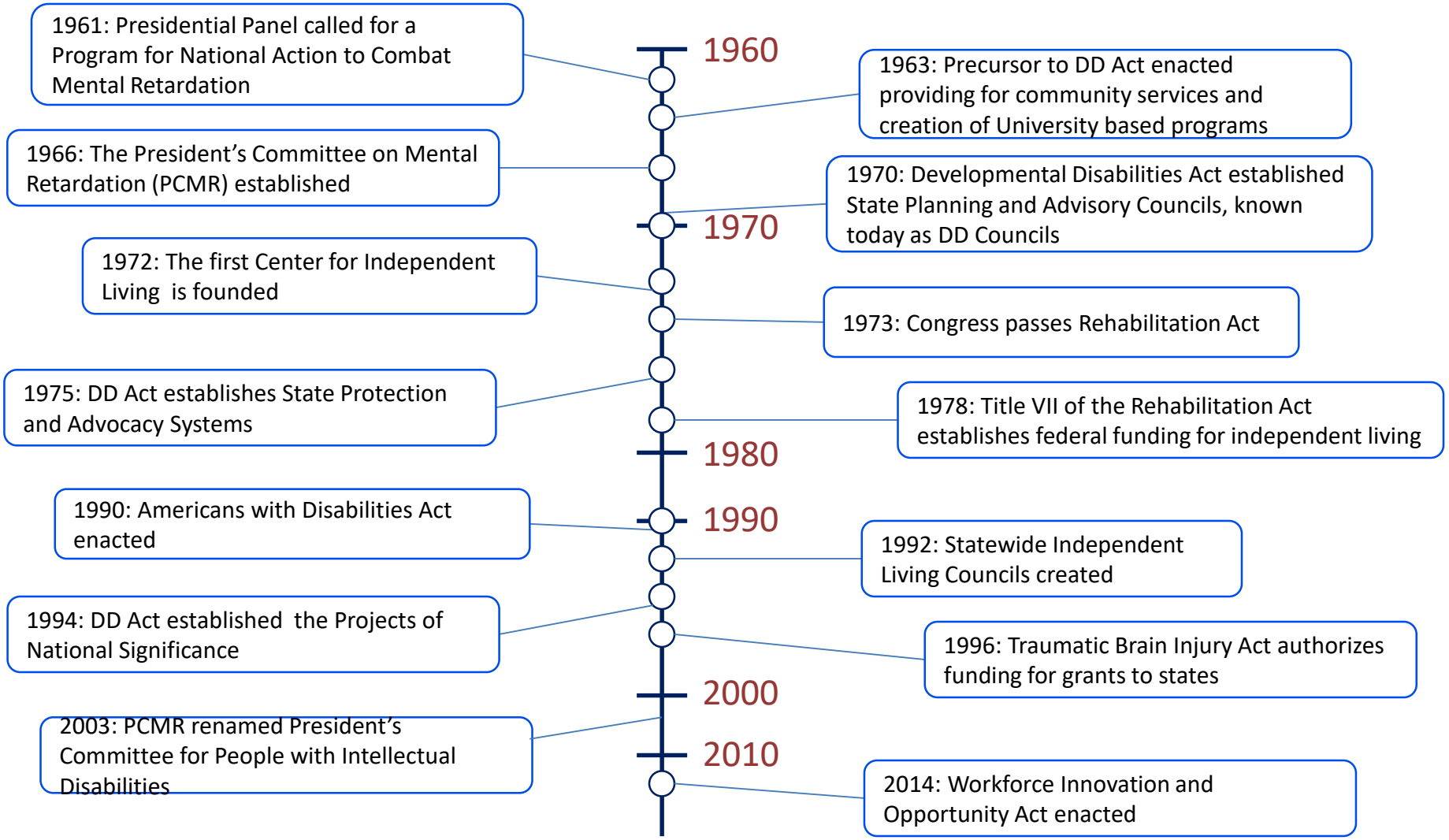
- Developmental Disabilities Assistance and Bill of Rights Act (DD Act)
- Title VII of Rehabilitation Act, as Amended by the Workforce Innovation and Opportunity Act (Rehab Act)
- Help America Vote Act (HAVA) Disability Provisions
- Assistive Technology Act (AT Act) Protection and Advocacy provisions
- Traumatic Brain Injury Act (TBI Act)
- Public Health Service Act (PHSA)

Supports the President's Committee for People with Intellectual Disabilities

Programs with shared principles

- Independence & Self-determination
- Rights & Responsibilities
- Community Integration & Active Participation
- Productivity & Economic Well Being

Historical Milestones



AoD Programs in the States

- State Level
  - 56 State Councils on Developmental Disabilities (DD Act)
  - 56 State Independent Living Councils (Rehab Act)
  - 19 Traumatic Brain Injury State Implementation Partnerships (TBI Act)
- Strategic Activities
  - Transforming fragmented approaches into coordinated and effective systems that support individuals with disabilities leading independent, productive, and integrated lives in the community.
  - The Ohio State DD and Independent Living Councils were the first to convene a joint business meeting to develop strategic priorities to address issues such as employment.

AoD Programs in the States

- Resources in the Community
  - 354 Centers for Independent Living (Rehab Act)
  - 57 Protection and Advocacy Systems (DD Act, HAVA, AT Act, TBI Act)
- Strategic Activities
  - Providing a range of services and supports to empower individuals with disabilities and promote independence and productivity.
  - The Tennessee DD and IL programs are collaborating to address issues at the community level related to youth transition to employment and/or post-secondary education opportunities.

AoD Programs in the States

- Connections to Universities
  - 68 University Centers for Excellence in Developmental Disabilities (DD Act)
  - 3 longitudinal data collection projects examining Medicaid spending, residential supports, and employment (DD Act)

- Strategic Activities
  - Building bridges through training, technical assistance, service, research, and information sharing to build capacity of states and communities to support all citizens
  - The Centers' services, research, and training have played key roles in developing best practices in many areas, such as early intervention, health care, community services, education, employment, housing, assistive technology, and transportation.

National Activities Creating Opportunities

- Paralysis Resource Center (PRC)
  - Operated by the Christopher & Dana Reeve Foundation; provides comprehensive information for people living with spinal cord injury, paralysis and mobility-related disabilities and their families.
- National Limb Loss Resource Center (NLLRC)
  - Operated by the Amputee Coalition; reaches out to and empowers people affected by limb loss to achieve their full potential through education, support, advocacy, and the promotion of limb loss prevention.
- Projects of National Significance (PNS)
  - Supports projects that address national needs, such as supporting families and employment of people with developmental disabilities, and enhancing the independence, productivity, inclusion, and integration of people with developmental disabilities.

National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)

Mission Statement

- To **generate knowledge** and to **promote its effective use** to improve the abilities of individuals with disabilities to perform activities of their choice in the community; and
- To **expand society's capacity** to provide full opportunities and accommodations for its citizens with disabilities.

The Basis of NIDILRR's Mission

- Congress finds that millions of Americans have one or more physical or mental disabilities and the number of Americans with such disabilities is increasing; individuals with disabilities constitute one of the most disadvantaged groups in society; **disability is a natural part of the human experience and in no way diminishes the right of individuals to live independently**; enjoy self determination; make choices; contribute to society; pursue meaningful careers; and enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society.

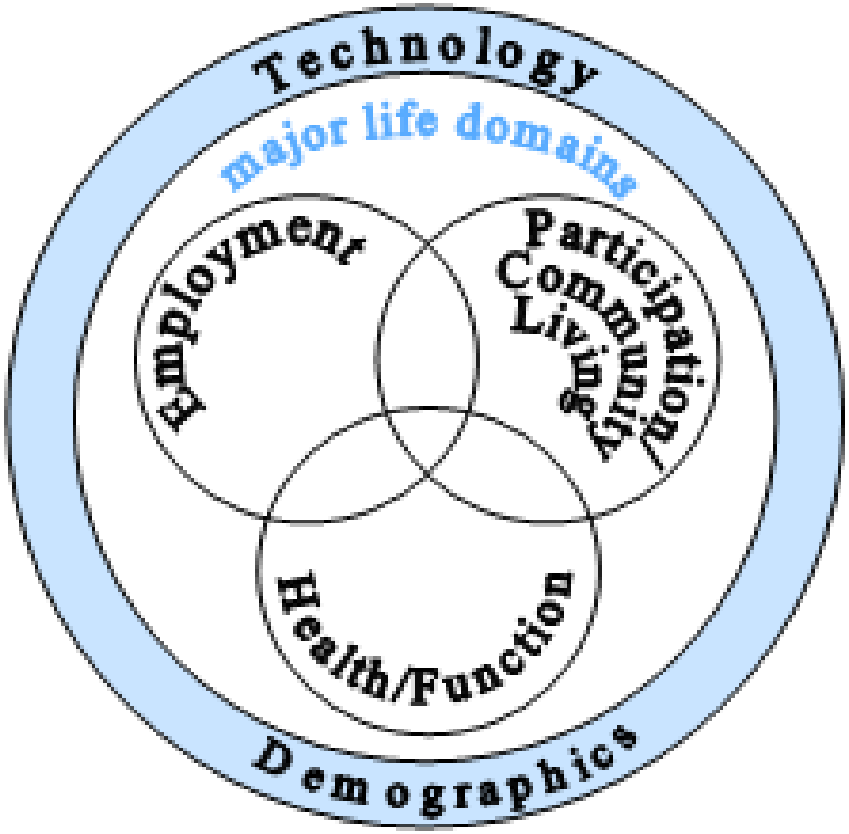
- Statutory Authority - 29 U.S. Code Section 701.

The Scope of Our Mission

NIDILRR funds -

- research and development grants on disability and rehabilitation across the life span and across disability categories, including physical, cognitive and sensory disability.
- knowledge translation grants to convert research findings into practical solutions for people with disabilities.
- capacity building grants to expand the pool of trained researchers and practitioners conducting research to improve outcomes and choices for people with disabilities.

Outcome Domains



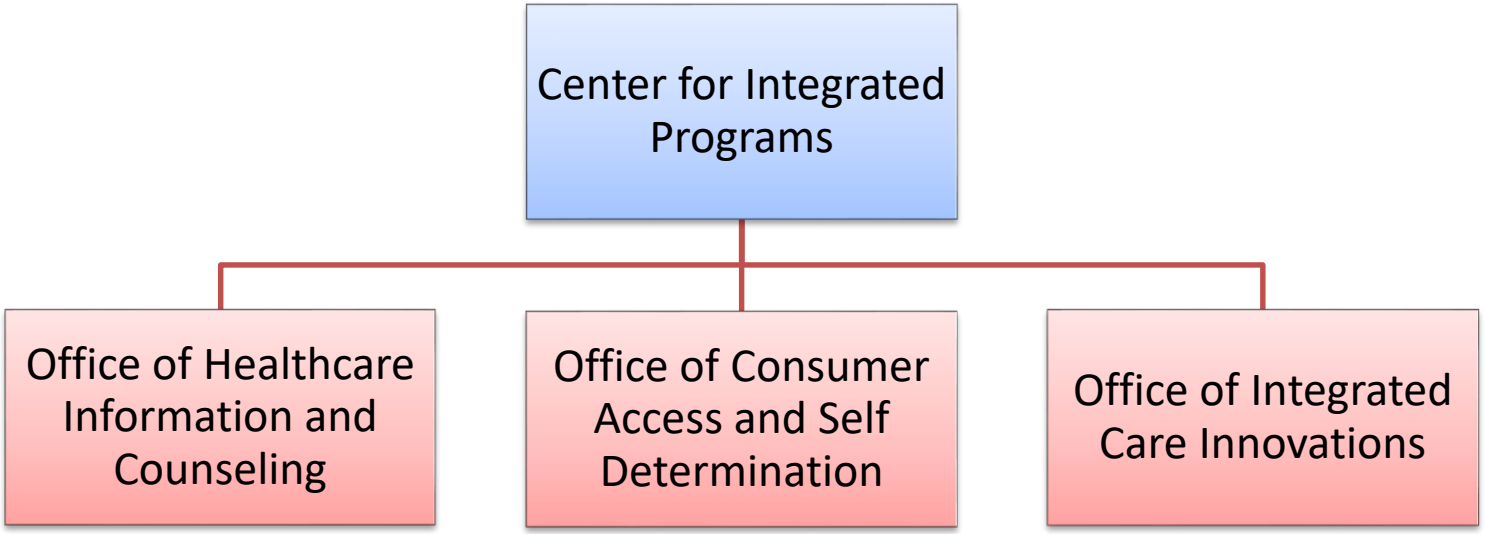
Strategic Investments

- Disability statistics and demographics
  - Development and implementation of common disability measures
  - Annual Compendium on Disability Statistics
- Improving individual access to the environment, technology, work, and community living
  - Universal design
  - Web access
  - Cloud computing

Strategic Investments

- Long-term rehabilitation outcomes
  - Spinal Cord Injury, Traumatic Brain Injury, and Burn Model Systems longitudinal databases
- Community living research
  - Accessible automated vehicles
- Employment outcomes
  - Return on investment of vocational rehabilitation services

Center for Integrated Programs (CIP)



This Center **bridges** the **aging and disability centers** and directs the programs that **address both portfolios**.

ACL Administration for Community Living

Office of Healthcare Information and Counseling

Focuses on Programs for Medicare Beneficiaries

Programs Led by OHIC

3

State Health Insurance Assistance Program (SHIP)	**Senior Medicare Patrol (SMP)**	**Medicare Improvements for Patients and Providers Act (MIPPA)**

Current Number of Grants

257

142 Formula Grants

115 Discretionary Grants

Issues / Opportunities

- **Continued MIPPA Funding**

  MIPPA Funds *($37.5 M)* were appropriated for FY 16 and FY 17 through the *Medicare and CHIP Reauthorization Act* (MACRA). Without action, the MIPPA program will be discontinued at the end of FY 17 *(grantees will have access to funds until 9/30/2018).*

Representative Results

- SHIPs have roughly **15,000 counselors** across the country and **served 3.1 M beneficiaries** in one-on-one sessions during CY 2016, 24% of whom were under 64
- Separate from the one-on-one contacts, SHIPs held nearly **98,000 outreach and media events** in 2016 spending **520,000 hours of counselor time**.
- In 2016, SMPs had nearly **5,800 team members** spending more than **390,000 hours of service** to the program. Their efforts reached **1.6 million people**.
- In addition, since 1997, SMPs have **saved $124 M** as documented by the OIG.

Office of Consumer Access and Self Determination

Focuses on programs that support states to deliver more cost effective and consumer driven services.

Programs Led by OCASD

6

-ADRC/No Wrong Door	-Veteran Directed-HCBS	-Assistive Technology
-Transportation	-Supported Decision Making	-Lifespan Respite

Current Number of Grants

242

112 Formula Grants

130 Discretionary Grants

Issues / Opportunities

- **Veteran Directed-Home & Community Based Services** (VD-HCBS) is positioned to continue to give choice and control to veterans to buy the services they need at the time they need them while being cost neutral or at a cost savings to VA. Currently 40% of all VA Medical Centers offer this program to Veterans, and VD-HCBS is expected to expand to 100% of VA Medical Centers by 2020.

  VA Medical Centers purchase VD-HCBS from Aging and Disability Network Agencies (ADNA) (e.g. AAAs, ADRCs, CILs, or SUAs). Currently there are 136 ADNAs across the country that deliver VD-HCBS.

Representative Results

Assistive Technology

- In 2015
  - **66,571 individuals** participated in 43,771 device demonstrations.
  - **50,706 recipients** acquired 64,617 reutilized devices through AT programs.
  - **71%** of the reuse device recipients indicated that they **would not have been able to afford the AT** if it were not for the reuse services.

VD-HCBS

San Diego VD-HCBS Program:

- Saw a **51% reduction in hospital admissions**, **25% reduction in Emergency Room visits**, and 20% of Veterans avoided a skilled nursing home admissions
- In 2 years, saved the VAMC **$1.6 million.**
- **100% of Veterans** reported improvement in quality of life.

Transportation

- 28 Community Teams are in the project
- A communication app was developed in Knoxville TN **enabling bus drivers and people with disabilities to improve communications**.
- In Ypsilanti, MI, PEAC is working with students with disabilities and SMART Bus, Southeast Michigan Regional Transit Authority to **help** targeted **groups access employment opportunities** through improved transit services.

Office of Integrated Care Innovations

Prepares state and community-based aging and disability organizations for roles in delivery system reform

Work Led by OICI

2

Business Acumen	Duals Demonstration TA Program

Grants

Two Business Acumen Grants

- Aging – "Learning Collaboratives for Advanced Business Acumen Skills"
- Disability – "Business Acumen for Disability Organizations"

Issues / Opportunities

- **Business Acumen Work**
  Working with private funders, ACL has led the effort to grow the business acumen of community-based aging (and, as of 2016, disability) organizations.

  The work demonstrates the potential success of public/private partnerships while ensuring that the local organizations have the resources they need to serve their populations.

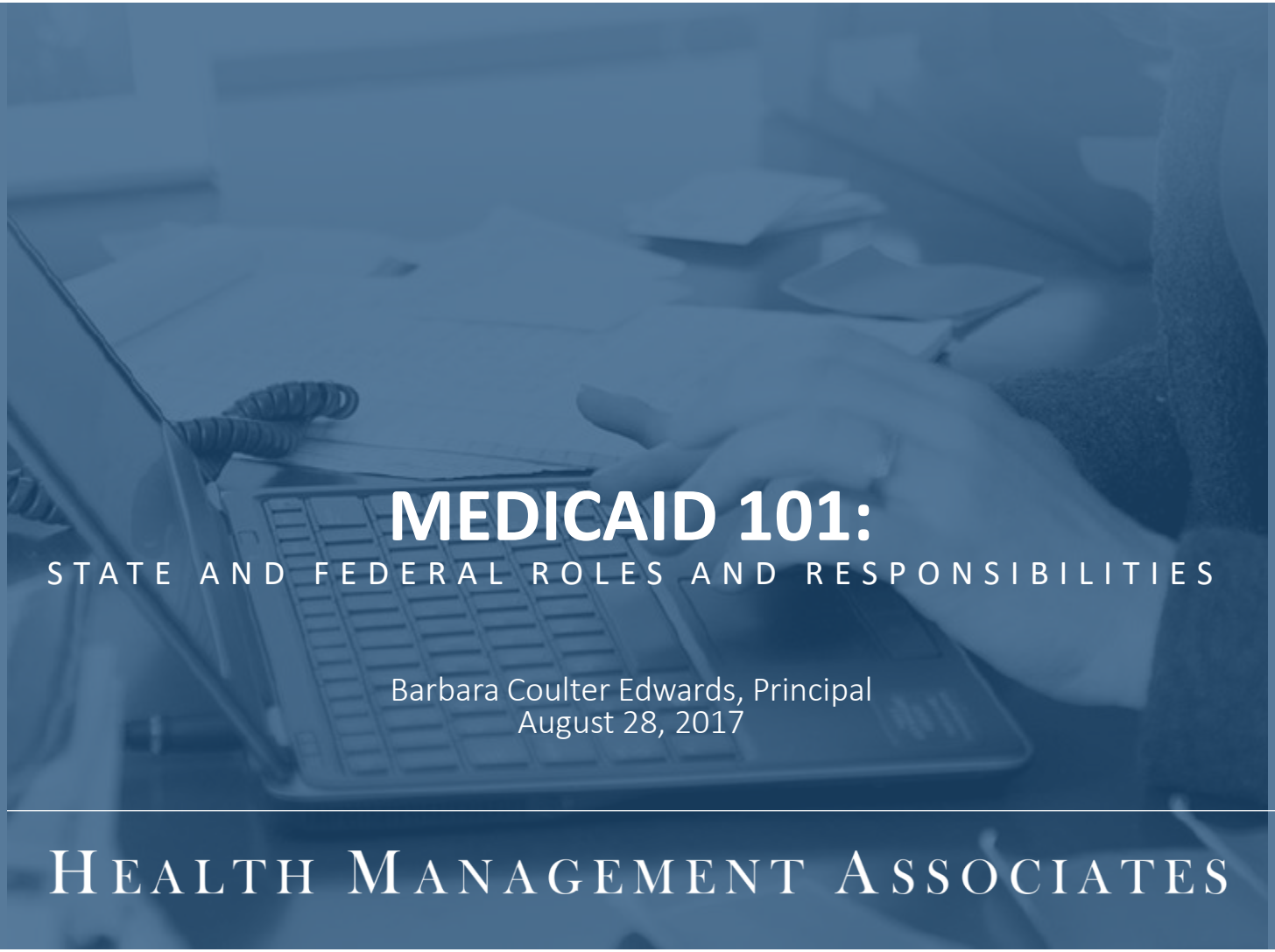
Representative Results – Business Acumen

- ***Network Locations (20 networks total):*** CA, FL, MI, MN, NY, PA, TX, IN, MA, MO, NH, OK, TN, VT, WA, and WI
- ***Contracts signed:*** 28 (with more under negotiation)
- ***Common services:*** Care transitions, in-home assessment and medication reconciliation, care coordination and navigation, and, evidence-based programs
- ***Common contracting organizations***: duals plans, Accountable Care Organizations, health plans, physician groups

ACL
Administration for Community Living

ACL Funded Resource Centers

- To provide training, technical assistance and to serve as national repositories of best practices, research, program enhancements and policies –
  - See www.acl.gov
  - Search for *National Resource Centers*
    - *Found at: https://www.acl.gov/node/495*

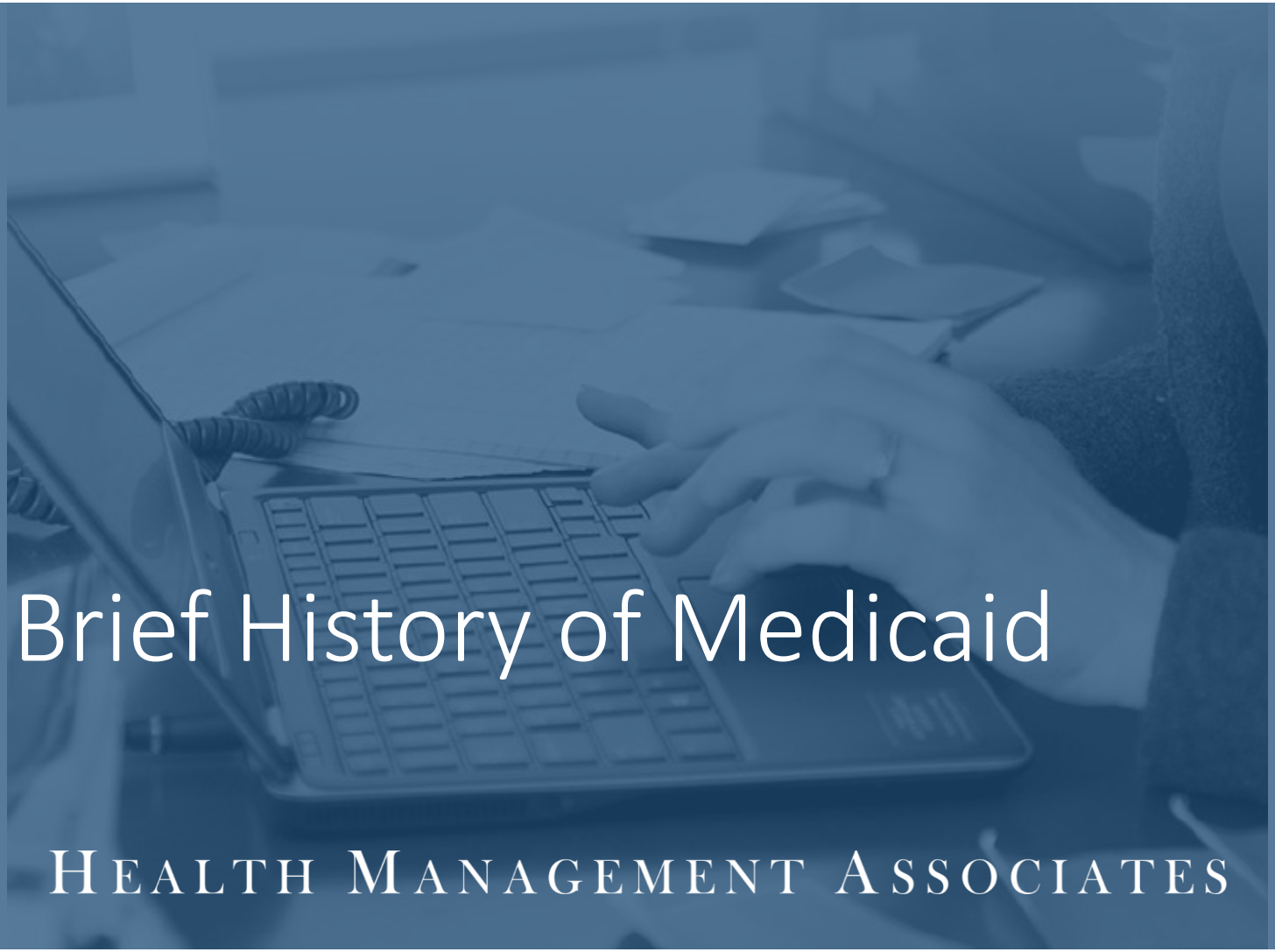


MEDICAID 101:

STATE AND FEDERAL ROLES AND RESPONSIBILITIES

Barbara Coulter Edwards, Principal
August 28, 2017

HEALTH MANAGEMENT ASSOCIATES



A Brief History of Medicaid

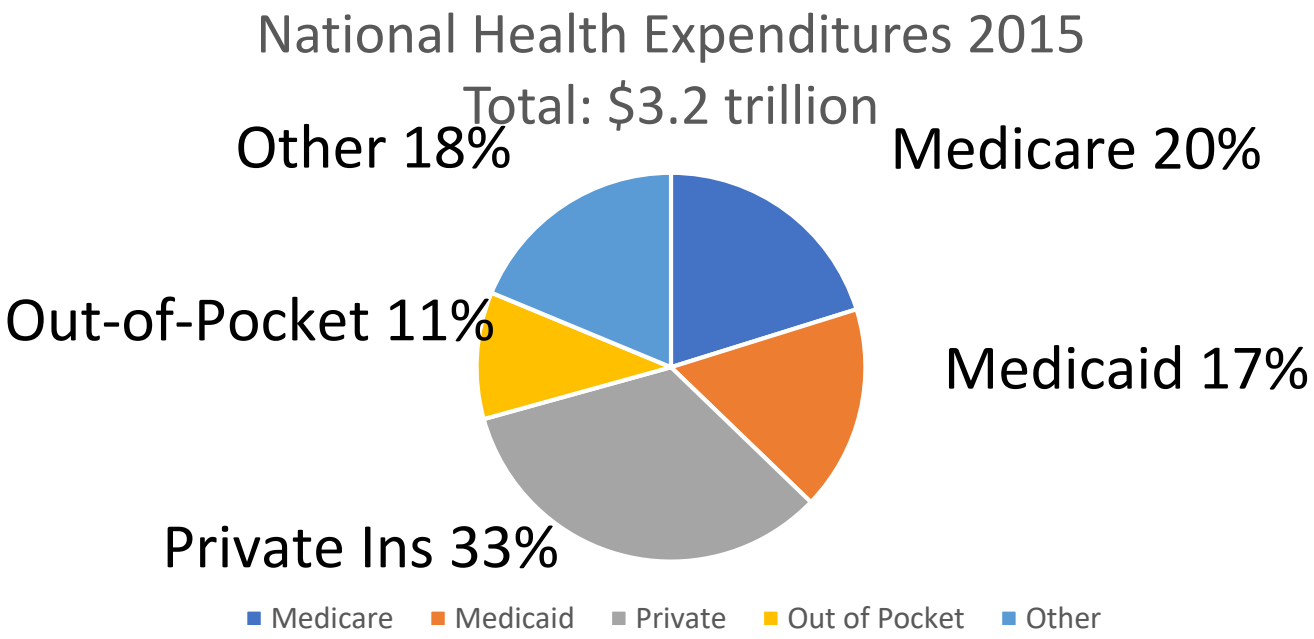
HEALTH MANAGEMENT ASSOCIATES

Social Security Act Amendments
July 30, 1965

Pathway through Social Security

1934	1940	1950	1960	1965
OASI enacted (Social Security) Proposals for NH Program to further the New Deal **Roosevelt: didn't endorse NH Program**	RI: asked to use SS funds to pay medical care "vendors" **Truman: campaigned for NHI**	Allowed vendor payments for categorically eligible SS Added "disabled" to SS (OASDI) **Created separate medical assistance match formula under SS** **Eisenhower: opposed NHI**	Medical Assistance for the Aging enacted (Kerr-Mills) **Kennedy: supported elder insurance** **Johnson: supported Medicare**	Medicare, Medicaid enacted

Medicaid Today: $ 553 Billion and Growing

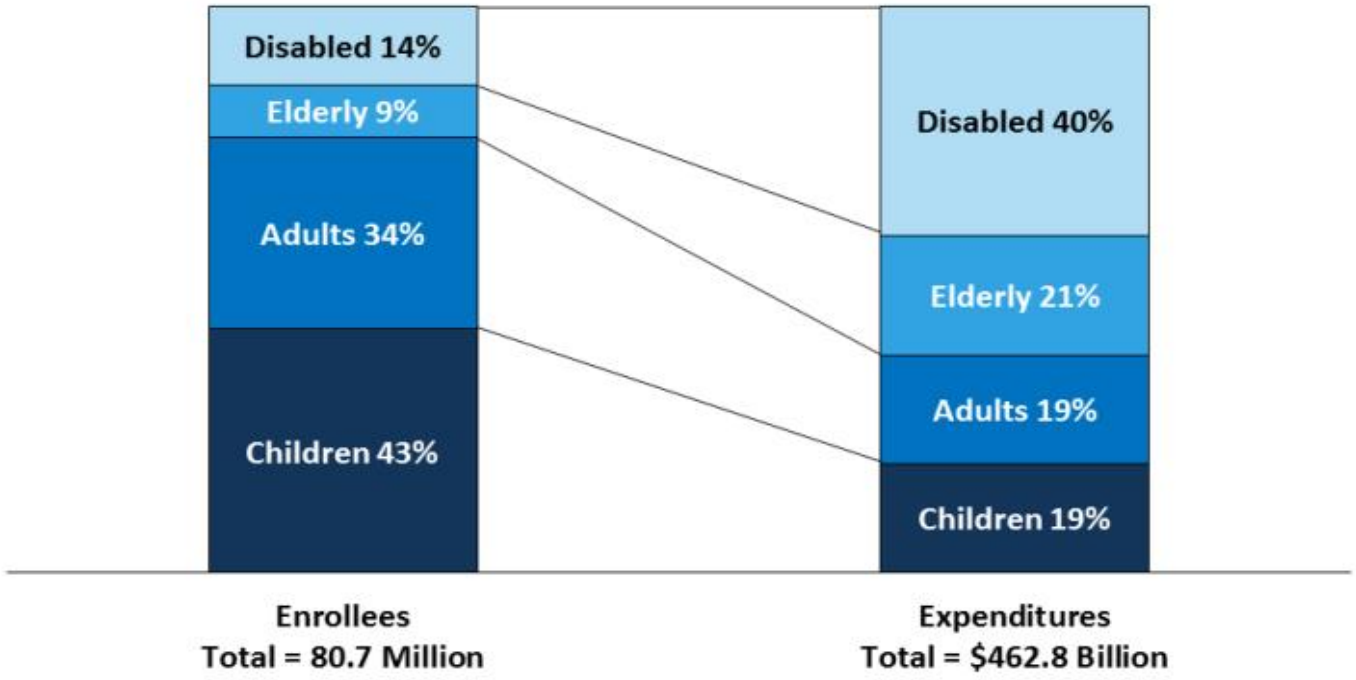


Source: CMS National Health Expenditures 2015; Kaiser Family Foundation

HEALTH MANAGEMENT ASSOCIATES

Figure 3

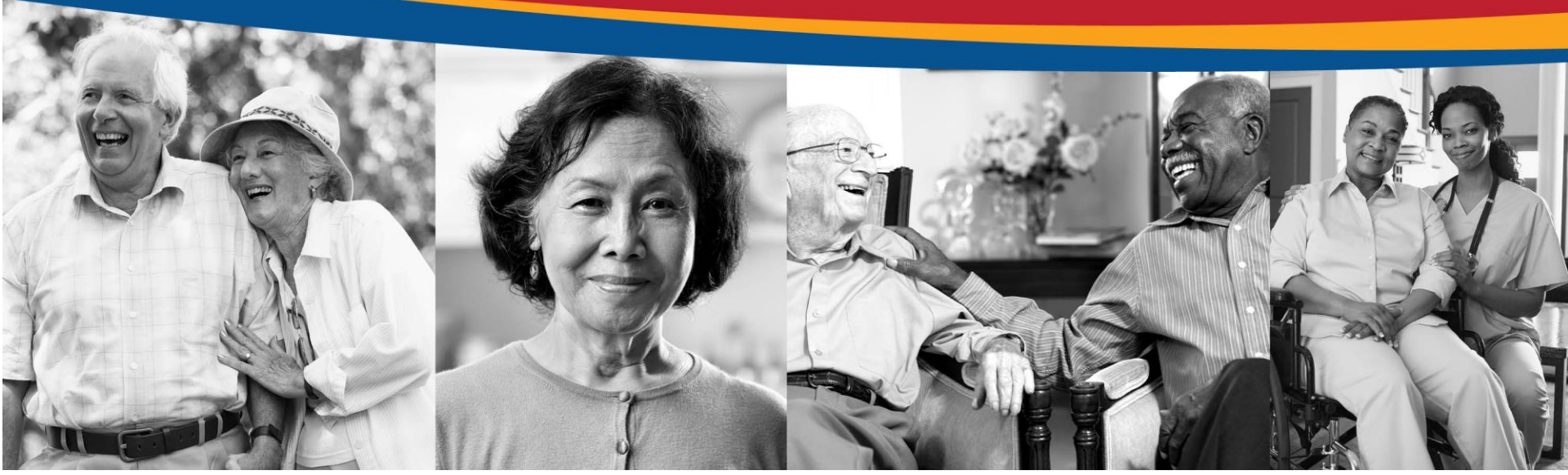
Distribution of Medicaid Spending by Eligibility Group, FY 2014



NOTE: Totals may not sum to 100% due to rounding.
SOURCE: KFF estimates based on analysis of data from the FFY2014 Medicaid Statistical Information System (MSIS) and CMS-64 reports. Because FFY2014 data was missing some or all quarters for some states, we adjusted the data using secondary data to represent a full fiscal year of enrollment.

Long-Term Care Ombudsman Programs: An Overview for State Directors

Louise Ryan, MPA,
Ombudsman Program Specialist, Administration for Community Living
August 28, 2017



This session will provide an overview of the following:

- Mission, History & Structure of the Long Term Care Ombudsman Program
- Role and functions of the Long Term Care Ombudsman Program
- Common resident issues
- Ombudsman data
- Partnerships

Program Description

A person-centered consumer protection service that resolves problems and advocates for the rights of individuals residing in:

- Nursing facilities
- Assisted living
- Board and care
- Other similar adult care
- facilities.

The OAA reauthorized in 2016 authorizes (LTC) Ombudsman programs to **serve all LTC facility residents, regardless of their age.**

Program Description

Each State has one State Long-Term Care Ombudsman who heads the "Office of the State Long-Term Care Ombudsman"

- The State LTC Ombudsman has the authority to designate representatives of the Office (staff and volunteers)

- Nationally, there are:
  1,300 FTE State LTC Ombudsman and staff
  7734 volunteers who are designated as representatives of the Office and
  3760 other volunteers

- Serving residents living in 16,403 nursing homes and 58,404 board and care & similar homes (potentially over 3 million Individuals based on bed capacity)
  Source: ACL/Administration on Aging, FFY 2015

LTC Ombudsman Program History

- 1970s--Nursing Home Ombudsman program created by US Commissioner on Aging Arthur Flemming as part of President Nixon's initiative to improve conditions amid reports of nursing home resident abuse.
- 1980s–LTC Ombudsman program expanded to serve residents of "board and care" and similar adult care facilities.
- 1992–LTC Ombudsman program part of new Title VII Elder Rights Title of OAA.
- 2000–LTC Ombudsman service to residents of "assisted living" expressly included.

Since inception:

- Envisioned as an autonomous entity able to represent consumer interests.
- Challenges to full implementation due to bureaucratic structures and/or political environment of many states.
- **Regulations** were not published to fully implement the program and provide consistent level of consumer protection across states until 2015.

"Our nation has been conducting investigations, passing new laws and issuing new regulations relative to nursing homes . . . .

If the laws and regulations are not being applied to [the individual], they might just as well not have been passed or issued."

- *U.S. Commissioner on Aging Arthur S. Flemming, 1976*

Case Example - George

George, a vigorous 83 year old man, falls from a horse trailer 400 miles from home and sustained serious injuries. While hospitalized he had a stroke increasing his care needs.

- Challenges: (1) how to pay for care; (2) finding a nursing facility close to home and (3) how to return home.
- State & Local Ombudsmen worked to help George find local nursing home options. He was happy with this as it is close to home and his wife and dog can visit.
- Outcome: Three weeks later, George's wife calls the State Ombudsman to report that George is home. He rallied, is eating pureed food, gaining strength and with support from his doctor returned home with supportive services. **His wife believes the LTC Ombudsman program has saved his life.**

LTC Ombudsman Functions: OAA Section 712

Identify, investigate, and **resolve complaints** that—

- are made by, or on behalf of, residents; and
- relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents . . . of—
  - (I) providers, or representatives of providers, of long-term care services;
  - (II) public agencies; or
  - (III) health and social service agencies

Inform the residents about means of obtaining services

Ensure that the residents have **regular and timely access** to the services . . .and that the residents and complainants receive timely responses . . . to complaints

LTC Ombudsman Functions (continued)

Represent the interests of the residents before governmental agencies and **seek administrative, legal, and other remedies** to protect the health, safety, welfare, and rights of the residents

Analyze, comment on, and **monitor the development and implementation of** Federal, State, and local laws, regulations, and other **governmental policies and actions**, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care

Recommend . . . changes in such laws, regulations, policies, and actions

National Ombudsman Resource Center

- ACL Cooperative Agreement with the National Consumer Voice for Quality Long-Term Care provides:
  - Specialized training and resources to Long-Term Care Ombudsman programs
  - Ombudsman program contact information at state and county levels
  - Volunteer management training and technical assistance;
  - Training on strategies to combat illegal evictions;
  - Training and technical assistance on the final rule for State Long-Term Care Ombudsman Programs

- Locate an Ombudsman Program at:
  - http://theconsumervoice.org/get_help

Role of State Units on Aging

- OAA grants to States for aging services include funds/requirements related to operation of the LTC Ombudsman program.
- The State agency must establish and operate (directly or by contract or other arrangement) an Office of the LTC ombudsman.
- The State agency must ensure that Ombudsman programs have:
  - Access- to **residents, facilities and resident and facility records**
  - Procedures for **access to residents and records** in accordance with the OAA and procedures
  - Procedures for the **disclosure of records** –the files and records may be disclosed only at the discretion of the Ombudsman; and **prohibit the disclosure of the identity of any complainant or resident** unless—
    - the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure or
    - the disclosure is required by court order.

Role of State Units (continued)

Ensure that Ombudsman Programs have:

- A **statewide uniform reporting system** to— collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and
- Mechanisms to identify and remove **conflicts of interest;** these procedures are specified in writing
- **Legal counsel**:
  - to provide advice and consultation needed to protect the health, safety, welfare, and rights of residents;
  - assist the Ombudsman and representatives of the Office in the performance of the official duties ;
  - legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought
  - legal, and other appropriate remedies on behalf of residents.

Role of State Units (continued)

The State agency shall:

- Require the Office to:
  - prepare an **annual report**
  - provide such **information** as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding— the problems and concerns of older individuals residing in long-term care facilities; and
  - **make recommendations** related to the problems and concerns.
- Ensure that:
  - **willful interference** with representatives of the Office in the performance of the official duties **shall be unlawful**;
  - **prohibit retaliation** and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office; and
  - **provide for appropriate sanctions** with respect to the interference, retaliation, and reprisals.

Where are State Ombudsman Programs Housed?

In State Unit on Aging (37 states; 2 territories)

In Independent SUA:
Alabama, California, Florida, Idaho, Illinois, Iowa, Louisiana, Maryland, Massachusetts, Minnesota, Ohio, Pennsylvania, Puerto Rico, South Dakota, Tennessee, New Mexico, Virginia, West Virginia

In (or attached to) SUA inside umbrella agency:
Arizona, Arkansas, Connecticut, Georgia, Guam, Hawaii, Indiana, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, North Dakota, Oklahoma, South Carolina, Texas, Utah, Wyoming

Elsewhere in state government (7 states)

Alaska, Delaware, Kansas, New Hampshire, New Jersey, Oregon, Wisconsin

In non-profit advocacy agency (7 states; DC)

District of Columbia, Colorado, Kentucky, Maine, Michigan, Rhode Island, Vermont, Washington

Program expansion

14 States:

LTCO programs are authorized under State authority to expand services to individuals receiving long-term services and supports in:

- In their own home settings,
- Through Medicaid waivers, and/or
- Through Medicaid/Medicare demonstration projects for dually eligible beneficiaries*

Alaska, District of Columbia, Idaho, Indiana *Illinois, Maine, Minnesota,*Ohio, Pennsylvania, Rhode Island, Vermont, *Virginia, Wisconsin Wyoming

Strengths of the Ombudsman Model

- Person-centered: focus is on resident's goal and perspective
- Flexibility in working towards resolution
- Resolution at lowest level often without additional intervention:
  - can result in quicker outcome for the resident
  - can save regulatory and legal resources
- Engagement of community: use of volunteers and local Ombudsman entities
  - Note: use of volunteers and/or local Ombudsman entities varies by state
- Residents' individual complaints and interests are translated into systems advocacy and policy-level solutions

Preventative service

In addition to working to resolve individual-level complaints, LTC Ombudsman programs work to prevent problems from occurring. Their approaches include:

- unannounced visits to facilities by staff and volunteers - **27,559** nursing facilities and board and care settings received **quarterly visits**;
  - **67%** of all nursing homes and
  - **27%** of all board & care homes;
- support the work of resident councils and family councils - attending **22,281 resident council** meetings and
- **2,073 family council** meetings;

Preventative service

- serve as a credible source of information related to long-term services and supports for residents, their families and other representatives, as well as for facility staff - providing over **520,270** instances of information and assistance;
- Trained long-term care facility staff - **5,054** sessions;
- Educated the community - **10,821** sessions.

The National Ombudsman Reporting System (NORS) data can be found on http://www.agid.acl.gov/ and

http://ltcombudsman.org/omb_support/training/nors

A successful ombudsman program has: credibility

- An ombudsman's most valuable asset
  - cannot enforce regulations or withhold funds
- Knowledgeable
- Protects the confidentiality of identity and information of individual residents and complainants
- Fair (though OAA makes it clear that role is not as neutral, but as resident advocate)
- Develop relationships of respect with providers and other agencies, and
- Has no conflicts that compromise a focus on the resident's rights and interests

Living with the inherent tensions within the aging & disability tent:

The LTC Ombudsmen experience:

- The interests of elder rights advocates often conflict with the interests of service providers;
- To succeed, the Aging Network must be explicit about its roles and clarify its boundaries;
- It's not personal, it's systemic – the OAA creates both service providers and advocates;
- Persons receiving LTC services & supports need leaders to embrace, not fear, their advocacy mandate under the OAA.

Final rule published for State Long-Term Care Ombudsman Programs - 45 CFR Part 1324

The rule addresses:

- ✓ Responsibilities of key figures in the system, including the Ombudsman and representatives of the Office of the Ombudsman;
- ✓ Criteria for establishing consistent, person-centered approaches to resolving complaints on behalf of residents;
- ✓ Conflicts of interest: processes for identifying and remedying conflicts so that residents have access to effective, credible ombudsman services and
- ✓ Appropriate role of LTC Ombudsman programs in resolving abuse complaints.

Goal – to support person-centered, effective and credible Ombudsman programs and services.

- ✓ Effective on July 1, 2016, ACL is providing technical assistance to states to come into compliance.

http://www.ecfr.gov/cgi-bin/text-idx?SID=c548b510671902a6a8b4fa7497999c67&mc=true&tpl=/ecfrbrowse/Title45/45cfr1324_main_02.tpl

LTC Ombudsman Program as an Elder Justice Service

- LTC Ombudsman programs investigate and work to resolve abuse, neglect, and financial exploitation complaints for/with the consumer
  - worked to resolve over 15,933 abuse, neglect, exploitation complaints for/with abuse survivors (FY 15)

- Person-centered complaint resolution for abuse survivor

  - not the official abuse investigators (i.e. determining whether abuse occurred for criminal, protective or regulatory action)
  - OAA disclosure limitations: LTC ombudsman programs are not mandated abuse reporters (if resident does not want issue reported)
  - LTCOP rule provides guidance when a resident is not able to consent and has no representative
  - coordinate with official abuse investigators for person-centered resolution as permitted (e.g., law enforcement, licensing and survey, adult protective services)

Some Key Distinctions between LTCO and APS

	LTC Ombudsman Program	Adult Protective Services
Mission	-Resolve complaints to satisfaction of the resident -Improve the quality of care and quality of life of residents	-Stop abuse, neglect and exploitation; -Protect the victim
Role of individual self-determination	Resident-directed advocate; represents resident interests	Stress victim self-determination, but protect victim even if not consistent with individual wishes
Abuse, neglect, exploitation	-Respond to any resident-related complaint (ACL provides 119 complaint types) -8% abuse/neglect/exploitation, 2014	Respond to reports of abuse, neglect, exploitation (and self-neglect in some states)
Purpose of "investigation"	RESOLVE: <u>-Not</u> the official finder of fact; do not "substantiate" abuse -"Verify" to determine whether sufficient information to continue toward resolution -Gather information in order to resolve the problem, not for any legal proceeding	DETERMINE: -Official finder of fact -Determine whether reported allegation occurred -Many states use the term "substantiate" -If determined, case often referred to law enforcement for prosecution
Systems-level advocacy	Older Americans Act requires.	Not a responsibility (may be prohibited by state law)

The case of the missing guardian

- Nursing facility unable to reach the private, professional guardian for 15 residents
- The Ombudsman program visited the residents, several of whom were able to be interviewed.
- The guardian had moved hundreds of miles away and was failing to fulfill her duty to meet resident needs.
  - Some residents **owned no shoes;** some **could not access their personal funds or had missing funds;** and the **guardian was not participating in resident care plans.**
  - The Ombudsman program **identified similar situations with the same guardian** while visiting another nursing facility.
  - Residents in both facilities were at **risk of losing Medicaid eligibility** and of discharge for non-payment.
  - The Ombudsman program notified the judge who had appointed the guardian and filed complaints with the Judicial Branch Certification Commission (JBCC), which certifies private, professional guardians.

The case of the missing guardian

- The Ombudsman program provided needed evidence as the investigation proceeded and persistently followed up to ensure the investigation did not slip through the cracks as the compliance investigator changed.
- **Assuring facility management that the Ombudsman program was tracking the case was essential to protecting the residents from discharge**, for which the facilities had a valid reason to give 30 day notice.
- Upon request of the judge, the Ombudsman program convened a meeting of stakeholders to develop options for the residents.
- Ultimately, the court, **based largely on Ombudsman program evidence, replaced the guardian,** put in place **more limited guardianship orders, and/or fully restored the rights of each resident.** The JBCC imposed a **penalty on the guardian and refused to renew the guardian's certification**. Referral was made to the district attorney for consideration of criminal prosecution of the guardian.
- **After ten months of intensive work, the residents' financial and personal situations were stabilized**. Residents had their basic needs met and were able to access their own money; and the facilities were being paid, resolving the risk of discharge.

Complaint Processing

- Completed work on 129,559 cases
  - regarding 199,238 complaints (specific issues)
  - 74% were partially or fully resolved to the satisfaction of the resident

- Nursing facility-related: 72%
- Board and care/assisted living-related: 26%
- Other settings: 2%

Top Five Complaints FY 2015

Nursing Homes

- ✓ Discharge/eviction
- ✓ Failure to respond to request for assistance
- ✓ Not being treated with dignity or respect
- ✓ Medications – administration, organization of
- ✓ Resident conflict

Board & Care

- ✓ Medications– administration, organization of
- ✓ Food service
- ✓ Discharge/eviction
- ✓ Not being treated with dignity or respect
- ✓ Equipment/building issues

Troubling problem of eviction

Causes:

- Increased complexity of residents' needs, especially with regards to supporting individuals with dementia or persons with other behavioral health needs, which require additional staff training to learn best approaches.

- Inappropriate placement in institutional settings, rather than community based settings with supportive services.

- The lack of affordable housing along with limited waiver benefits for mental or behavioral health needs continues to challenge many states. The inappropriate placement and subsequent eviction often leads to a lengthy hospital stay in spite of the hospital's efforts to find appropriate housing, serves and supports.

- Family and resident lack of understanding of Medicaid requirements which has made some nursing home residents ineligible and therefore lacking a payment source; or

- Financial exploitation, where a responsible party chooses to not pay the bill.

Media attention - evictions

"What if you had to go to the hospital, and when it came time to return home, your landlord said you couldn't move back in? Across the country, thousands of nursing home residents face that situation every year."

Lead in a recent National Public Radio story of a California man who stayed in a hospital for many months because his nursing home refused to readmit him (Jaffe 2016).

- NPR "This is not just a California issue. Nationwide, between 8,000 and 9,000 people complain to the government about nursing home evictions every year. It's the leading category of all nursing home complaints, according to the federal Administration for Community Living."

https://www.nytimes.com/2017/01/27/health/nursing-home-regulations.html?_r=0

- Excerpts: ". . . Long-term-care ombudsmen report frequent complaints of "dumping": A nursing home sends a resident, often someone whose dementia causes problematic behavior, to a hospital. Then, after she is discharged, the home won't readmit her…"

Systems level strategies to combat evictions

- In response to these complaints, Ombudsman programs undertake strategies to prevent involuntary discharges, including:
  - seeking legislative and regulatory changes,
  - promoting coordination among agencies responsible for serving people who need LTSS and behavioral health services,
  - working with the state Medicaid agency to reduce barriers for individuals applying for Medicaid, and
  - referring complaints to the state licensing and certification agency regarding improper discharge planning.
  - training hospital discharge planners.
  - One Ombudsman successfully requested the state legislature to create a “discharge specialist” to thoroughly address each discharge notice received, enabling focused attention to residents and their families and assisting with appeals and other remedies.

LTC Ombudsmen as Partners

Ombudsmen recognize that systems change requires partnerships:

Common Partners include:

- ✓ Protection & Advocacy Systems to address improvements to laws & regulations, develop reports and participate on task forces on abuse and neglect, facility closures, conduct joint investigations.

- ✓ Regulatory and providers - often partner on training and to promote initiatives such as reducing inappropriate use of antipsychotic medications in nursing homes. May work with regulatory to improve laws and regulations.

- ✓ Centers for Independent Living to coordinate nursing home transitions, sometimes as part of Money Follows the Person

LTC Ombudsmen as Partners (continued)

Common Partners include:

- ✓ "Senior Lobby" or "Silver Haired Legislature" associations – partner on legislative and policy issues that impact older adults, including long-term care services and supports

- ✓ Statewide Resident Council Associations (in a few states) – quality of facilities, especially nursing homes, increase of personal needs allowance

- ✓ Developmental Disability Councils – addressing systems issues such as closures of state operated Intermediate Care Facilities for IADD, guardianship and health care decision making policy, access to community supports and services

Systems Advocacy - Partnerships

- Participation in multi-disciplinary task forces to develop comprehensive strategies to prevent and respond to abuse, neglect and exploitation.

- Recommending laws and government actions to improve on the services provided in long-term care facilities, including consumer protections such as the development model disclosure standards to assist individuals to compare services prior to admission to a facility.

- Training of facility staff on abuse and neglect prevention, resident rights and chemical and physical restraint reduction practices.

Partnership example

Often we receive calls from the facilities regarding residents receiving mental health services who are having behavioral health incidents. The facility staff frequently lack appropriate training to de-escalate the behavior and as a last resort will initiate discharge paperwork. We have worked with the regulatory agency to establish a Resident Care Committee to discuss and address issues related to the residents and facility staff. We have used this forum to speak to inadequate staff training. This has resulted in strengthened regulations on the required training for staff, dialogue with mental health on training needs, as well as training provided by mental health professionals. This is slowly resulting in decreased calls related to discharge due to behavior health incidents.

Case Example – Mr. T

Mr. T., asked the Ombudsman to “help me get my wheels back.” He stated that due to a physical condition, he could not maneuver his motorized wheelchair safely. The nursing home had concerns about “his driving” and their solution was to remove the power chair and replace it with a manual wheelchair. The Ombudsman worked with facility staff to problem solve and agreed to secure a smaller motorized wheelchair that was easier to steer. On a follow up visit with the resident, he told the Ombudsman “Don’t you love my sporty new chair? Now I can go all over the place again- I’m thrilled!”

The Long-Term Care Ombudsman Program . . .

"serves a vital public purpose. Every year the Long-Term Care Ombudsman Program helps many thousands of individual residents …[and] the program can justly claim to have improved the system of long-term care services."

- Institute of Medicine, 1995

Additional Resources

National Ombudsman Resource Center – www.ltcombudsman.org

Videos on the LTC Ombudsman Program –

Connecticut – Voices Speak Out Against Retaliation
http://www.youtube.com/watch?v=feoQjlW3_bc

Washington State LTC Ombudsman Program
http://www.youtube.com/watch?v=20rzmCSDXU0

Ohio – the LTC Ombudsman Stepped Up for Me
http://www.youtube.com/watch?v=UI0G-G6U_ac

New York
http://www.youtube.com/watch?v=Ylb9LrKtYZQ

Contact:

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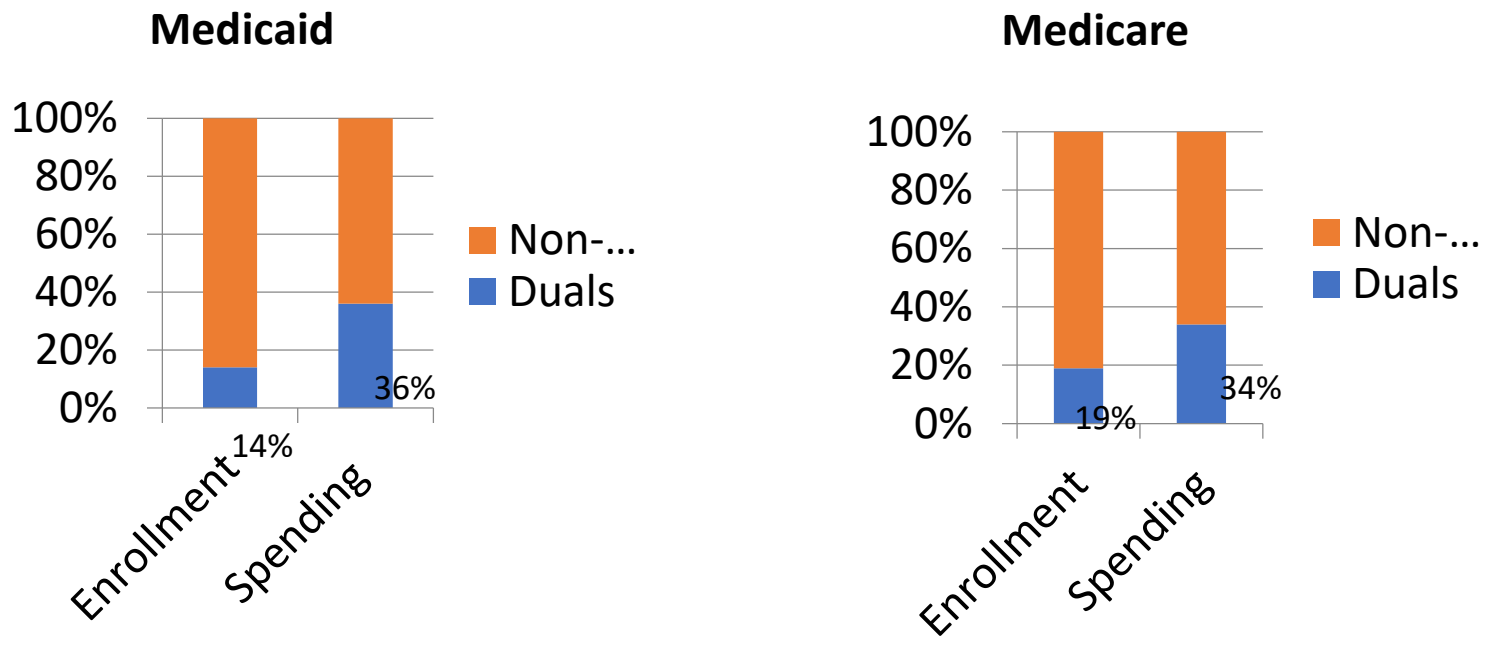
(206) 615-2415

More information at:

https://www.acl.gov/node/68

Dually eligible population drives significant spending, complicating state ability to manage program costs



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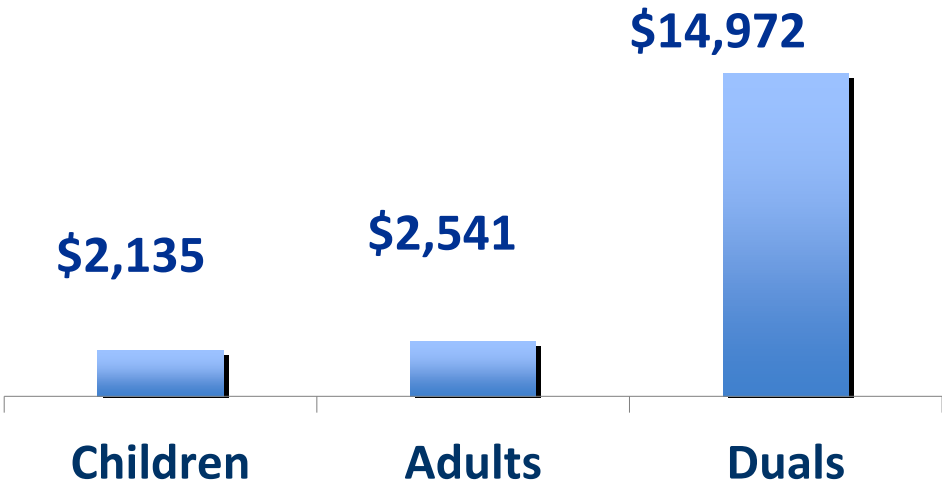
Medicaid Spending by Population Group



Source: CMS data and Urban Institute analysis of data from MSIS and CMS Form 64, prepared for Kaiser Commission on Medicaid and the Uninsured, 2010. Kaiser Family Foundation-State Health Facts, FY 2007.

Medicaid Governance

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Medicaid: A Federal/State Partnership

- Federally authorized, State administered
- Federal mandates and state options regarding eligibility, benefits, reimbursement
- Income based “entitlement” for *targeted* low income people
- Federal reimbursement, match 50% - 73% (CHIP match 65% - 81%)
- Federal financing is not capped – growth is tied to the growth of state expenditures

State Administration and Program Design

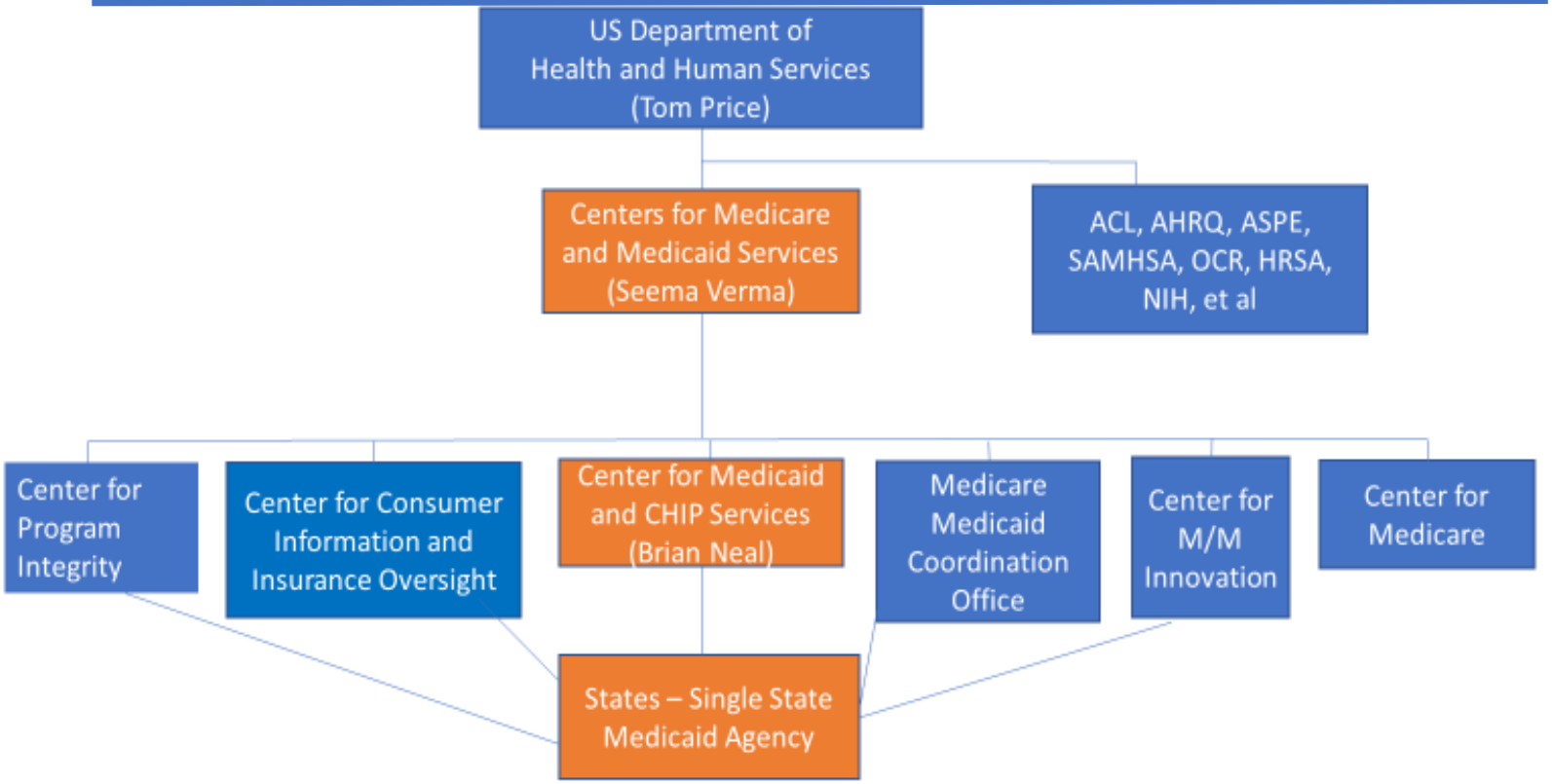
- Federal mandates (populations, benefits)
- Federal framework on program design
  - Statewideness, comparability, free choice of provider, etc.
- Significant state flexibility
  - Participate or not
  - Optional populations, benefits
  - Approach to reimbursement, provider scope of practice, delivery design
- Complex, massive regulatory framework around mandates and options

Governance of Medicaid

- Each State Plan is unique
- Single State Agency files State Plan for approval by federal Centers for Medicare and Medicaid Services (CMS)
  - State Plan Describes eligibility, benefits, reimbursement, use of managed care or other delivery systems
- Secretary of HHS has discretion to waive Medicaid/CHIP requirements and negotiate Terms and Conditions to govern demonstrations or alternative models of eligibility, service design, and delivery
  - Section 1915(c)
  - Section 1915 (b)
  - Section 1115

Medicaid: The Silent M in CMS

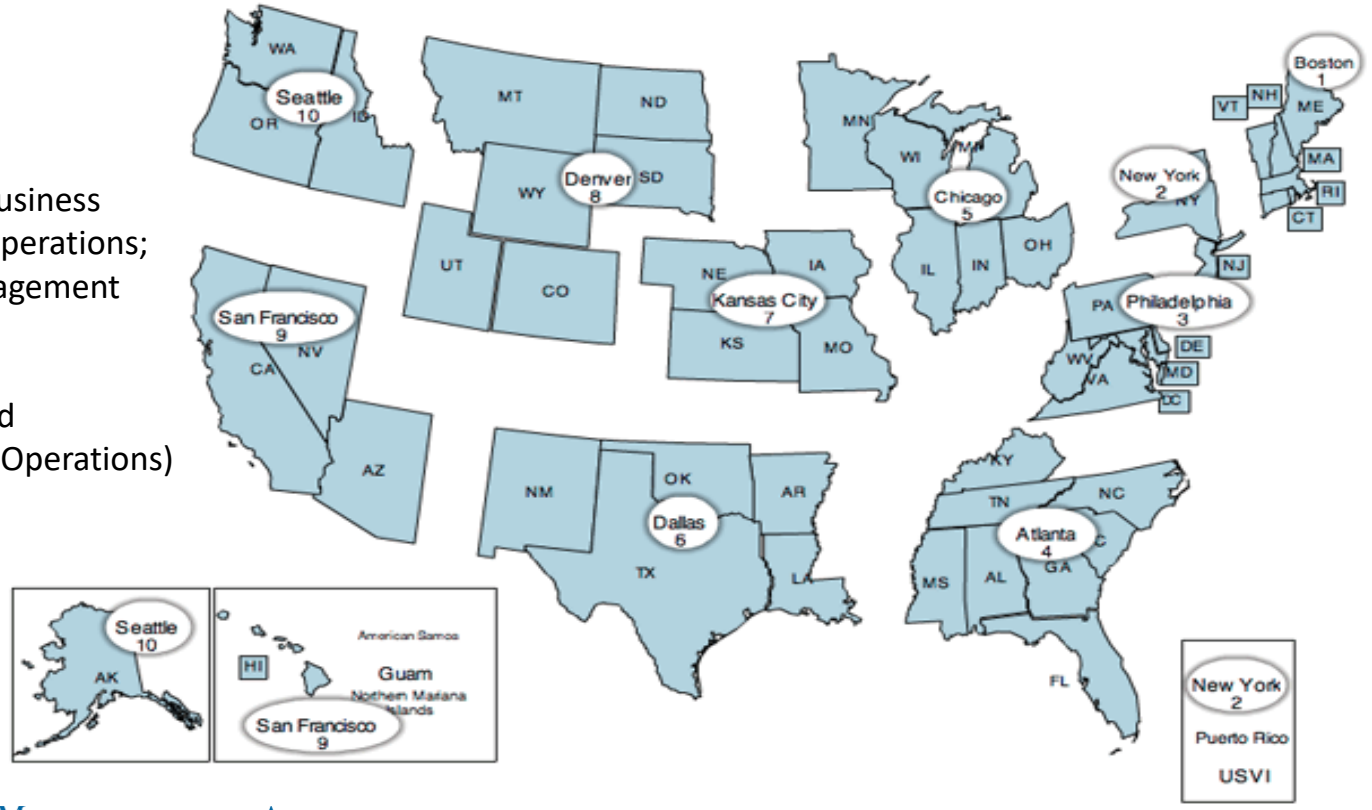
US Department of Health and Human Services



CMS Has 10 Regional Offices

Support Four Key Lines of Business

- Medicare Health Plans Operations;
- Medicare Financial Management and FFS Operations;
- Medicaid and CHIP; and
- Quality Improvement and Survey and Certification Operations)



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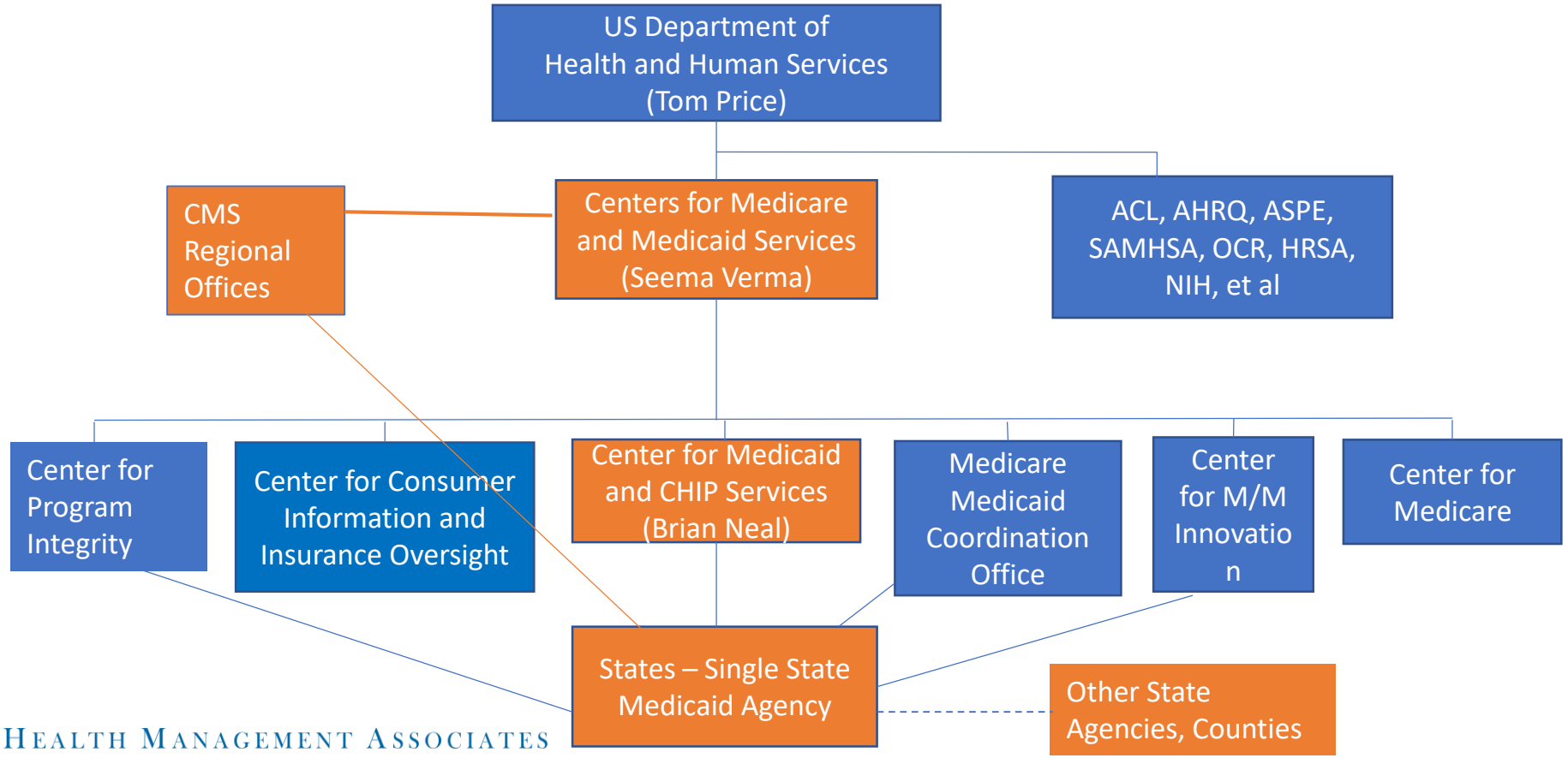
US Department of Health and Human Services



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Medicaid Administration

How does it really work?

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The Role of the Single State Medicaid Agency

- Officially, the SSA (as designated by the Governor) is fully responsible for the state Medicaid program, regardless of state-level administrative arrangements
- Generally, CMS only views contacts with the Single State Agency (SSA) as “official” interactions on state plan amendments, waiver actions, etc.
- At the state level, responsibilities for day-to-day administration (e.g., for 1915(c) waiver programs) may be delegated to another agency (or a Managed Care Plan or other contractor), but the SSA cannot delegate its responsibility for program policy and compliance
- Audit findings, other compliance actions will always be against the SSA

The Role of CMS Central Office (CO)

- Federal Medicaid policy is generated by Central Office (guidance letters, proposed regulations, informational bulletins)
- The promulgation of regulations are governed by federal administrative law and regulations that require extensive public input and extensive sign-off within the Administration (by CMCS, CMS, HHS – which includes ACL, Office of Civil Rights, HHS legal counsel - OMB and potentially others)
- Other official guidance documents, including state director letters, also go through a full "clearance" process within the Administration before they are issued

The Role of CMS Regional Offices (RO)

- Generally, the Regional Offices have responsibility to be a state's first point of contact for many day-to-day administrative functions
  - Filing a State Plan Amendment
  - Requesting a 1915(b) or (c) waiver, renewal or amendment
  - Obtaining technical assistance on program requirements
  - Ros play a key role in oversight of Financial Alignment Demonstrations

- Final CMS review of SPAs, 1915 waivers is generally conducted at the CO level, based on review and recommendations from RO staff, or joint review by RO and CO staff (depending on the type of action)
- RO may provide final sign off/communication to states; disapprovals are issued only with the sign-off of the CMCS Administrator (CO)

Section 1115 Demonstration Waivers

- Section 1115 waiver review and approvals are handled by the CO
- States often share a concept paper with CO early in the process
- Regulations govern the requirements for public input on proposed demonstrations at both the state and federal levels
- Section 1115 waivers are reviewed within CMCS, CMS, across HHS, by OMB, and others in the Administration before the Secretary makes a final decision of approval/disapproval and Terms and Conditions
- Both CO and RO play roles in implementation and oversight of 1115 waiver provisions

Federal Policy Direction

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Congress and Medicaid

- Congress sets the basic program design and the funding framework; legislation has shaped and reshaped the program since 1965
  - Increase eligibility (mandatory and optional groups)
  - Increase state flexibility (e.g., to use managed care, to offer alternatives to institutional LTSS)
  - To modify benefits (EPSDT design, new mandatory services, new optional services like Community First Choice, health homes for people with chronic conditions)
  - To establish grant and demonstration programs to experiment with reshaping the program (Money Follows the Person, consumer direction, No Wrong Door)
  - Establish or reform market rules for health care (pharmacy patents and rebates, Health Information Technology, core quality measures, underwriting and rating standards, insurance mandates)

The Administration

- Policy interpretation
  - Regulations (or not)
  - State directors letters
  - Day-to-day decisions on SPAs and 1915 waivers
- Section 1115 and other waivers
  - Model waivers
  - Negotiations, terms and conditions on state proposals, decisions regarding Budget Neutrality and Costs Not Otherwise Match-able
- Program Integrity
  - Secretary has some discretion on where to focus PI attention in a complex program
  - Parameters of the state-federal financial relationship always being revisited

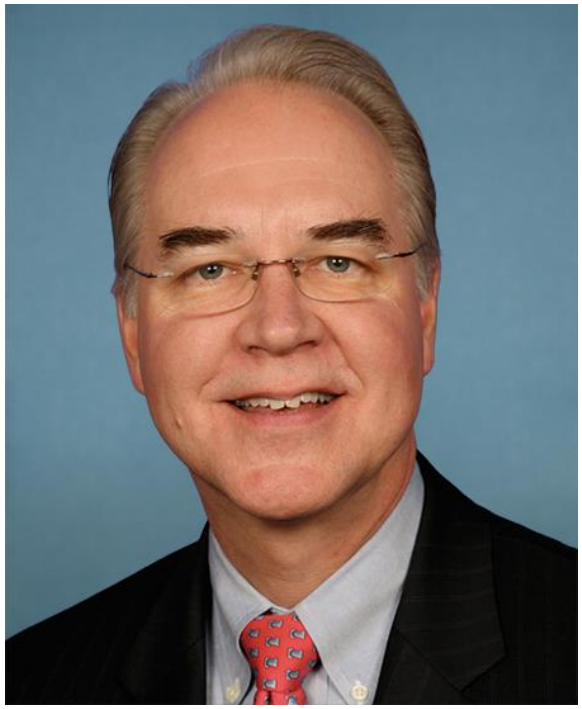
The Administration

- Leadership and discretionary resources
  - Programs like Innovation Acceleration Program
  - Technical support for states
  - Focus of Centers for Medicare and Medicaid Innovation
  - Collaboration across federal agencies to promote federal policy priorities
  - Quality and Information Technology
  - Bully pulpit

A New Administration = A New Chapter

HEALTH MANAGEMENT ASSOCIATES

TOM PRICE, SECRETARY OF US DHHS, FORMER US CONGRESSMAN FROM GEORGIA, ORTHOPEDIC SURGEON



FY 2016 Budget Resolution. A Balance Budget for a Stronger America, sponsored by Tom Price, bullet format added.

- "All States should have the flexibility to adapt their Medicaid programs to fit their particular needs –
  - to expand coverage for populations who most need it;
  - to implement work requirements for able-bodied Medicaid beneficiaries;
  - to promote personal responsibility and healthy behaviors;
  - and to encourage a more holistic approach to care that considers not only Medicaid beneficiaries' health conditions but also their economic, social, and family concerns."

SEEMA VERMA,
CMS ADMINISTRATOR, FORMER PRESIDENT SVC*

- Medicaid has undoubtedly played a considerable role in the lives of many, providing access to health care for our nation's most vulnerable populations."
- "Medicaid's rigid, complex rules designed to protect enrollees [do not] foster efficiency, quality or personal responsibility."
- "Revised cost-sharing policies should…incent enrollees to evaluate cost, quality and adopt positive health behaviors."
- "Medicaid intended as a temporary push toward self-sufficiency."
- "States should be provided with flexibility to achieve [Medicaid's goals] and successful states should be rewarded with reduced oversight."

Testimony before the House Energy & Commerce Committee, Health Subcommittee, June 12, 2013

**Architect of the consumer-directed Healthy Indiana Plan (HIP) and HIP 2.0, and advised numerous other states in Medicaid reform.*

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Are There Opportunities for Bigger Reforms?

- Clearly, encouragement for states to consider work requirements, cost-sharing, and other strategies to promote personal responsibility for families, "able-bodied"
- But greatest cost pressures generally come from other sectors of Medicaid
- Unclear that Congress will, or the Administration has the authority or interest to, give states the flexibility wanted around **pharmacy** (formulary design), **NF mandate**, **Medicare** (managed care and benefit reforms), **behavioral health** (IMD), **special financing arrangements** (e.g., pass through payments in managed care)

State Actions

- Reexamining Section 1115 options
- Considering Section 1332 options (larger health system, coverage design)
- Facing uncertainty over future of federal financial support for Medicaid
- Staying the course in pursuing Medicaid health system reforms
  - Promote community based options for LTSS
  - Expanding use of managed care to promote integration and system transformation
  - Leveraging reimbursement reform to promote accountable care