

CLP and VDHCBS: Making Systems Work for Veterans and non-Veteran Consumers

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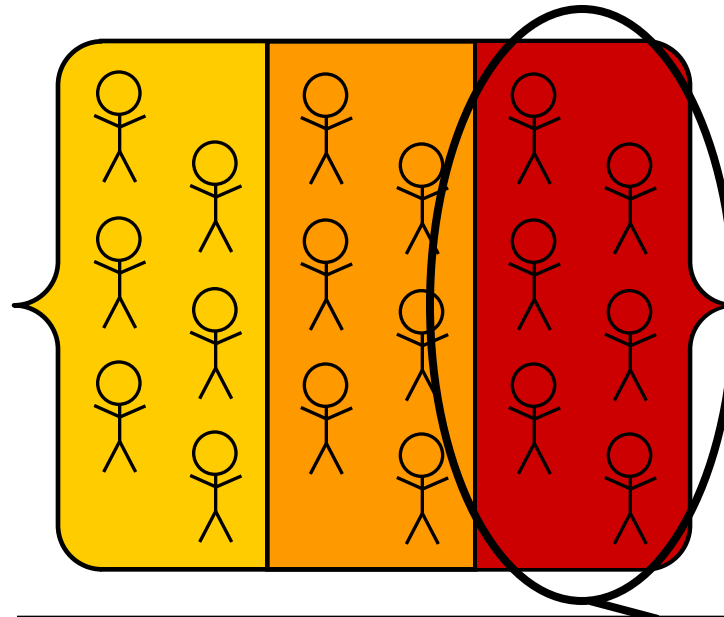
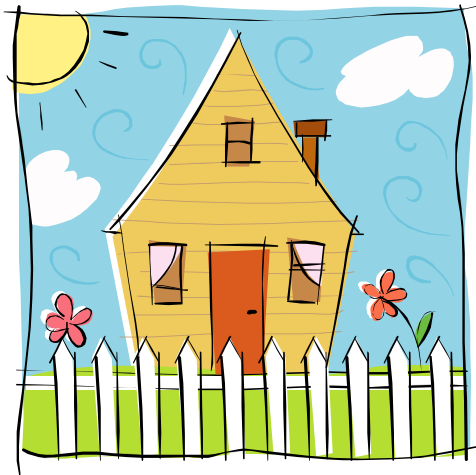
Objectives

- Background on CLP & VDHCBBS
- Growth of CD and VDHCBBS Programs
- Role of FMS in Growth of Consumer Direction
- Making the System Work for all Consumers

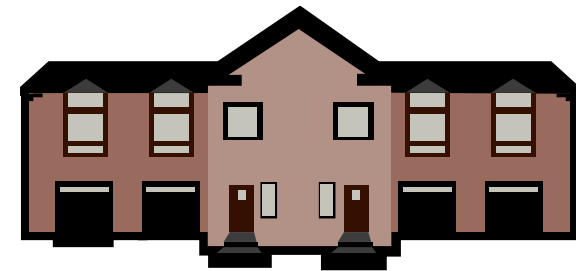
Community Living Program Strategy

Long-Term Care Risk Groups

Home/Community




Nursing Home



Spenddown to Medicaid

Effectively Target and serve High-Risk Individuals with Community Living Initiative via ADRC Single Entry Point to slow rate of growth of Medicaid

 Low-Risk of NH Placement & Spenddown to Medicaid

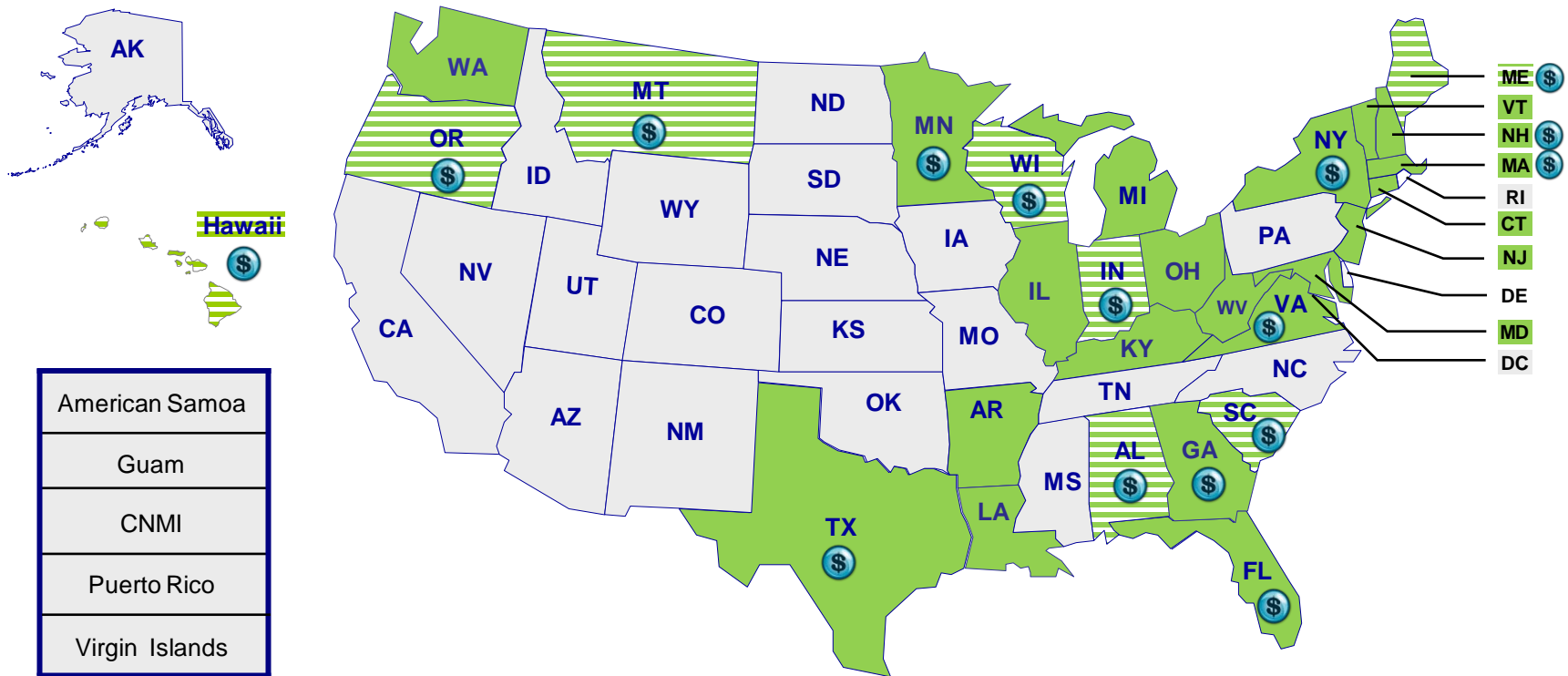
 Medium-Risk of NH Placement & Spenddown to Medicaid

 High-Risk of NH Placement & Spenddown to Medicaid

CLP System Components

- Aging and Disability Resource Centers for targeting those at risk of nursing home admission, assessment, care/service planning
- Consumer direction options including cash and counseling
- Flexible service budgets
- Financial Management Services

National Community Living Landscape



Indicates 2009 Community Living Funding (16 States)



Indicates 8 New States to Community Living Program in 2009



Indicates All States That Have Received Community Living Grant

CLP-VDHCBS Relationship

- Veterans expectations: Services and Respite
- VHA desire for Veterans to have consumer directed community options
- Community Living Program (CLP) provide infrastructure to support VDHCBS

What is VDHCBS?

- Program that provides Veterans with consumer directed HCBS options and empowers Veterans to direct their own services and supports
- Supports families and family caregivers of Veterans
- Helps Veterans stay in their homes and be engaged in their communities

Veteran Population Age 85 or Over

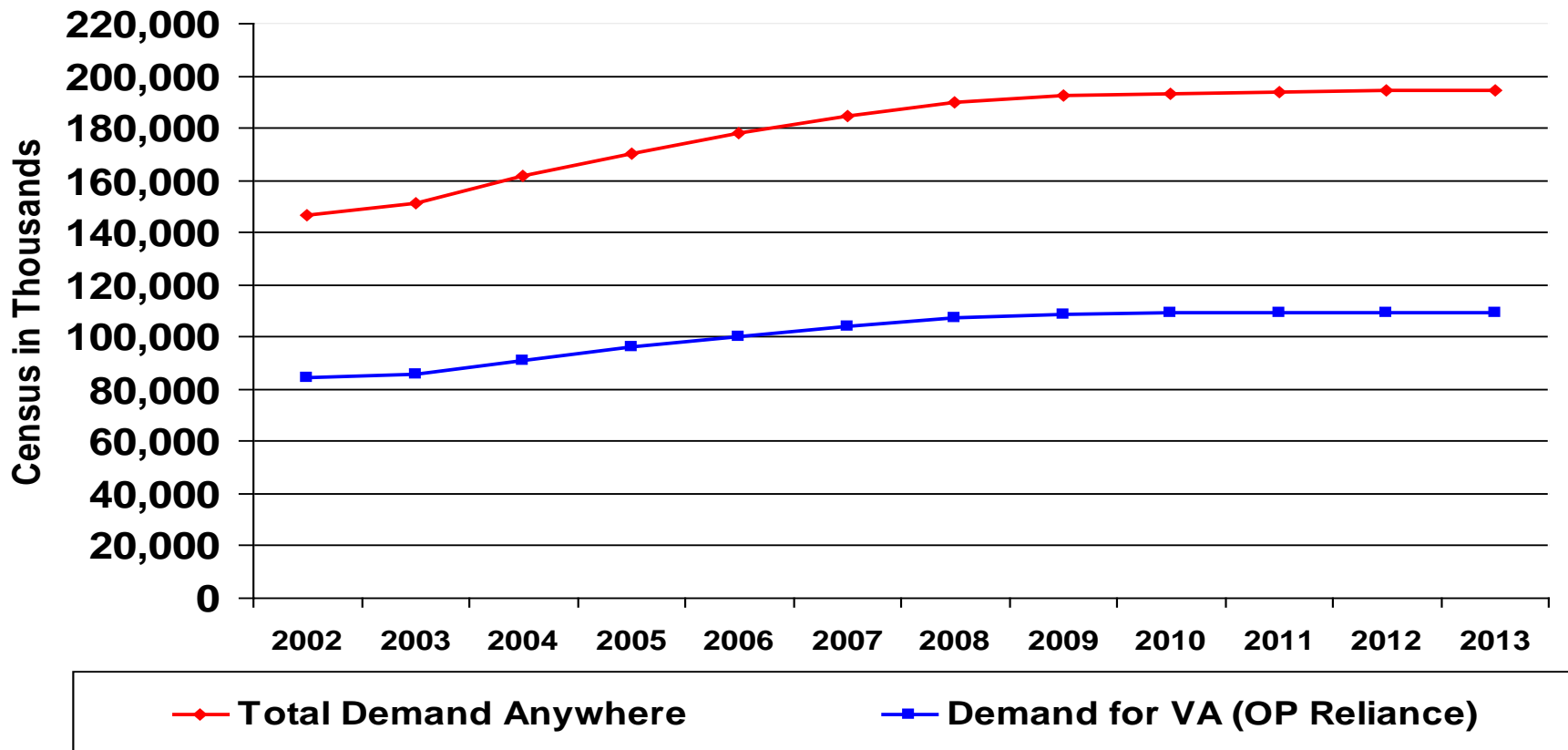
(000s)

- The veteran population age “85 or over” will increase by 124% between 2000 and 2020.
- The veteran population age “85 or over” will peak in 2012 at 1.4 million, representing an increase of 167% over the total of 510,000 veterans age “85 or over” in 2000.

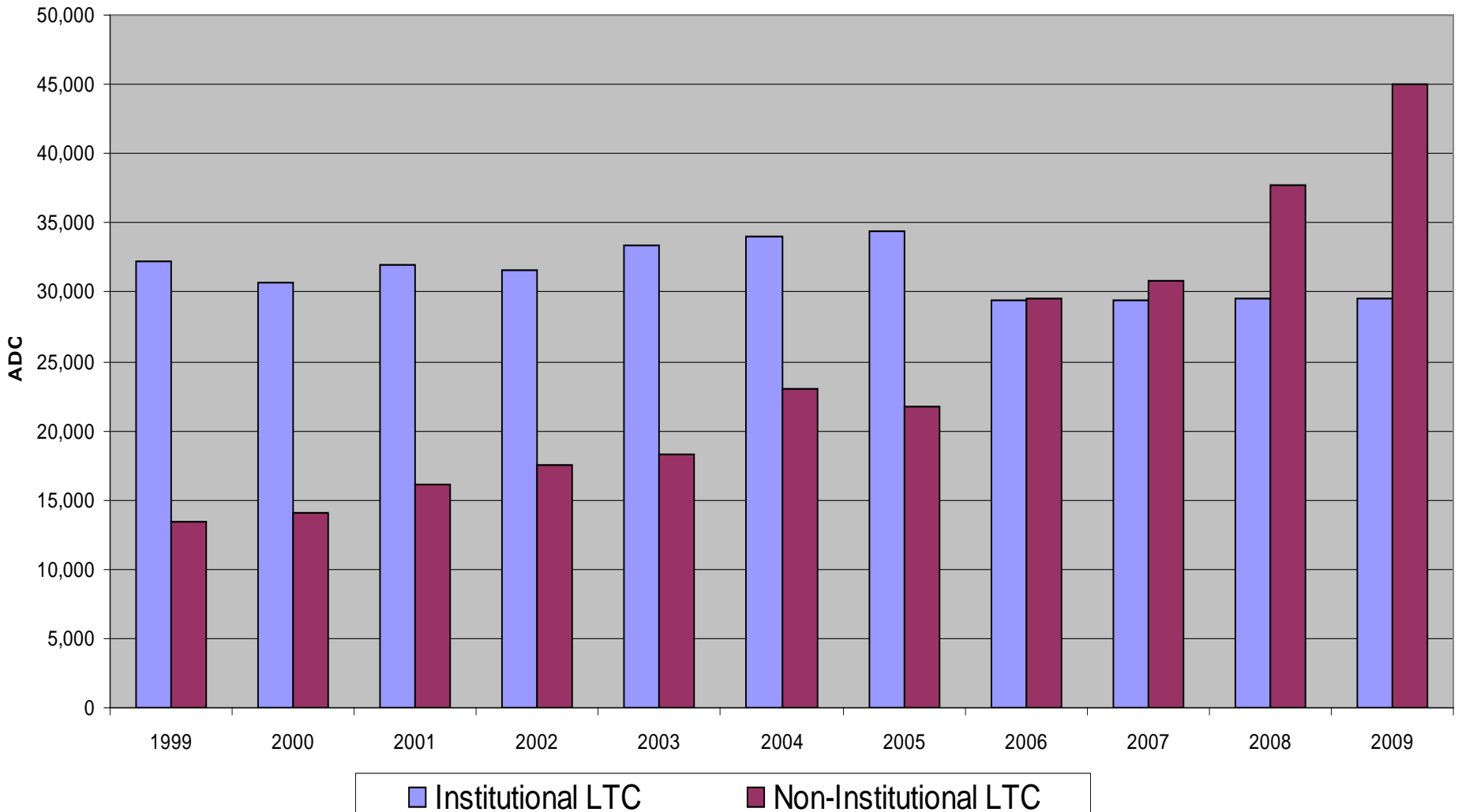
Source: Vet Pop 2001 Adj

Home & Community Based LTC

- VA Goal: Meet Enrollees Demand for VA's Mandated H&CBC Services

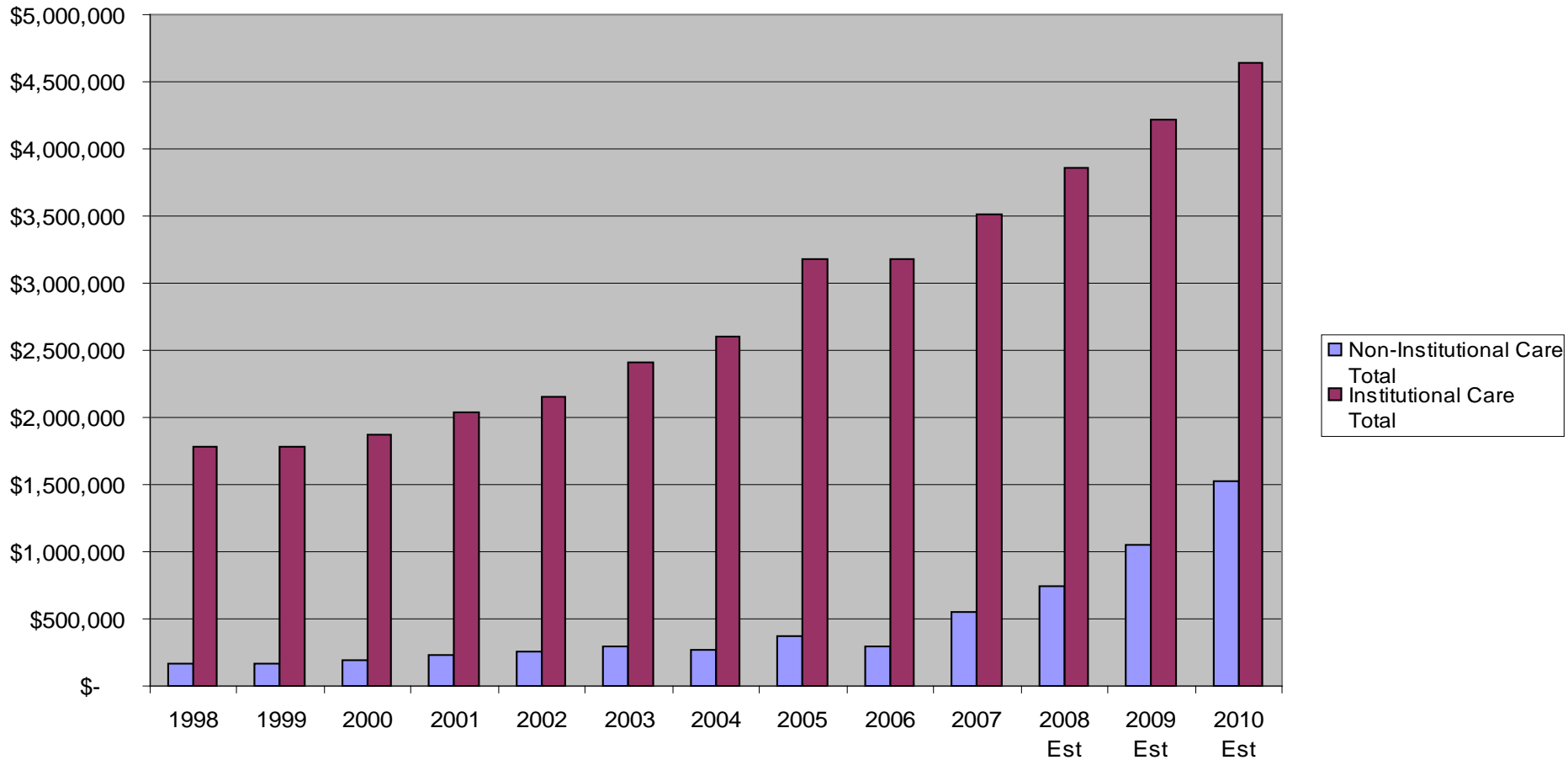


VHA Long-Term Care



VHA Long-Term Care

Long Term Care Expenditures



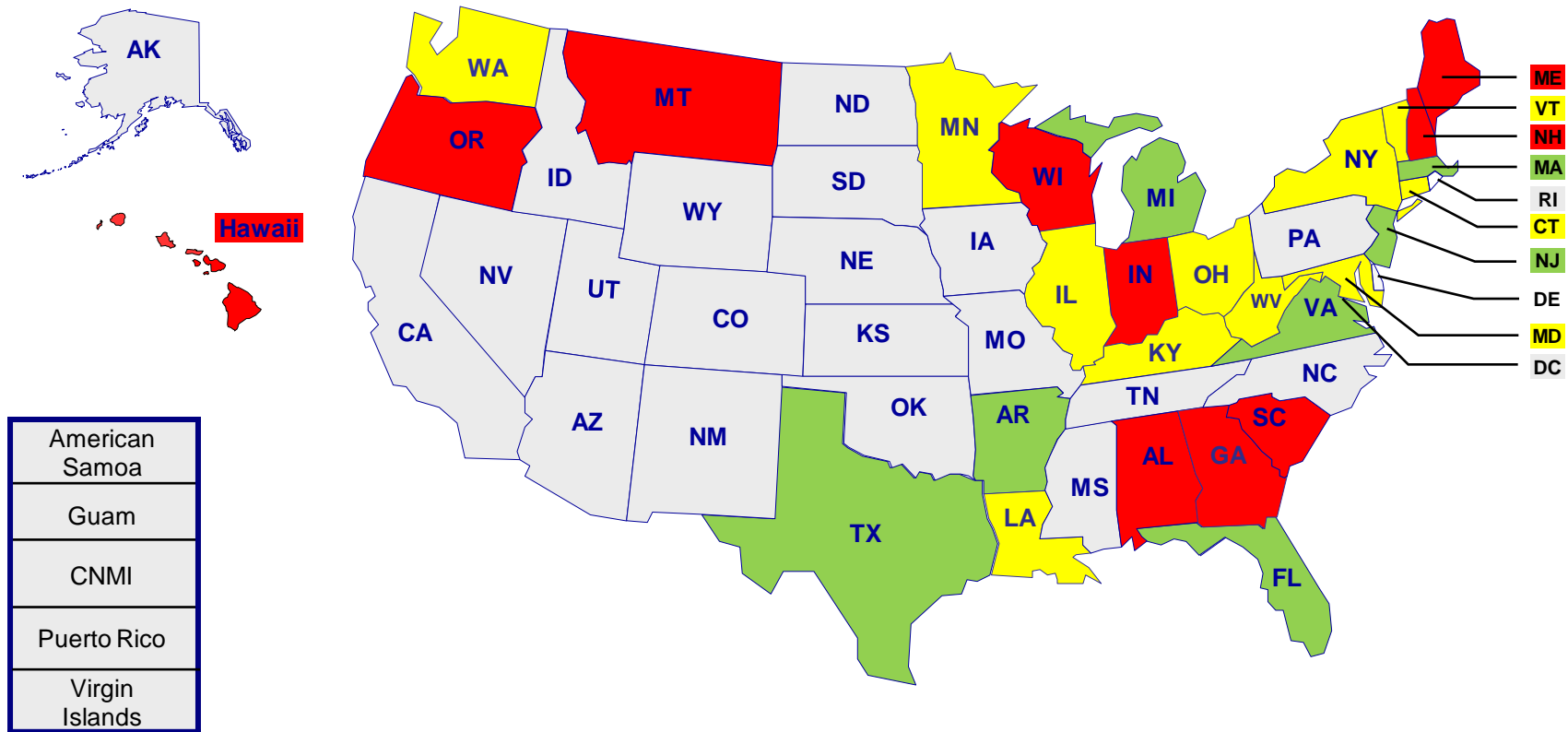
Source: VHA Office of Finance and Allocation Resource Center-Adjusted DSS costs

Growth of VDHCBs

- 7 states currently serving Veterans (AR, FL, MA, MI, NJ, TX, VA)
- Expect 21 more states to implement in 2010
- First wave 11 states (CT, IL, KY, LA, MD, MN, NY, OH, VT, WA, WV)
- Second wave 10 states (AL, GA, HI, IN, ME, MT, NH, OR, SC, WI)
- Potentially develop VDHCBs in all states

National VDHCBS Landscape

Stage of Development



Critical Elements of both Programs

- Identify and serve those potentially at risk of nursing home admission
- Assessment
- Care/service planning
- Consumer direction
- Flexible service budgets

Growth of Consumer Direction

- Some programs as early as 1940s/50s including VA – more cash based
- Growth in 1970/80s – Independent Living Movement, Medicaid waivers and State Plan programs
- Accelerated by Cash and Counseling, Independence Plus, RSCGs, Money Follows the Person, and CLP/VDHCBS

FMS Integral Role in Consumer Direction

- Important service to programs and consumers
- Medicaid and other programs need to insure payments and tax liabilities
- Majority of consumers not interested in taking on the payroll and tax responsibilities

Models in CLP/VDHCBS

- Program contracts with current FMS provider in the state, often one providing services to Medicaid program(s)
- AAA takes on FMS responsibility using a reporting agent, and AAA operates under section 3504 of IRS
- AAA does RFP for an FMS provider and develops contract for program

SUA/AAAs and FMS Need to Make System Work for the Consumer

- Create partnerships that support consumer's choices and ability to manage services and budgets
- Ability to implement business rules and data sharing protocols that work for the program
- Ability to provide the specific data that supports the consumer and meets VA and CLP/VDHCBS requirements
- Provide greatest economy and efficiency

SUA/AAAs and FMS Need to Make System Work for the Consumer

- Problem solve payment issues, such as VA retrospective payment that creates funding gaps for AAA, some using grant funds as gap filling
- Work towards creating system that can provide same day service

Thank you for your time.
Any questions?