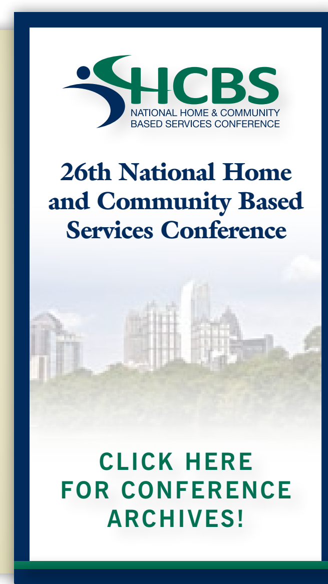
# NASUAD NEWS

VOLUME 3 • ISSUE 8 • OCTOBER 2010 • www.nasuad.org

## The Newsletter of the National Association of States United for Aging and Disabilities

## Special Edition: National Home and Community Based Services Conference

The 26th National Home and Community Based Services Conference was held in Atlanta, Georgia September 26-29, 2010. This edition of NASUAD's newsletter highlights the plenary speakers and break-out sessions at the conference. For videos of the plenary speakers and PowerPoint presentations from the break-out sessions, click the banner.




SUNDAY

### Opportunities for Participant Direction: A Closer Look at Health Care Reform

By appropriating new funding sources, increasing structural flexibility and creating new initiatives, the Affordable Care Act (ACA) includes several opportunities for expanding the role of participant direction in the health care system. Representatives from the National Center for Participant-Directed Services (NRCPDS) highlighted several of these opportunities, including the Community Living Assistance Services and Support (CLASS) Act, the Community First Choice Option, the Removal of Barriers to Providing Home and Community-Based Services, and the changes to Section 1915(i), focusing on the potential to leverage these initiatives to create a more person-centered and community based system. At the end of the session, the NRCPDS presenters were joined on a panel by representatives from the National Participant Network and Consumer Direct Management Solutions, who discussed the importance of incorporating the lessons learned from Cash & Counseling in implementing the ACA at the state level. More information on the NRCPDS is available on their website, *http://www.bc.edu/schools/gssw/nrcpds/whoweare.html*. ■

## The Affordable Care Act: Implementation at the Federal and State Levels

NASUAD's Executive Director, Martha Roherty, and NASUAD Policy Associate, Lindsey Copeland, discussed several intersections between initiatives in The Affordable Care Act (ACA) and the existing resources and potential capacity of the aging network. They divided these areas for engagement into three categories—coverage, long-term care, and structure and quality—and focused on innovative approaches to leveraging the role of the aging network within each. The new policies from the ACA create unprecedented opportunities for the network to expand its reach, create partnerships, and improve the lives of older Americans and individuals with disabilities throughout implementation and beyond. To view NASUAD's analysis of the ACA, and other NASUAD health reform materials, please visit *http://www.nasuad.org/affordable_care_act/nasuad_materials.html.* ■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OCTOBER 2010

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## Evidence Based Self Management of Chronic Conditions via the Internet: Better Choices, Better Health

Nearly half of all adults live with one or more chronic condition such as diabetes, heart disease, arthritis, osteoporosis, cancer, depression, kidney failure, or chronic pain. Eighty percent of people over age 60 have chronic conditions. Self care programs do make a difference in coping with these chronic conditions. A total of 46 states and two territories offer Chronic Disease Self-Management Programs (CDSMP) services without government funding.

Julie Kosteas with the National Council on Aging shared a new online tool made available by Stanford University and NCOA. Better Choices, Better Health, in the internet version of Stanford's Chronic Disease Self-Management Program (CDSMP), offers techniques to deal with problems associated with chronic conditions. Participants in a six-week workshop through a secure website interact online and gain skills and tools to better manage their health. Strategies include goal setting, modeling, reinterpretation and social persuasion.

The program is being piloted in seven states: Massachusetts, Maine, Iowa, Hawaii, California, Oregon and New Jersey, and 2,000 people have participated. Evaluations of the BCBH program demonstrated reduced doctor visits and the program produced a net cost savings in its first year.

A recorded demonstration of the BCBH program can be found at *www.selfmanage.org.* For more information on BCBH, email *Julie.Kosteas@ncoa.org.* ■

## Blending and Braiding Medicaid and Other Financing to Help People with Serious Mental Illness with Employment

A consortium of federal government partners are working together on blending and braiding federal funds to secure financing and to promote and facilitate employment for people with serious mental illnesses. Blending funds is when funds are pooled from sources so that the funding stream is indistinguishable to the client. Braiding funds makes the funds visible.

Four states: Illinois, Kansas, Maryland and Washington, have participated in a study on blending and braiding funds to assist those with serious mental illness obtain employment. Lessons learned include the need for increased collaboration between mental health and vocational rehabilitation. People with serious mental illness have a variety of needs that require services and with outcomes based reimbursement; clients with challenging needs may not be receiving services to help them to be employed. Stronger policies need to be created to push states to have vocational rehabilitation and mental health departments work together and collaborate effectively. ■

## Culture Change Throughout the Continuum of Long-Term Living

Kim McRae, President and Founder of Have a Good Life presented a very engaging presentation on culture change. Have a Good Life is a culture change consulting, advocacy, and marketing firm based in Atlanta, Georgia.

In historical context, the culture change movement began with the Pioneer Network in 1997. Through its efforts, this movement has changed the structure and culture of nursing homes from the long corridors and scheduled meals to building more homelike settings and residents selecting meals and activities of their choice and according to their schedules.

Today, the culture change movement continues to gain stakeholders' interest as culture change is influencing the way seniors and persons with disabilities are receiving long-term services and supports in the community, not just in the institutional setting. The philosophy of culture change is about allowing people to keep simple pleasures and cultivating a culture of person centeredness and person directed care. ■

## Improving the Health of People with Intellectual and Developmental Disabilities: A Public Health Approach

Michael Fox, Associate Director for Science in the Division of Human Development and Disability at the Center for Disease Control and Prevention, provided workshop participants with some very useful information about persons with intellectual and developmental disabilities (IDD). Persons with IDD represent 4.9 percent of the Medicaid population and account for 15.7 percent of the total Medicaid expenditure. Further statistics reveal that this population is more likely than other sectors of the population to experience complex health conditions, be overweight and obese, and have limited access to quality care and health promotions. Recommendations to address these poor health outcomes for persons with IDD include training health care providers to work more effectively with persons with IDD, increase funding, and increase sources of care. ■

## Alabama's Electronic Home and Community Based Services Quality Tool

Representatives from Alabama's Department of Senior Services and Medicaid agency presented Alabama's Electronic Home and Community Based Services Quality Tool, a web based electronic data management tool that is used to manage quality reporting of CMS requirements regarding the Medicaid Elderly and Disabled Waiver Program. The program tracks the form from the time the information is entered regarding negative survey responses, complaint/grievance issues, and critical events/incidents to the completion of follow-up and the final resolution of the identified issues. It allows for ongoing administrative oversight with notifications regarding due dates and tracking/reporting capabilities not previously available.

The presenters stressed the importance of collaboration and discussed at length the lessons learned from the project, namely the need to be flexible in adapting a project's plan to meet unexpected challenges. Moreover, the presenters credited the program's success to the strength and commitment from the project's joint partners, the Alabama Department of Senior Services and the state's Medicaid Agency. ■

### MONDAY

## PLENARY: Administration on Aging: Kathy Greenlee

Kathy Greenlee, Assistant Secretary for Aging, spoke on the history and future of HCBS. She reviewed the history of policies relating to aging and disabilities made since 1973, pointing out the trend toward community based care. She then discussed the opportunities for the future and through the Affordable Care Act (ACA). She discussed the grants now available to the states and the opportunities they provide. These grants are person-centered, and include a mix of formula funding and grant funding. The four Secretary Greenlee discussed were MIPPA funding, options counseling, Money Follows the Person (MFP), and evidence-based care.

Secretary Greenlee also discussed the importance of prevention, elder justice, and care coordination

and transition. Prevention, she said, is usually thought of with children, but is also important for the aging and disabled population, including falls prevention and medication management. Elder justice is an important issue that until recently lacked direct funding and data collection systems. Secretary Greenlee stressed the importance of creating a comprehensive elder justice policy system for the nation to protect the rights of elderly Americans. Care coordination and transition is also an important issue, according to Secretary Greenlee. To ease the transition from hospital to rehabilitation center or home, there must be a relationship of medical and social services. She stressed the importance of a holistic care model in transition care and tracking good medical outcomes and the best practices for transitions.

In the end, Secretary Greenlee discussed where we are heading. President Obama called 2009 the year of community living, which led to the Community Living Initiative. Through this initiative and the hard work of all of the related agencies and communities, we are working toward better options for our elderly and disabled individuals. She closed by discussing the Community Living Assistance Supportive Services (CLASS) act, which she described as "a historic opportunity to address funding for long term supports and services in a new way". Through the CLASS act and other new initiatives, community living is now "the name of the game". ■

## PLENARY: Weathering the Storm: The Impact of the Great Recession on Long Term Services and Supports

A presentation of the preliminary findings of NASUAD's all-state survey on the impact of economic conditions on long term services and supports, including both Medicaid and non-Medicaid programs.

The Great Recession has taken a deep toll on state and local government programs aimed at providing home and community based care. States are curtailing optional services, extending waiting lists, cutting provider reimbursement, and taking other stringent measures to cope with the worst economic downturn in 70 years. And it may take years before the state economies bounce back.

This was the sobering message from a comprehensive examination of state aging and Medicaid agencies that are engaged in the delivery of long term services and supports. The 50 state surveys were conducted by NASUAD, AARP Public Policy Institute and Health Management Associates.

The squeeze on the states will get even worse after June 30, 2011 when the extra Medicaid funds for the states provided under the stimulus legislation runs out. The extra help from the federal government has eased the state situation for a couple of years. But in State Fiscal Year 2012, the states will have a double budget whammy-trying to replace the federal help they had been receiving while still dealing with an increasing case load. "It will be a critical year" to try to maintain long-term services and supports, according to Kathleen Gifford of Health Management Associates, which helped compile the survey.

States can't stop enrollments because these are entitlement programs. But they can cut the number of hours or visits and individual receives, and they can cut reimbursement to the providers, who already complain that their payments are too low. "I can't overstress the point about how strained state resources are," said Gifford. "I don't think we can emphasize that enough."

Extra funding from the federal government for state and local nutrition programs ran out at the end of September, and 25% of the states say their waiting lists for these programs will increase significantly, according to Susan Reinhard, senior vice president at the AARP Public Policy Institute.

Another disturbing trend discovered in the survey is a jump in the number of calls to offices handling adult protective services, according to Reinhard. "As the economy grows worse, financial exploitation increases significantly," she said. In 22 states, there was a jump in calls to adult protective services departments.

Talking to state officials this year is like "grief counseling," said Martha Roherty, Executive Director of NASUAD. "People in the states are devastated at the things they have to do," she said.

And it may get worse before it gets better. Traditionally, states don't make a full recovery, with revenues up and Medicaid rolls down, until three years after the end of a national recession.

States have already suffered through "hiring freezes, furloughs and pay cuts," according to Gifford of Health Associates. The shrunken workforce has a new challenge to meet, enrolling 16 million more people in Medicaid under the Affordable Care Act. And now, states have to implement health care reform and be ready for full implementation in 2014. ■

## PLENARY: Disabled and Elderly Health Programs Group at CMS: Barbara Edwards

Barbara Edwards, Director of the Disabled and Elderly Health Programs Group, CMS, discussed the Affordable Care Act (ACA) and its affect on Medicaid and the elderly and disabled

population. She first explained the implications of ACA, including the near-universal system of coverage it promises in the long term. She described ACA as "an opportunity for a reformed system of healthcare delivery". An important element of ACA, coming into effect in 2014 is the home and community based spousal impoverishment provision, which will be of great help for the HCBS community. The new eligibilities for Medicaid will be a "transformation".

She then highlighted some of the provisions of the ACA that intend to remove barriers to HCBS. These included a provision to regulate HCBS nationally. There are also provisions to improve state services, create waiver-like services through the state plan, the Community First Choice option which would give enhanced FMAP for community services, health homes for individuals with chronic illnesses, and balancing initiatives, and the extension of Money Follows the Person. She also discussed the importance of helping the dually eligible population. She admitted that we are not helping this population, and that we need to find better ways to serve them more effectively.

She discussed the future of CMS under its new director, Don Berwick. It is dedicated to promising population health, improving individual care, and operating more efficiently and effectively to benefit everyone involved.

She finished by discussing the foundations of the ACA and what they mean for the future of HCBS. The first foundation is that it is person centered and based around the individual needs. The second is that it emphasizes the importance of individual control and individual choice. Third, that it focuses on integration in primary acute and long term care, physical and behavioral healthcare services, Medicare and Medicaid as a service payer, and the integration of individuals into a community setting. The last foundation she mentions is quality. As she said, "we have to care about the quality of the services being delivered."

Looking forward, she states that through the ACA, there are many opportunities ahead of us and an exciting future through the hard work of every agency involved. ■

## Promoting Clinical Preventive Services for Older Adults: Key Opportunities for the Aging network

Maggie Moore, a Public Health Advisor with the Center for Disease Control's (CDC) Healthy Aging Program, addressed the need to improve upon the delivery of clinical preventive services, such as cancer screenings and immunizations, among older adults. To promote the broader use of preventive services, the CDC, in partnership with AARP and the American Medical Association, developed a report highlighting recommended preventive services for this key population, as well as successful strategies to promote and facilitate the delivery of these services in community settings. These findings, as well as interactive resources allowing users to view and compare the status of preventive service delivery among older adults at the national, regional, state and local levels are available on the CDC's website, *http://www.cdc.gov/aging/services/index.htm*. ■

## Recent Developments in ADA Enforcement by DOJ

With a renewed focus on the Americans with Disabilities Act (ADA), enforcement of the Olmstead decision is currently a top priority for the Department of Justice (DOJ). During this session, representatives from DOJ's Disability Rights and Special Litigation sections discussed steps states can take to successfully implement Olmstead's integration mandate, as well as recent court cases and future enforcement initiatives. They advised states to conduct regular evaluations of individuals currently in institutions based on professional standards as to whether or not the individual can live in the

community and to work to move individuals through the de-institutionalization process, by taking steps such as using federally-funded voucher services to provide suitable housing for individuals wanting to reside in the community. Additionally, DOJ plans to increase enforcement in the coming year by targeting states and localities that maintain waitlists for services where there is little or no movement. For more information on the ADA, including the Olmstead integration mandate, please visit: *http://www.ada.gov/*. ■

## Women Against Violence and Exploitation

It is estimated that a staggering ninety percent of people with intellectual disabilities are victims of violence or sexual abuse. Given the lack of research on the abuse and exploitation of people with disabilities, the risk factors specific to this population, and the lack of community resources available to them, the Atlanta-based organization All About Developmental Disabilities (AADD), saw a clear need to help women with developmental disabilities who have experienced physical, sexual, emotional and financial assault recover from the trauma. In 2003, AADD created a groundbreaking counseling and support program to help these women develop the life skills and self-confidence to "create a new normal." For more information about this pioneering program, which has supported over 35 women who have experienced abuse since its inception, please visit *www.aadd.org*. ■

## HUD and HHS Collaborating on Community Living and Enhancing Supports for Independent Living

President Obama marked the 10th Anniversary of the Olmstead Decision by calling for a Year of Community Living Initiative. As part of this initiative HUD Secretary Shaun Donovan and HHS Secretary Kathleen Sebelius have partnered together to coordinate policy development, review programs and policies, expand capacity building, conduct joint research and be a forum for ideas and input. A Coordinating Council has been created and is led by the Director of the Office of Disability and the Assistant Secretary of Aging.

Some of the goals of this partnership include addressing housing needs for people with disabilities and chronic conditions; designing a demonstration project to test how housing, long-term supports and services and medical care can be coordinated to support older adults in affordable housing; developing a project for Money Follows the Person (MFP) grantees participating in "Capacity Building" contract; maximizing consumer choice through single –point of entry systems and standardized assessment tools; issuing contract to conduct environmental scan on existing models and produce "how to" manual; training people in subsidized housing as direct service workers; supporting and expanding the Annapolis "Work where you live" model in states participating in MFP demonstrations; and collaborating to provide housing support for non-elderly people with disabilities.

HUD and HHS will be releasing a Notice of Funding Availability and is contracting with the Lewin Group and other organizations as they move forward to meet the goals of the Community Living Collaborative. ■

## Veterans Directed Home and Community Based Services—Administration on Aging & Veterans Affairs Partnership

The Administration on Aging and the Veterans Administration are in partnership to develop Veteran Directed Home and Community Based Services (VDHCBS) programs to help meet the growing need for long-term care services among the nation's Veterans. VDHCBS programs are consumer directed and designed to empower Veterans of any age to direct their own services. In discussing the implementation of the program, representatives from each agency discussed the collaborative efforts that have occurred at all levels in both the Aging Network and the VA. These include data and information sharing and financial management systems needed to support person centered long term care. As of September 2010, VDHCBS programs are operational in 14 states. However, both agencies see the need to expand the program, so the VA envisions programs in at least 45 VAMCs by the end of 2011. ■

## Food Insecurity and Hunger in Older Adults in Community Settings: Prevalence, Prevention, and Advocacy

Food insecurity and hunger are real and growing problems in the U.S. Among older adults, the prevalence of food insecurity is at a 14-year high and occurred in more than 8 percent of households with older adults in 2008 according to USDA.. Several segments of the older adult population are particularly vulnerable to food insecurity, including those receiving or requesting congregate meals, home-delivered meals, and other community based services. Older adults are at high risk of chronic health problems that can be exacerbated by food insecurity and poor eating habits.

To help improve targeting of food and nutrition programs to those most in need, a group of leading advocates collaborated with the Georgia Division of Aging Services to define the prevalence and consequences of food insecurity in Georgia and the negative health correlations that are associated with food insecurity. The group saw a need for ongoing advocacy related to monitoring and alleviating food insecurity; moreover, more research is needed to further demonstrate the cost-savings that can be made by preventing food insecurity for older adults and the related health problems. ■

TUESDAY

## PLENARY: Henry Claypool, Director of Disability Services, HHS

Henry Claypool, the Director of Disability Services, HHS, discussed the implications of the Affordable Care Act (ACA), focusing on its affect on the disabled population. He called the ACA "the most significant law … that has been passed since the Americans with Disabilities Rights Act". He highlighted the most important aspects of this act for the disabled community, including the fact that insurers will no longer be allowed to reject people with pre-existing conditions, children staying on their parents' insurance until they are 26 years old, the implementation of standards for accessible diagnostic equipment, the focus on long term services, ensuring safe and effective care transitions for people with dual eligibility, and the creation of a center for Medicare and Medicaid innovation.

He then discussed the Community Living Initiative and how the ACA will benefit this effort. He discussed HCBS as a civil rights issue, including the services, supports, housing, workforce, and data that are part of HCBS. He listed the different agencies involved in the effort, showing how numerous and broad the players are. He also discussed the work that HHS does, including projects on housing with the National Public Housing Administration, Money Follows the Person, a workforce group paired with CMS, and a caregivers' summit also with CMS.

He also discussed the importance of the disabled and elderly communities working together, forming cross-disabilities and cross-aging alliances. In the developmentally disabled communities, he noted that HCBS has always been considered the norm and that for all disabled and elderly people; we must work to ensure that they always have the choice between institution or community living. We must also hope to make community living the preferred choice, he said.

To show the importance of collaboration between disabled and elderly communities, he pointed out the commonalities between both groups. These included a person centered plan, interest in self-direction by the individuals involved, integrated health and community based services, the need for community based housing and transportation, and the main goal being people living with greater security. He asked for the sharing of success stories and good ideas, because the end goal is the same for both groups. ■

## PLENARY: Steve Gold, Advocate

Home and community based care activities will be "incredibly vulnerable" in coming years as the states facing budget gaps cut back on existing programs, Steve Gold, an attorney who has been an activist in patients' rights litigation warned. These vital programs are "one place every state will try to cut back," said Steve Gold, speaking to the Home and Community Based Services Conference.

Nursing homes are an entitlement under the Medicaid legislation. If a person meets the entry criteria, he or she must be given a bed in a nursing

home. But the home and community-based programs are optional under Medicaid, and become a target for the cash-strapped states, which are in the deepest economic slump in 80 years. Supporters of these programs must form coalitions to lobby for their survival and expansion and against cutbacks, Gold said.

"Unless there is a strong working coalition between older Americans with disabilities and younger Americans will disabilities, both will get screwed," Gold said.

The programs for people who are elderly or disabled will be ripe targets for cuts by deficit-conscious legislators, he warned. The federal deficit will be equal to 4% or 5% of the nation's total economic output (the Gross Domestic Product) by the year 2015. Half of all federal spending will go to Medicare, Medicaid and Social Security, he said. Advocates and patients will fight back, Gold predicted. "You are going to see an enormous number of lawsuits when the cutbacks begin," he said.

The Department of Justice's top leadership is "totally committed to Olmstead," said Gold, referring to a Supreme Court decision requiring that people with disabilities have access to community based supports. "More lawsuits have been filed in the past year than in the previous 10 years."

The numbers of vulnerable patients are growing rapidly. By the year 2020, there will be 7.3 older persons with disabilities, driving up the demand for caregivers and support programs. As the fragile and dependent population rises, there will be an increased threat of "patient dumping" by hospitals that want to get rid of patients who won't be a reliable source of revenue, according to Gold. The Affordable Care Act provides extra funds to states for home and community based activities. There is lots of transition money (to move people from hospitals or nursing homes into the community), according to Gold. His bottom line message: "no excuses, get them out." ■

## PLENARY: Melanie Bella, Director of the Federal Coordinate Health Care Office, CMS

Melanie Bella is the Director for the newly created Federal Coordinate Health Care Office at CMS. This office was created by Section 2602 of the recently passed Affordable Care Act with the goal of improving coordination between the federal and state governments when serving "dual eligibles," low-income elderly and persons with disabilities who are enrolled in both Medicare and Medicaid. There are just over 9 million dual eligibles currently. In 2010, the U.S. expects to spend between $300 and $350 billion on this population alone.

Goals of the office:

- Simplify the processes for dual eligible individuals to access services.
- Improve the quality of health care and long-term services for dual eligible individuals.
- Increase dual eligible individuals' understanding of and satisfaction with coverage under the Medicare and Medicaid programs.
- Eliminate regulatory conflicts between the Medicare and Medicaid programs.
- Improve care integration, coordination, and continuity.
- Ensure safe and effective care transitions for dual eligible individuals.

The short-term plans of the office can be broken down into two broad categories: 1) fix the existing problems and 2) support demonstration projects. More specific short-term plans include:

- Conducting system wide analysis of care patterns of dual eligible populations and gaps in benefits, services and care delivery.
- Providing states information and analytical tools to evaluate Medicare and Medicaid cost and utilization patterns for duals.
- Identifying administrative, regulatory, and legislative policies to improve care integration.
- Providing technical assistance and collaborative learning opportunities to states, health plans, physicians and others.
- Designing, implementing, and evaluating innovative service models, care management approaches, and payment methods.

In closing, Bella confirmed that CMS is committed to making dual-eligible beneficiaries a priority and in order to best serve this population, it will be important for service providers to be collaborative and develop partnerships. ■

## Promoting Appropriate Supports for LGBT Elders: National Technical Assistance Center

Given the specificity of challenges associated with providing supports and services for older lesbian, gay, bisexual and transgender individuals, the Administration on Aging (AoA) created a national resource center, SAGE, to address the barriers that prevent LGBT elders from receiving the culturally appropriate services they need to live as independently as possible in the setting of their choice. By educating both mainstream and LGBT organizations in urban and rural settings, developing partnerships, and disseminating information, this initiative aims to alleviate the challenges that face this population. For more information, please visit *http://www.sageusa.org/about/news_item.cfm?news=167.* ■

## Empowering the Person: From Evidence to Practice

Focusing on the important role that personal empowerment plays in preventing disability, promoting recovery from mental illness, and increasing independence, Dena Stoner, Senior Policy Advisor of Mental Health and Substance Abuse Services within the Texas Department of State Health Services (DSHS) highlighted three pilot projects underway in Texas that test various methods of empowering consumers. The programs, Self-Directed Care, Working Well (Demonstration to Maintain Independence and Employment), and Money Follows the Person Behavioral Health, suggest that evidence-based approaches can be successfully implemented, tested and refined in complex real-world systems. More information on the Texas DSHS and their Substance Abuse Services, please visit *http://www.dshs.state.tx.us/sa/default.shtm.* ■

## Implementing the Affordable Care Act: Making it Easier for Individuals to Navigate Their Long-Term Care

From the Administration on Aging (AoA), Bob Hornyak, Acting Deputy Secretary of the Center for Policy, Planning and Evaluation and Lori Gerhard, Director of the Office of Program Innovation and Demonstration, discussed various provisions in the Affordable Care Act (ACA) that impact long-term services and supports, including initiatives that promote disease prevention, create healthier communities, and foster independence. Throughout their presentation, AoA highlighted the importance of forming partnerships and maintaining a strategic vision as well as a focus on innovative ideas in order to successfully leverage existing systems, and to create new ones as implementation of the ACA moves forward. To learn more about health reform and the aging network, please visit *http://www.aoa.gov/AoARoot/Aging_Statistics/Health_care_reform.aspx.* ■

## Importance of Care Coordination with the Implementation of Health Reform

With the passage of the Affordable Care Act, the need to develop strategies around the implementation process that will promote care coordination services for adults is crucial. During this session, presenters discussed the efforts of the National Coalition on Care Coordination (N3C) to advance policies and models to improve health and social services for older adults, as well as the findings of three white papers focusing on care coordination, and how these findings can be leveraged throughout

implementation to promote comprehensive care coordination models. More information regarding these efforts is available online at *http://www.socialworkleadership.org/nsw/care/carecoordination.php* ■

## Medicaid Funding for Assisted Living

Eric Carlson, staff attorney from the consumer group the National Senior Citizens Law Center, provided a background on using Medicaid waivers to fund assisted living. NSCLC argues that Medicaid should be considered payment in full. NSCLC also argues that states should pay for room and board so that more seniors can live in communities and not in costly institutional settings.

Mr. Carlson highlighted a new report published by the NSCLC that highlights progress, problems and opportunities 10 years after the Olmstead ruling. The Commonwealth Fund is also writing a series of reports over the next six months on Assisted Living Waivers. For more information on NSCLC and their report on 10-Plus Years After the Olmstead Ruling, go to *www.nsclc.org* ■

## The Children's Health Insurance Program

The Centers for Medicare & Medicaid Services' Division of Medicaid and Children's Health Operations of the Atlanta Regional Office made a presentation on the Children's Health Insurance Program (CHIP), formerly referred to as the State Children's Health Insurance Program (SCHIP). SCHIP was passed by Congress and signed into law in August 1997 with an appropriation of $40 billion over 10 years in enhanced Federal matching funds to states to cover uninsured children. Currently, there are approved CHIP plans in all 50 states and the District of Columbia, and territories. SCHIP was reauthorized in 2009 and became known as CHIP.

CHIP allows states to cover targeted low-income children with no health insurance in families with income above Medicaid eligibility levels. States may also extend CHIP coverage to pregnant women when certain conditions are met. CHIP allows more State flexibility than Medicaid and even offers some Demonstrations and Waivers. ■

## A Best Practice Model for Adult Protective Services

New Hampshire's Bureau of Elderly and Adult Services' Adult Protective Services (APS) Program serves incapacitated adults ages eighteen and older and the elderly regardless of whether they are also receiving services in other programs within the Department of Health and Human Services. APS social workers have a number of critical decisions to make on every report of alleged abuse, neglect, exploitation or self-neglect. In an effort to ensure consistency and to create a systematic approach to APS decision making, New Hampshire's Bureau of Elderly and Adult Services teamed up with the National Council on Crime and Delinquency from Madison, Wisconsin, to develop a Structured Decision Making Model for Adult Protective Services. The assessment and process is designed to answer should the report be investigated; how urgent is the situation; how quickly should the investigation begin; is the report legitimate or not and, if so, what needs to happens to improve the victim's circumstances so that he/she is safe, well and unlikely to require protective services in the future; need to be addressed. New Hampshire plans to conduct a process evaluation of the SDM in the fall 2010 and a valuation study, now until June 2012. ■

## Using National Measures for Cross-Population, Apples to Apples Comparison of Institutional and Home and Community Based Services Outcomes

Under its Systems Transformation Grant, Louisiana developed a comprehensive set of performance measures employing claims data and data collected using nationally recognized assessment instruments and consumer satisfaction/experience tools. A goal of the grant was to adopt measures that would be applicable to all programs and populations served by the operating agency for developmental disabilities and the operating agency for elders and people with adult-onset disability.

Representatives from Louisiana's Office of Aging and Adult Services presented on the successes that have been achieved in using Medicaid claims data to report performance on several AHRQ Prevention and HEDIS measures; not only are the operating agencies able to compare health-related outcomes for waivers against outcomes for nursing homes and ICF/DDs, they are also able to benchmark against the state's general Medicaid population and Medicaid outcomes nationally. In addition, findings were used for cross-program quality improvement projects, budget justification, and evaluation of program and policy changes. Louisiana plans to continue to develop cross-population QIS, implement cross-setting QIS, and work with a larger set of AHRQ & HEDIS measures. ■

## Public Guardianship in Georgia and Beyond: Best Practices for Serving our Most Vulnerable

There is an undeniable need for the modernization and expansion of public guardianship systems to serve incapacitated individuals. As of 2007, forty-four states had provisions in state law relating specifically to public guardianship; more than half of these laws place the provision of public guardianship services in a conflict of interest position by their location in state government.

The presenters, leaders from the Georgia Division of Aging Services, identified and highlighted best practices in public guardianship across the United States, and discussed the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act and the national push for uniform standards. Also, the presentation highlighted and discussed the four basic models of public guardianship: the court model, the independent state office, the social service agency, and the county model. ■

### WEDNESDAY

## PLENARY: Constance Garner: The CLASS Act

On Wednesday morning, over a breakfast plenary, Constance Garner, Policy Director, Government Strategies Practice Group, and Executive Director for Advance CLASS, Inc, spoke to conference-goers about the recently passed CLASS Act, Title VIII of the Affordable Care Act. The CLASS Act, or Community Living Assistance Services and Support Act, is a voluntary, federally administered, consumer-financed insurance plan which provides participants with a cash benefit to help pay for services and supports if the participant becomes functionally limited due to disability or age. As Connie Garner explained, it is an alternative, for those who participate, to Medicaid which gives participants choice over their care needs. She stressed that CLASS is not just an aging program, but is meant as a protection for anyone, as they may suffering unhappy circumstances causing them to have a disability at some point in their life.

Through her work with Advance CLASS, Inc, which was started by the "real people" advocates of CLASS, she is working hard on issues of enrollment in the program and making clear to the Obama Administration what the intent of the act was. She stressed that giving people this option is important and that what happens next with CLASS, whether people decide to enroll, look elsewhere for programming, or opt out of coverage completely, will better help the government understand what it is that consumers want in long term services and supports insurance. ■

## Innovative Tools States are Using in Long-Term Care and the Implementation of Home and Community Based Services

Dr. Summer Knight, a former Chief Medical Officer for the Florida Agency for Healthcare Administration turned entrepreneurial businesswoman, presented session attendees with information on strategies states are using to mitigate the inherent risks of logistically dispersed home based programs, including the innovative approaches to moving long-term care into the home and community undertaken by Tennessee and Florida. Additionally, Dr. Knight highlighted innovative solutions states are using to better manage their home and community based systems, such as leveraging technology through social media and networking to increase efficiency and efficacy. To learn more about Dr. Knight and her initiatives, please visit her website, *http://drsummerknight.com/*. ■

## Options Counseling, ADRC Style

Leading staff from The Lewin Group and its Technical Assistance Exchange demonstrated that options counseling is a core component of Aging and Disability Resource Centers (ADRCs) and defined Long-Term Support Options Counseling [as] "an interactive decision-support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term support choices in the context of the consumer's needs, preferences, values, and individual circumstances." The presenters highlighted the considerations that influence the effectiveness of how options counseling is delivered and offered managerial tips to improving options counseling through organizational planning, integration of services, staff training, development and supervision, and program evaluation. The presenters provided examples of state models for options counseling, and various legislative initiatives that have mandated options counseling for certain activities and target populations. The presenters also pointed out the Administration on Aging is working with various states, experts and stakeholders, to develop a comprehensive set of minimum national standards for the ADRC Options Counseling and Assistance Program, and defining the parameters of options counseling and the core competencies for options counselors. ■

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