



ACL: Sustaining ADRC/NWD Systems by Leveraging Medicaid Administrative Claiming and the Veterans Choice Act Funding for NWD System Functions

Tuesday, August 30, 2016

2016 HCBS National Conference

Agenda

- I. Update/status of collaboration with CMS to support NWD System functions through ***Medicaid Administrative Claiming***
- II. Update/status of collaboration with VHA to support NWD system functions through the ***Veterans Choice Act & Cover to Cover.***
- III. ***Q&A and State Interest***

Partners Involved

[Joseph Lugo](#), Team Lead, Office of Consumer Access and Self-Determination, Administration for Community Living

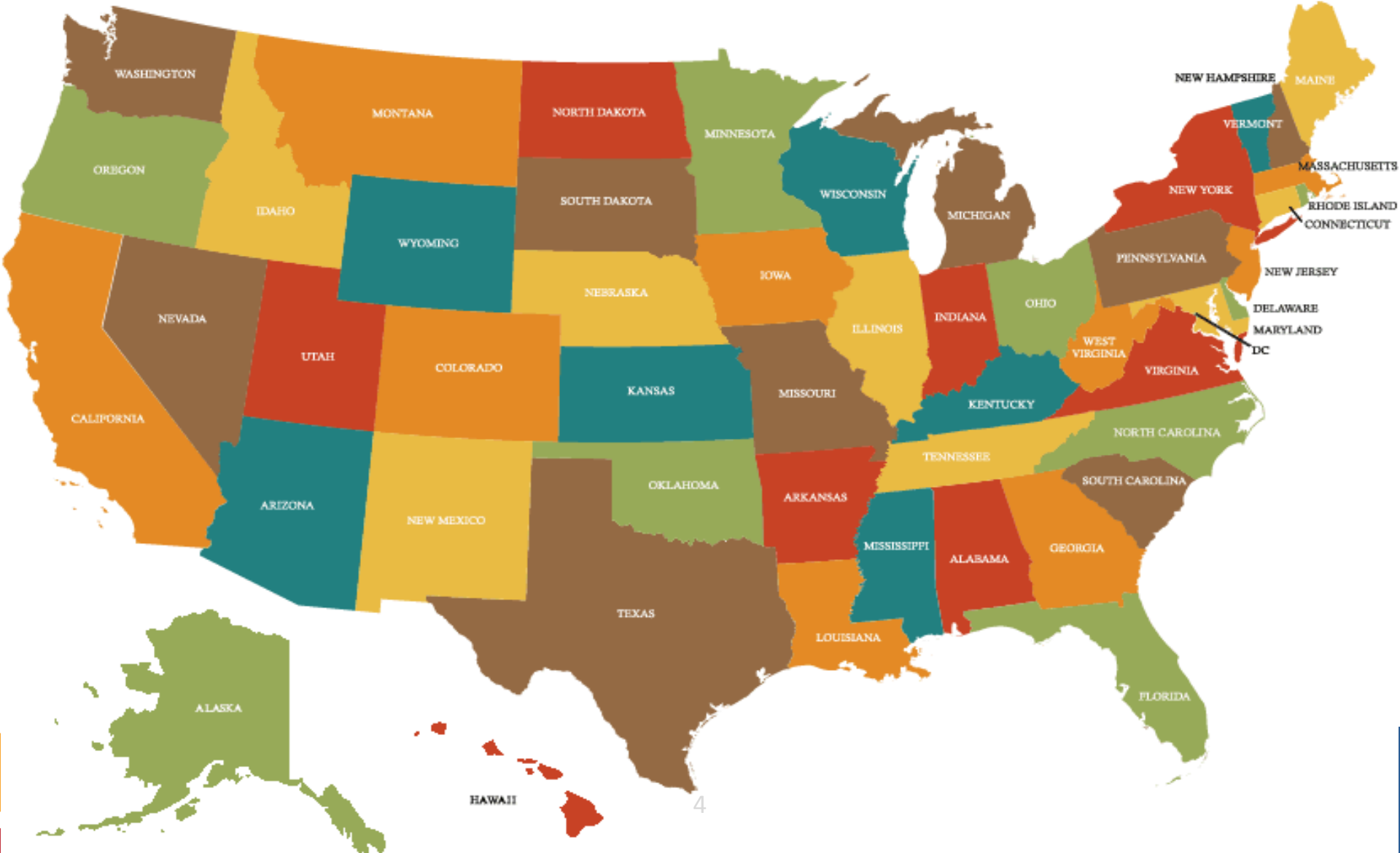
[Mike Smith](#), Director, CMCS/DEHPG/DCST, Centers for Medicare & Medicaid Services

[Dan Schoeps](#), Director, Purchased Long-Term Care, Office of Geriatrics and Extended Care, Veterans Health Administration

[Jennifer Morgan](#), Utah ADRC Director and VA Project Manager, University of Utah

[Kevin Foley](#), Team Lead, Veterans Affairs Choice Act Programs, Administration for Community Living

Eligible States





No Wrong Door System

Seeking Sustainable Funding Streams

- **January 2016 CMS posted NWD System standards on CMS website** (link on CMS website)
 - <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/no-wrong-door.html>
- No Wrong Door System and Medicaid Administrative Claiming Reimbursement Guidance
- **No Wrong Door System Key Elements**

What is Federal Financial Participation (FFP)

- FFP provides matching dollars (generally 50%) to cover activities that contribute to the efficient and effective administration of the Medicaid program
- Many ADRC/NWD functions are potentially eligible for matching Medicaid administrative funds
- FFP can provide an ongoing, sustainable source of funding for enhanced activities

This Does Not Apply to Us

- **Not enough return for amount of work needed**
 - Once approved, funding will continue
 - FFP covers about 38% of costs for Wisconsin (i.e., 76% of activities are claimable)
- **Most of our clients are not Medicaid eligible**

Wisconsin - \$70M Budget for ADRC and Related Activities



FY16 4th Quarter Claim

Time Study Code	Statewide Total
1a. OUTREACH: Medicaid	1.41%
1b. OUTREACH: Not Medicaid Related	4.39%
1c. OUTREACH: Not Tied to a Specific Program	2.90%
2a. FACILITATING APPLICATIONS: Medicaid	4.42%
2b. FACILITATING APPLICATIONS Not Medicaid Related	5.66%
3a. REFERRAL/MONITORING OF SERVICES: Medicaid eligible	8.38%
3b. REFERRAL/MONITORING OF SERVICES: Spend Down	1.41%
3c. REFERRAL/MONITORING OF SERVICES: Not Medicaid Related	12.49%
4a. TRAINING AND PROGRAM PLANNING: Related to Medicaid or a	5.41%
4b. TRAINING AND PROGRAM PLANNING: Related to a Program or	8.60%
4c. TRAINING AND PROGRAM PLANNING: Not Tied to a Specific	7.46%
5a. OPTIONS COUNSELING: Medicaid or Potentially Medicaid	2.19%
5b. OPTIONS COUNSELING Follow-Up for Medicaid or potentially	0.21%
5c. OPTIONS COUNSELING: Medicaid Ruled Out as an Option	0.71%
5d. OPTIONS COUNSELING: Follow-Up for Medicaid Ruled Out as an	0.04%
6. LEVEL I SCREEN	4.35%
7a. ACTIVITIES REIMBURSED BY ANOTHER SOURCE	0.71%
7b. ACTIVITIES REIMBURSED BY ANOTHER SOURCE:Not Reimbursed	0.42%
8. GENERAL ADMINISTRATION	21.79%
9. OTHER	7.04%
	Statewide Total
Total Activities Related to Medicaid (1a, 2a, 3a, 3b, 4a, 5a, 5b, 6)	27.78%
Total Activities Not Related to Medicaid (1b, 2b, 3c, 4b, 5c, 5d, 7a)	32.60%
General Administration (1c, 4c, 7b, 8,9)	39.61%
Total Medicaid Claimable	46.01%

- 3000 samples generated
- 150 staff total
- Only 3 samples missing at end of quarter!
- Statewide Medicaid Claimable % = **46.01%**
- **First FFP Claim = \$667,532**

This Does Not Apply to Us

- **We do not have any ADRC grants or No Wrong Door Model**
- **We do not have any state or local dollars supporting our ADRC**
- **We don't know where to start**

the

ADRC/NWD



on the
SHELF

A Christmas Tradition

by Carol V. Aebbersold and Chanda
illustrated by Coë Steinwart



State's Access System Exists in the Space Between the Public & LTSS - Interface



NWD System Organizations

Area Agencies on Aging

**Developmental Disability
Management Organizations**

**Centers for Independent
Living**

**Aging & Disability
Resource Centers**

**Local Medicaid
Agencies**

**Behavioral Health
Management Organizations**

**Organizations serving
Ethnic & Minority
Populations**

School Districts

Faith Based Organizations

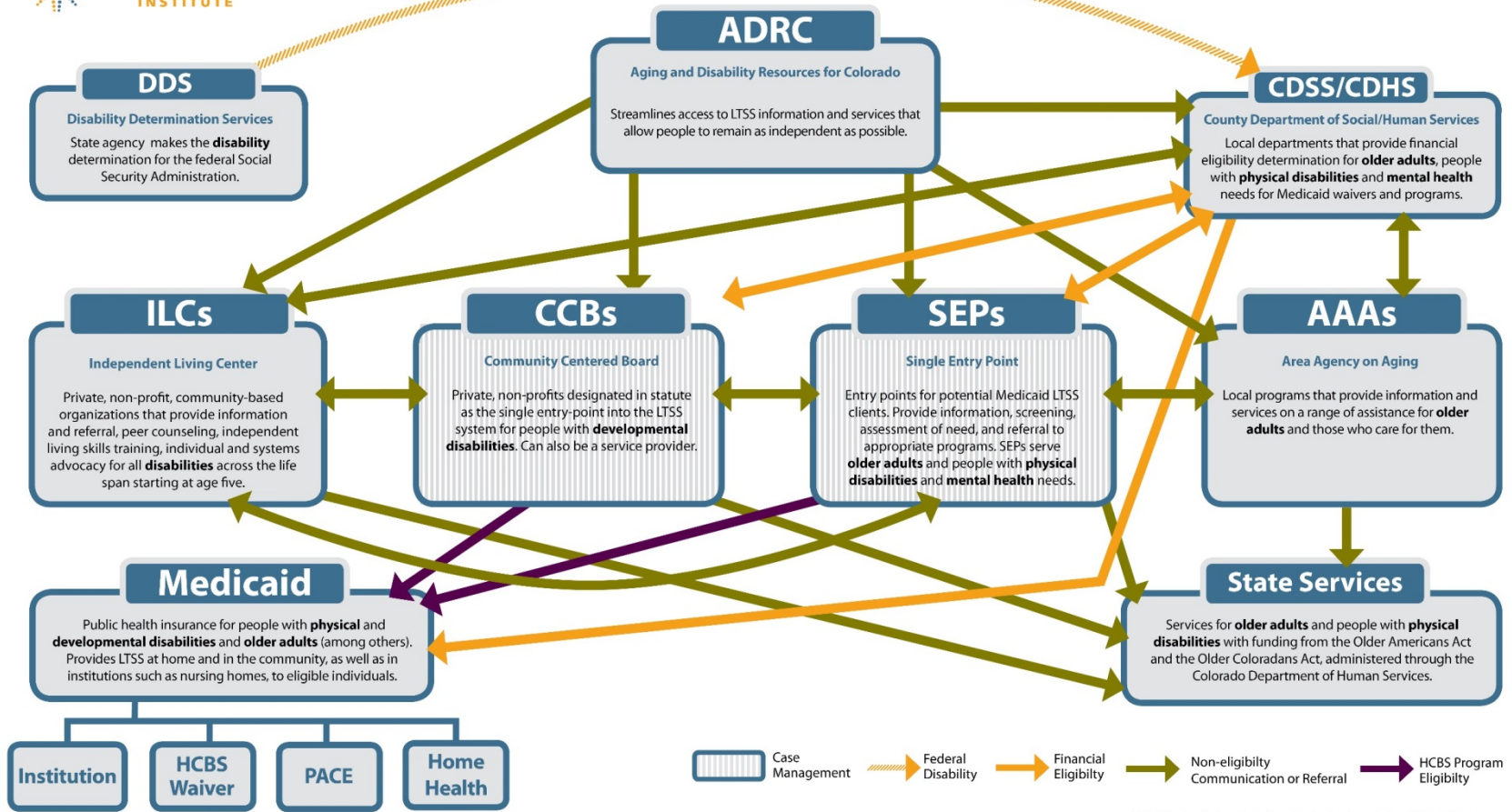
Local Public Housing Agency

Alzheimer's Chapters

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

Other Organizations

Potential Access Functions



SOURCE: Analysis by Tasia Sinn, Senior Analyst, Colorado Health Institute



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 Ujvari, Robert Mollica, and Leslie Hendrickson



THE COMMONWEALTH
FUND



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

Where to Start!!!!!!

Obtaining and Implementing Medicaid
Administrative Federal Financial
Participation for ADRCs in Hawaii and
Maryland

September 1, 2016

11:30 am - 12:45 pm

State Governance and
Administration

Public Outreach and
Coordination with Key
Referral Sources

Person-Centered
Counseling
(PCC)

**NWD
System**

Streamlined
Eligibility for
Public Programs

Key Elements of a NWD System of Access to LTSS for All Populations and Payers

<https://www.medicare.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/no-wrong-door.html>

Purpose of the NWD System Reference Document for Medicaid Administrative Claiming Guidance

The purpose of this document is to inform states about the appropriate methods for claiming federal matching funds, known as Federal Financial Participation (FFP), for Medicaid administrative activities performed through NWD Systems, and to ensure non-duplication for any such claims.

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/no-wrong-door.html>

State Governance and Administration

Public Outreach and Coordination with Key Referral Sources

NWD System Functions

Person Centered Counseling

Streamlined Eligibility to Public LTSS Programs

NWD Sample Codes

No Wrong Door Codes

CODE 1: OUTREACH

Code 1.a Medicaid Outreach - TM/50 Percent FFP

Code 1.b Non-Medicaid Outreach – U

CODE 2: REFERRAL, COORDINATION AND MONITORING

Code 2.a Referral, Coordination and Monitoring of *Medicaid Services* - PM/50 Percent FFP

Code 2.b Referral, Coordination and Monitoring of *Non-Medicaid Services* - U

CODE 3: ELIGIBILITY

Code 3.a Facilitating Medicaid Functional and Financial Eligibility- TM/50 Percent FFP

Code 3.b Facilitating access to Non-Medicaid Programs - U

CODE 4: TRAINING

Code 4.a Training Medicaid Related – PM/50 Percent FFP

Code 4.b Training Not Medicaid Related – U

CODE 5: PROGRAM PLANNING, INTERAGENCY COORDINATION AND CONTINUOUS QUALITY IMPROVEMENT

Code 5.a Program Planning, Interagency Coordination and Service Delivery Improvement - Medicaid Related – PM/50 Percent FFP

Code 5.b Program Planning, Interagency Coordination and Continuous Quality Improvement Not Medicaid Related – U

ACL Support

Behind the Scenes

- **Targeted Webinars/Training**
 - CMS Central & Regional Offices
 - State Medicaid Agencies
 - Aging & Disability Network Providing NWD System Functions

- **ACL Technical Assistance & Support**
 - ACL Central/Regional Office TA
 - Email: NoWrongDoor@acl.hhs.gov

Putting the Person First

<https://youtu.be/y77y7XW8GtE>

Questions?

Email us at

NoWrongDoor@acl.hhs.gov



Veteran Directed Home and Community Based Services Program

A Partnership with the Veterans Health Administration (VHA)

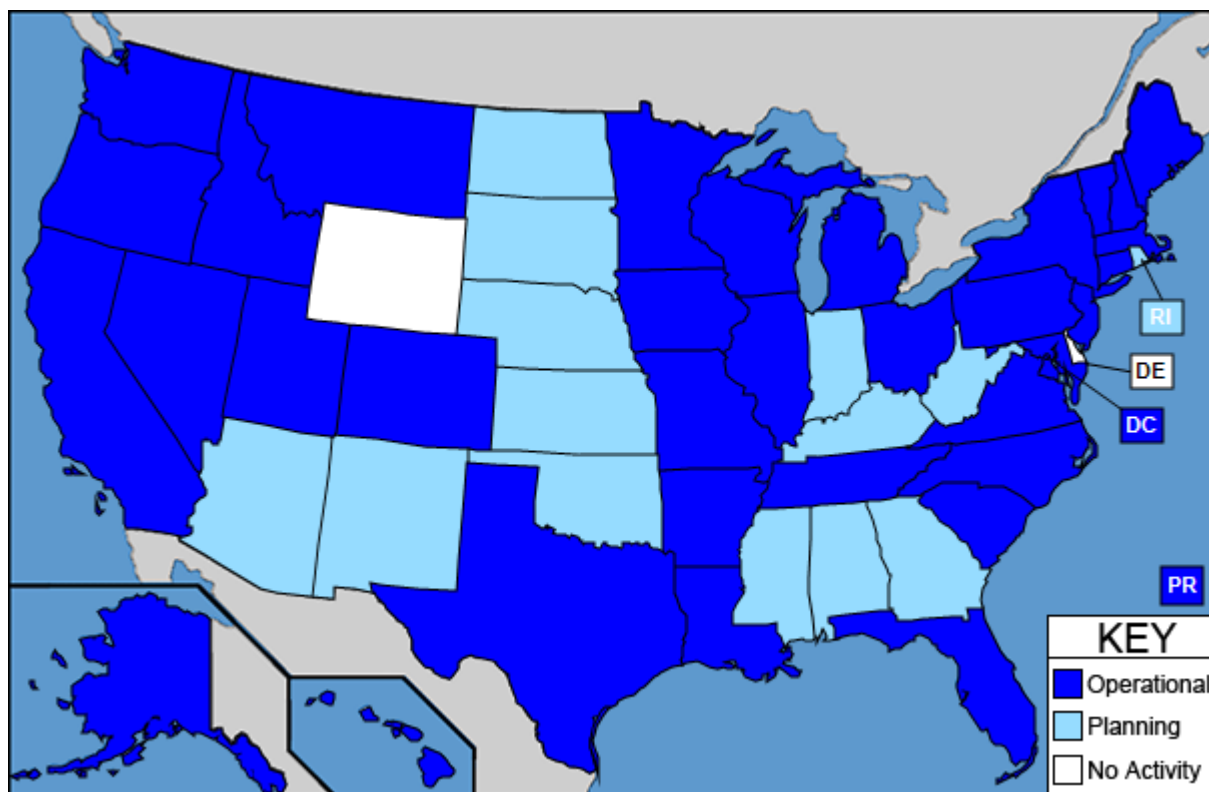
- **Purpose** – provide Veterans a self-directed LTSS option which gives them choice and control over their LTSS provided by ADRCs, AAAs, CILs and SUAs.
- **What is it?** - Modeled off of the Cash and Counseling Demonstration program, Veterans receive a flexible service budget they can use to hire family friends and neighbors to provide LTSS or purchase goods and services. Veterans also receive facilitation services from a Person Centered Counselor (Options Counselor) and financial management support from a Financial Management Services (FMS) organization. Veterans determine how to use their VD-HCBS budget and hire/fire and direct their employees.
- **Key Findings and Early Learnings** -
 - Veterans report high levels of satisfaction with the program, control and choice.
 - The VA can serve Veterans with Nursing Facility comparable acuity levels in VD-HCBS.
 - The VD-HCBS program is a comparable, preferred lower cost alternative to a Nursing Facility.
 - The VA can serve more Veterans with the same Long Term Services and Supports budget by enrolling more Veterans in VD-HCBS
 - Veterans enrolled in VD-HCBS experienced lower use of Emergency Rooms and Inpatient Hospital Beds when compared with their previous 6 months of care.
- **Find Out More and Access Products**
 - <http://www.acl.gov/Programs/CDAP/OIP/VDHCBS/index.aspx>
 - http://www.va.gov/GERIATRICS/Guide/LongTermCare/Veteran-Directed_Care.asp
 - www.adrc-tae.acl.gov
 - <http://www.bc.edu/schools/gssw/nrcpds/>

San Diego Profile – Veteran Directed Home and Community Based Services



<https://vimeo.com/138326018>

Veteran Directed-Home and Community Based Services (VD-HCBS) Status-January 2016



VD-HCBS Operational Statistics	
States	33 (plus DC & PR)
VISNs	19 of 21
VAMCs	61 of 153
Aging & Disability Sites	120
Current Veterans Served	1,600
Cumulative Veterans Served	3,540





COVER to COVER

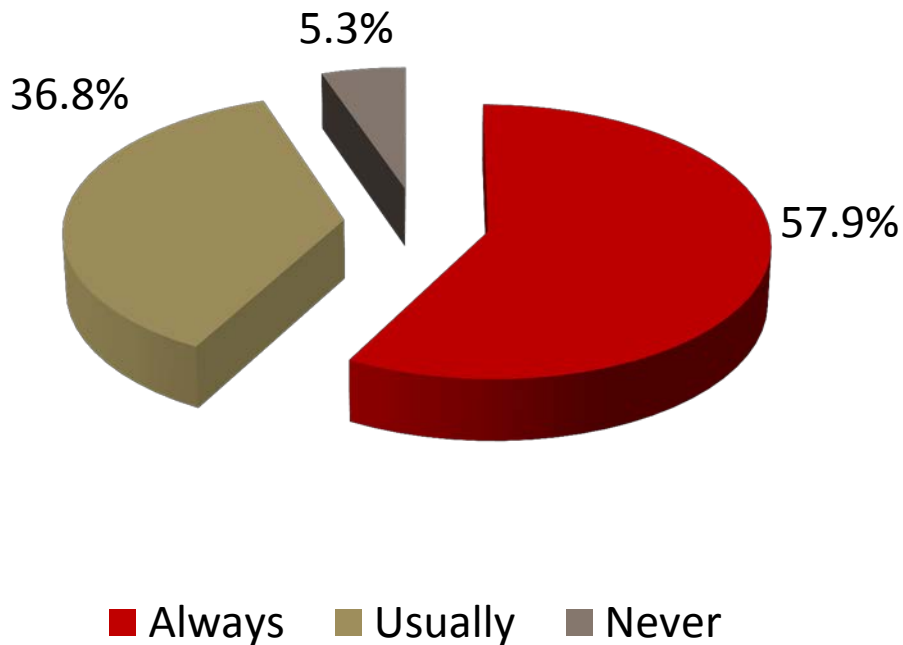
“Connecting Older Veterans (Especially Rural) to
Community Or Veteran Eligible Resources”

*Collaborative project between the Utah ADRC and VHA Office of Rural Health:
Building VA Partnerships to Better Serve Veterans*



2012 ADRC National Survey

Do you regularly assess a caller's Veteran status?

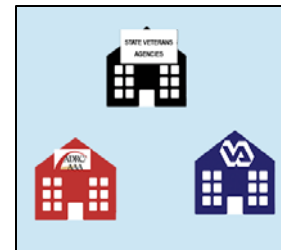
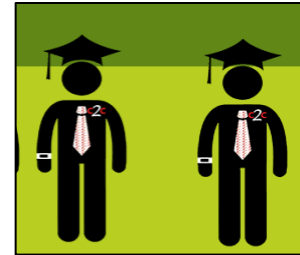


Staff Challenges:

- Lack basic information about most VA benefits
- VA resources—not very helpful
- Most positive feelings about resources was having a personal contact at the VA

VHA Office of Rural Health Pilot

- Train community agency staff members to become Veteran Benefits Specialist
- Build relationships between community agencies, State Veteran Agencies and the VA



No Wrong Door Experience

- Improve awareness and knowledge of VA and state Veterans programs
- Increase confidence in working with Veterans
- Add VA and state Veterans benefits to the menu of LTSS
- Create strong relationships with resourceful VA partnership
- Support the VD-HCBS program



VA Benefits Training

VA Organizational Structure

Military Culture

VHA Healthcare

VA In-Home Services

Pension

VA Nursing Home

Burial Benefits

Disability Compensation

Caregiver Support

Aid & Attendance

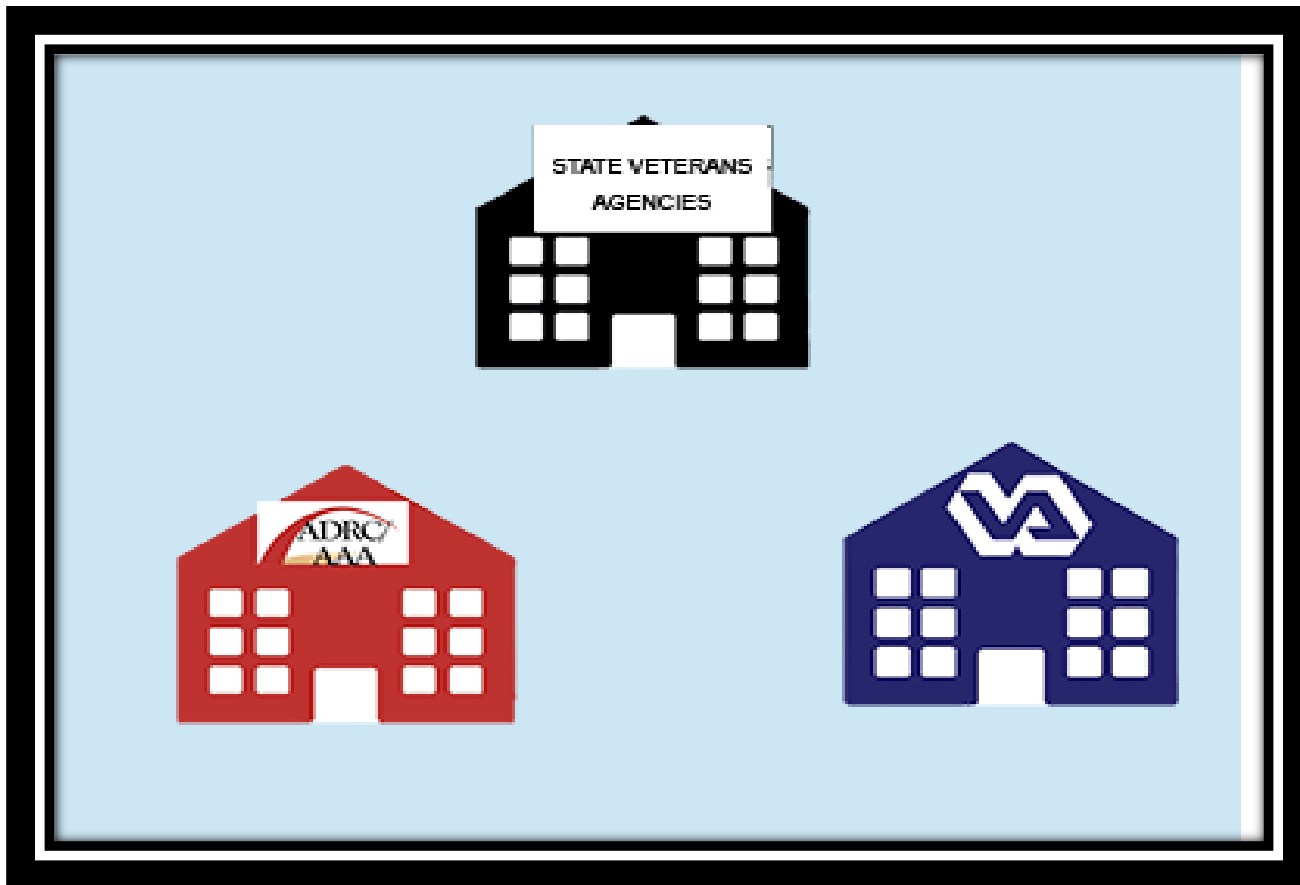
Home Modifications



Southern Utah Veterans Home Tour &
Training - 2016

Building Partnership

Working together better serves Veterans



ASK the QUESTION!

”Have you or a family member served in the military?”

70% of Veterans seeking help from COVER to COVER agencies have Never enrolled in VA benefits.



C2C Project Objectives

Screen callers for Veteran status

Educate on VA Benefits

Assist in navigating application process

Refer to VA partner

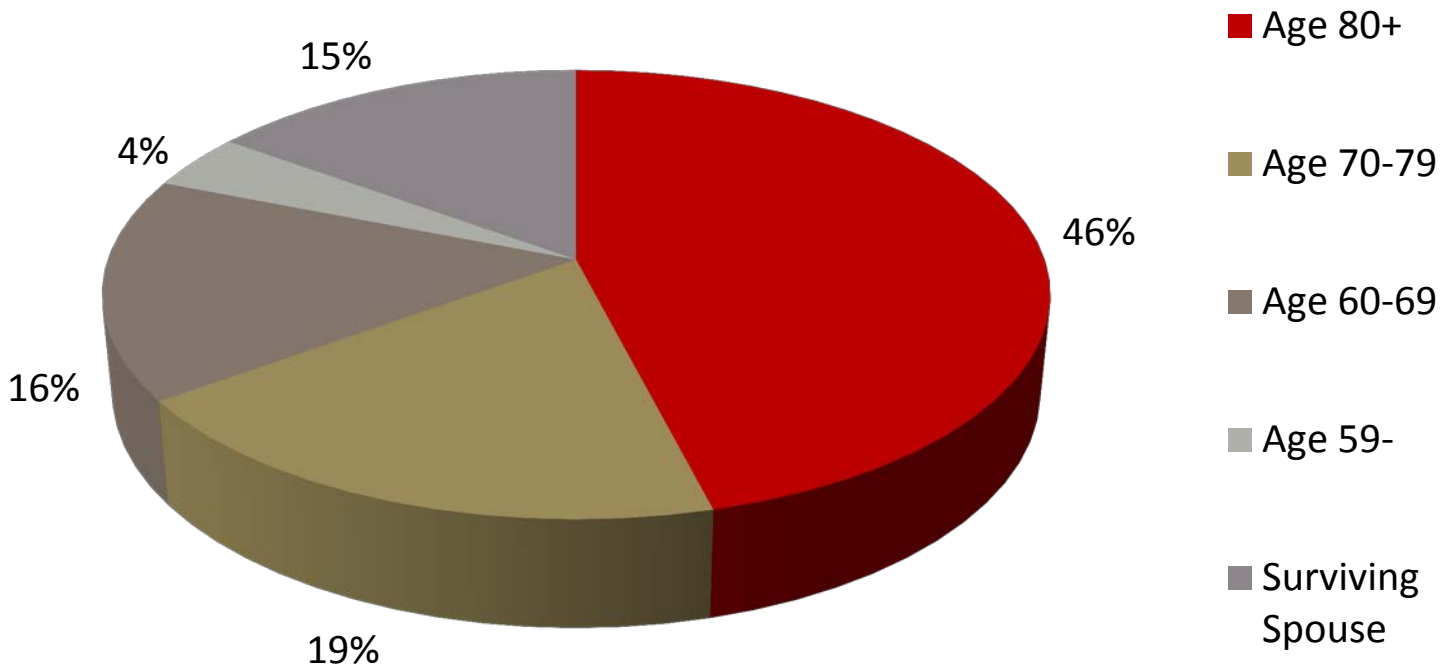
Follow Up

Making a Difference

Who do we serve? Older Veterans, Caregivers, Widows

April 1, 2013 to June 30, 2016

Unique Veteran Clients Served: 2430



Bridging the Gap Helps Veterans

