



# INTRODUCTION TO NASUAD

August 27, 2018

# About NASUAD



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## **Our mission:**

*To design, improve, and sustain the state systems that deliver home and community-based services and supports for older adults, people with disabilities, and their caregivers.*

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 helps states

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# LEAD

- President, Duane Mayes, AK
- Vice President, Curtis Cunningham, WI
- Treasurer, Nels Holmgren, UT
- Secretary, Kathleen Doherty, RI
- At-large, Alice Bonner, MA
- At-large, Kathy Bruni, CT
- At-large, Kari Benson, MN
- Immediate Past President, Lora Connelly, CA



# Assist

- Providing technical assistance and training in a variety of ways to support states in the development and sustainability of their long-term services and supports systems

# Providing Leadership, Technical Assistance, and Policy Support to State LTSS Systems in the Following Areas

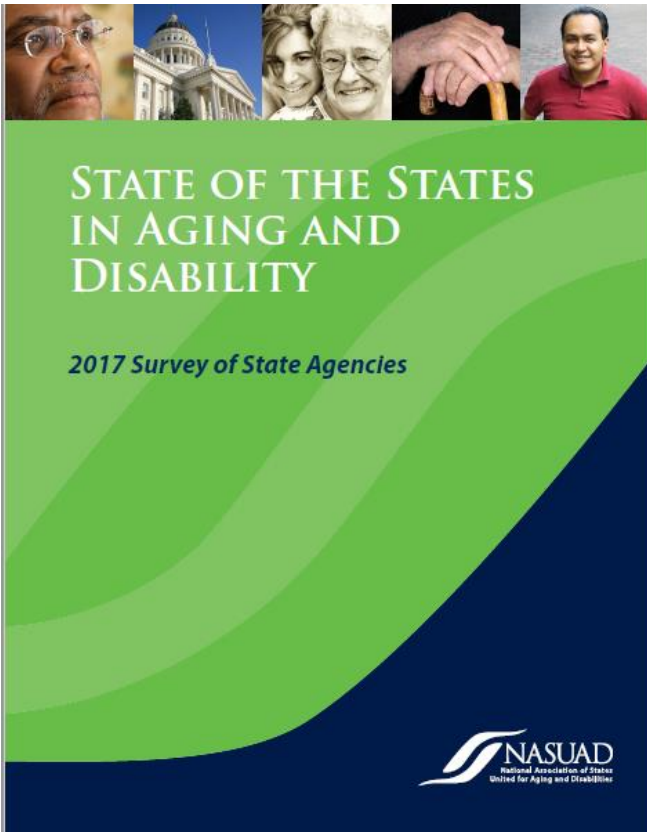
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# National surveys of state agencies in aging and disability services

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## Bi-annual State of the State report



## Economic Survey of the States

Survey will be coming out in late September.

Results will be published by late December.

Surveys are used to:

- Answer your questions
- Answer questions from state legislatures
- Respond to inquiries from federal partners
- Advocate on your behalf

## A collaborative effort between states and 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.



# Resources on Managed Long-Term Services and Support



April 7, 2017

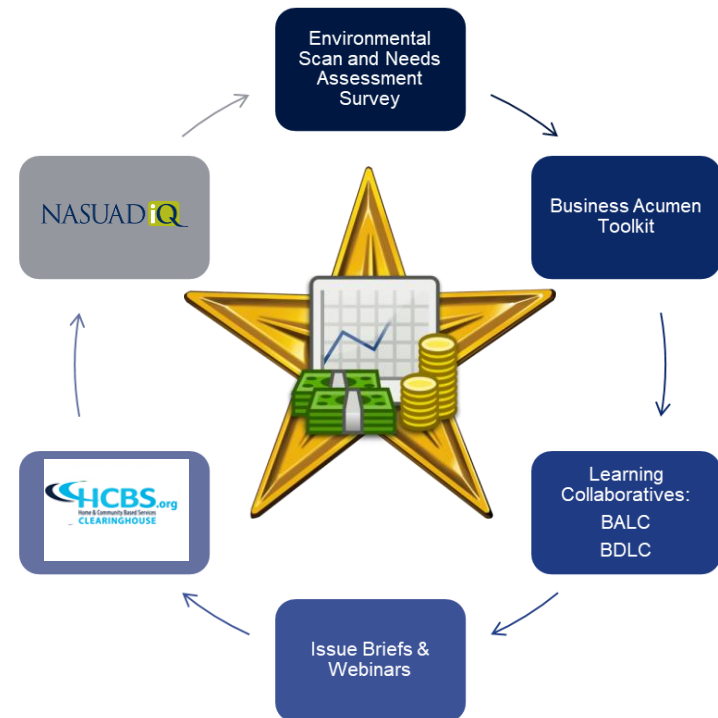
## State Medicaid Integration Tracker<sup>®</sup>

### **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

## Goal/Vision:

- 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



# National Information & Referral Support Center



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## Services

- Technical Assistance Webinars: free monthly
- 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

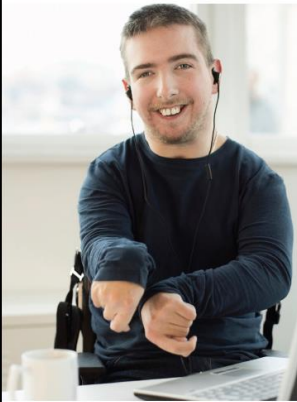
## Goal:

- To build and promote continuing development of aging and disability information and referral sources nationwide.





I'm working again, but I still can't afford my  
**MEDICARE COSTS...**  
Is there any **HELP** out there for me?



**YES!** If you are a working person with a disability under 65 and on Medicare, the Qualified Disabled Working Individuals Program (QDWI) may help you!

**QDWI is a Medicare Savings Program** that may help pay some Medicare costs for low-income working individuals with a disability.

If you are single with a monthly income of about \$4,000 (or married with a combined monthly income of about \$5,300), **this program may help you.\***

\*Income limits vary by state.

**FOR ASSISTANCE, CALL:**

Current as of August 2014



## Get HELP with your **MEDICARE COSTS!**



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

**FOR ASSISTANCE, CALL:**



# Innovate

- Helping states to change and design systems to support their LTSS

## NCI-AD Provides:

- 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](http://www.nci-ad.org)
- Interested states can enroll now!



National Core Indicators  
Aging and Disability Adult Consumer Survey

2015-2016 National Results

# Infographics on Aging, Disability, Caregivers, and Oral Health

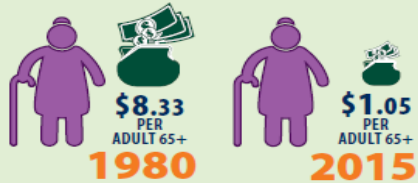
## FUNDING FOR SENIORS NOT KEEPING PACE

From 1980 to 2015

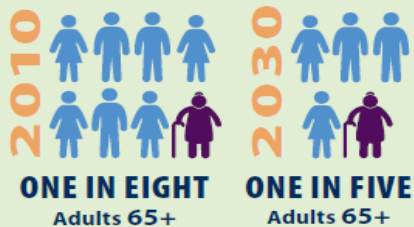
**86%**  
POPULATION INCREASE  
ADULTS 65+

**64%**  
FUNDING DECREASE  
AoA FUNDING

Current Funding Levels Unable to Meet Increased Need



Percent of Seniors Continues to Grow

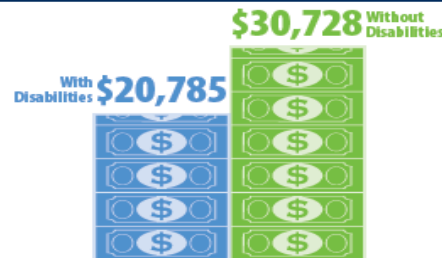


## WORKING AGE ADULTS WITH DISABILITIES AND WITHOUT DISABILITIES

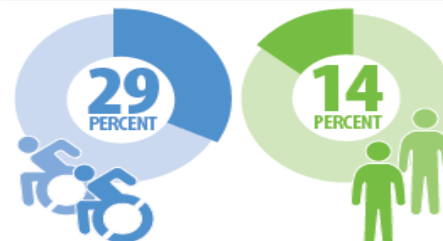
**Employment Rate** Ages 18-64



**Median Earnings** Ages 16+



**Poverty Rate** Ages 18-64

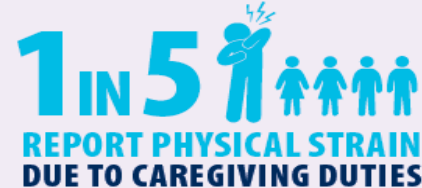


## CAREGIVERS: THE STRESSORS

**Emotional**



**Health**

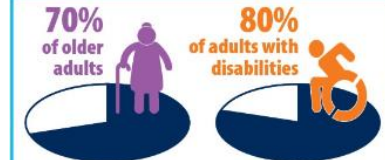


**Financial**



## WHAT HAPPENS AS A RESULT?

**Gum Disease Occurs In...**

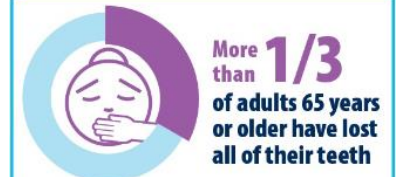


**Periodontal Disease** is Associated With...



**EMERGENCY ROOM VISITS** Over a 3 year period, \$2.7 billion were spent in dental-related hospital emergency department visits in the United States

**Tooth Loss**



**Poor Nutrition Occurs When...**







# got an hour?

He could use a ride to the pharmacy, help in the yard, or a simple game of cards. In just one hour, you can put a smile on a senior's face.



got an hour?  
give it back.

[www.giveitbacktoseniors.org](http://www.giveitbacktoseniors.org)

## 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, [GiveltBacktoSeniors.org](http://GiveltBacktoSeniors.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](#)

**3/11** National HCBS Conference Call for

### Upcoming Events

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

### NASUAD IQ



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

# Advocate and Educate

- Engaging with states to develop a strong public policy platform that supports state flexibility and funding support in LTSS.
- Representing states before Congress and the administration.

# Public Policy Committees

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## 2 public policy committees

- Medicaid LTSS
- Older Americans Act and other





April 2015

## Medicaid HCBS Settings Regulations and Adult Services



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www.nasuad.org

April 30, 2018

Office of Information and Regulatory Affairs, OMB  
Attention: OMB Desk Officer for ACL  
New Executive Office Bldg., 725 17th St. NW  
Room 10235, Washington, DC, 20503

RE: Public Comment Request; Older Americans Act Title III  
(Chapters 3 and 4) Annual State Program Reporting (Annual  
Data Collection); OMB Approval 0985-0008.

Submitted electronically via: [QIRA\\_submission@omb.eop.gov](mailto:QIRA_submission@omb.eop.gov)

*President*  
Lois Connolly  
California

*Vice President*  
Diane Mayes  
Alaska

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Kathleen Dougherty  
Delaware

*At-Large*  
Karl Bonson  
Minnesota

On behalf of the National Association of States United for Aging and Disabilities (NASUAD), I am writing in response to the Public Request on revisions to the State Program Report (SPR) required under the Older Americans Act (OAA). NASUAD is a nonpartisan association representing the nation's 56 state and territorial governments on aging and disabilities. We work to support vision agencies on aging and disabilities. Our members are leaders in the advancement of state systems innovation, and of national policies that support home and community-based care for older adults and persons with disabilities. Together with other stakeholders, we work to design, improve, and sustain state systems that support older adults and persons with disabilities. Our members are leaders in the advancement of state systems innovation, and of national policies that support home and community-based care for older adults and persons with disabilities. Together with other stakeholders, we work to design, improve, and sustain state systems that support older adults and persons with disabilities. Together with other stakeholders, we work to design, improve, and sustain state systems that support older adults and persons with disabilities.

On April 2, 2018, the Administration for Community Living (ACL) issued its proposed collection of information specifications to the Office of Management and Budget (OMB) regarding the State Program Report (SPR) which is required under the OAA.<sup>1</sup> As a part of this process, ACL is seeking public comment on the proposed collection of information. We appreciate the opportunity to comment, and comment period for stakeholders to weigh in on the proposed collection of information.

- NASUAD appreciates the opportunity to comment, and comment period for stakeholders to weigh in on the proposed collection of information.
- Reducing reporting burden and enhancing data quality
  - Modernizing the SPR data structure;
  - Aligning data elements across data collections; and

<sup>1</sup> <https://www.federalregister.gov/documents/2018/04/02/2018-06660/collection-activities-submission-for-omb-review-public-comment-request>



## ELECTRONIC VISIT VERIFICATION

### Implications for States, Providers, and Medicaid Participants

MAY 2018





# Educate

- Providing timely, accurate information and resources to states

A stylized human figure logo consisting of a white circle for a head and a white vertical bar for a torso, set against a green background.

**Online Classes  
about  
Aging and Disability  
Programs, Resources  
and Services**

**NASUAD** The logo for NASUAD iQ, featuring the letters 'iQ' in a white serif font inside a green square.

**[www.nasuadiq.org](http://www.nasuadiq.org)**  
ONLINE LEARNING CENTER

# Friday Update

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## FRIDAY UPDATES

# NASUAD

April 28, 2017

**In This Issue**

- [\\*HCBS Clearinghouse: Information Technology and the Aging Network](#)
- [\\*HCBS Clearinghouse: The Financial Vulnerability of Former Disability Beneficiaries in Retirement](#)
- [\\*HCBS Clearinghouse: Setting Targets for State Improvement](#)
- [\\*ACL: Webinar: What Is ACL's Interest in HCBS Quality?](#)
- [\\*Census Bureau: Facts for Features: Older Americans Month](#)
- [\\*Census Bureau: 2015 Health Insurance Estimates for All Counties and States](#)
- [\\*CMS: February 2017 Monthly Report on State Medicaid and CHIP](#)
- [\\*CFPB: What to Do If You're](#)

## 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](http://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**
- **Over 10,000 recipients!**
- **Sign up at [www.nasuad.org](http://www.nasuad.org)**

[Quick Search](#)[Advanced Search](#)[Browse Clearinghouse](#)

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](#)

# Collaborate

- NASUAD believes that collaboration with partners is the key to success

# Some of our partners

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# Convene

Two in-person meetings per year

- Spring meeting in May (location changes)
- Fall meeting in conjunction with HCBS





**FOR ADDITIONAL  
INFORMATION:**

[www.nasuad.org](http://www.nasuad.org)

202-898-2578





# Overview of the Administration for Community Living

## 2018 National HCBS Conference

Whitney A. Bailey & David Ishida

August 27, 2018



# 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, as well as information and referral programs have been transferred to ACL from other agencies.

## 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.

- Principal agency in US Department of Health and Human Services to lead aging & 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 from 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



# 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





**Lance Robertson**

Administrator and  
Assistant Secretary for  
Aging



**Mary Lazare**

Principal Deputy  
Administrator and Acting  
Commissioner on  
Disabilities

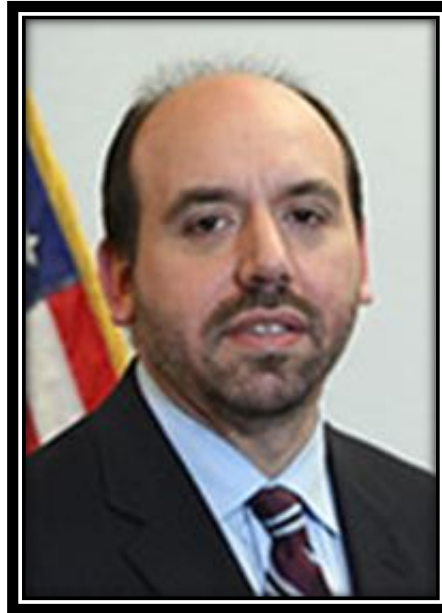


**Whitney A. Bailey**

Deputy Administrator for  
Regional Operations and  
Partnership Development



**Christine Phillips**  
Director, Office of  
External Affairs



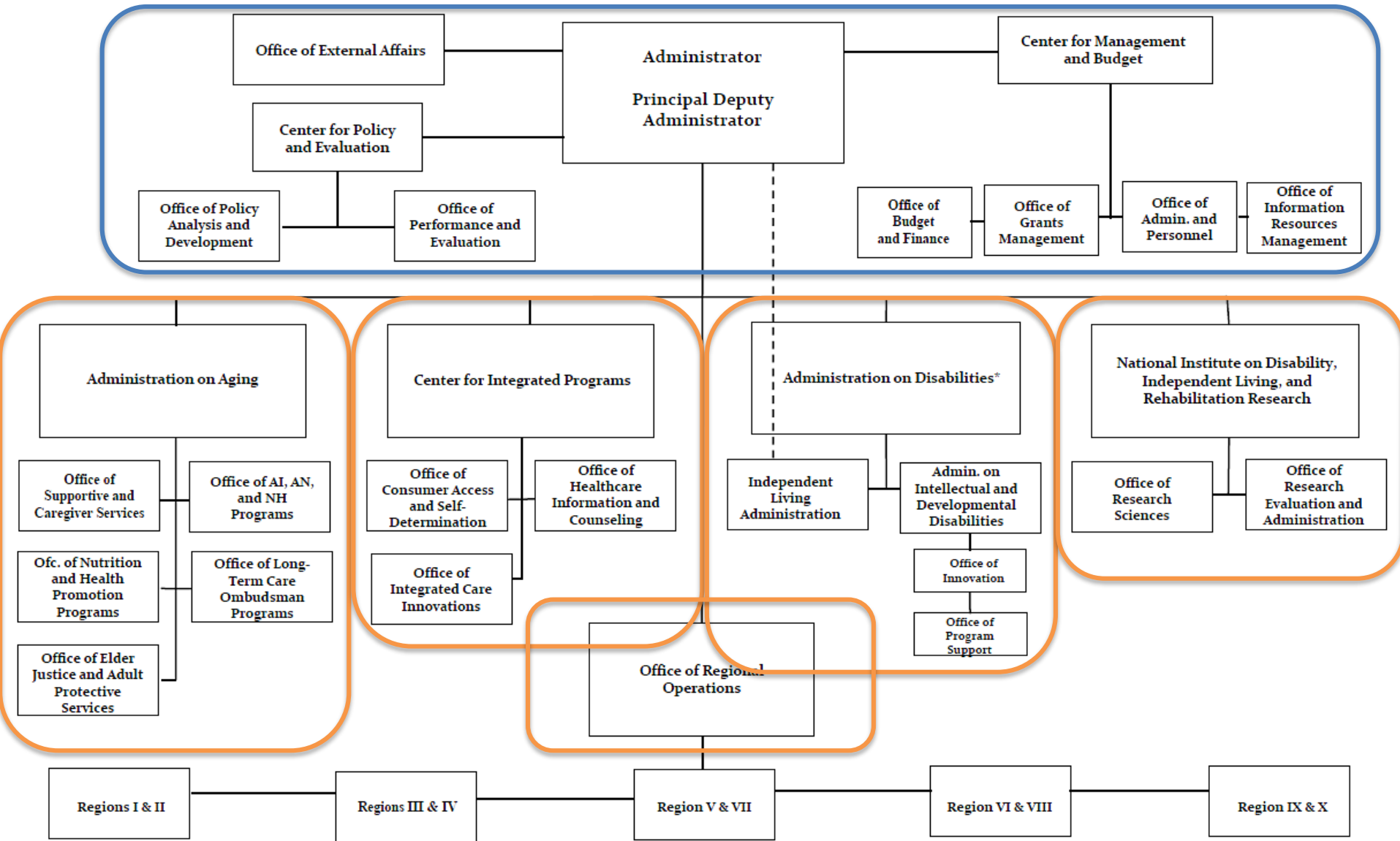
**Dan Berger**  
Deputy Administrator  
for Management and  
Budget



**Vicki Gottlich**  
Director, Center  
for Policy and  
Evaluation



## ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART



\*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dual role, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and reports directly to the Administrator in carrying out the functions of the Director of Independent Living consistent with Section 701A of the Rehabilitation Act.

# 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 Aging (AoA)

1965: Three Important Programs Enacted

- Medicare
- Medicaid
- Older Americans Act (OAA)

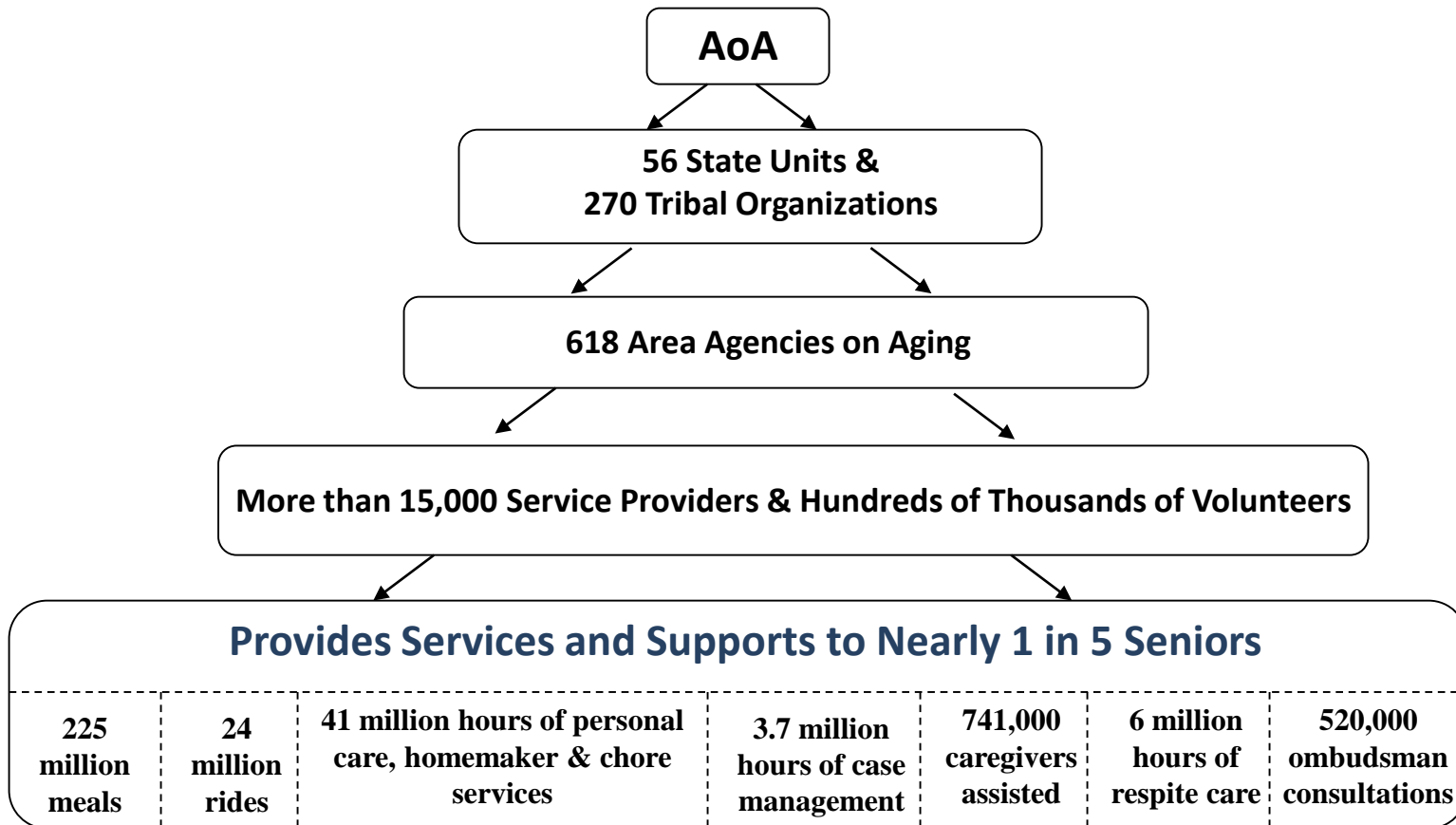


***“Every State and every community can now move toward a coordinated program of services and opportunities for our older citizens.”***

*President Lyndon B. Johnson, July 1965*

# The Older Americans Act Helps Over 11 Million Seniors (1 in 5) Remain at Home through Low-Cost, Community-Based Services

*(\$3 to \$1 Return on Federal Investment)*



Source: ACL's OAA State Performance Report, FY 2016

# 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

*...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.***

# Role of The Assistant Secretary for Aging

**Section. 202.(b)** To promote the development and implementation of comprehensive, coordinated systems at Federal, State, and local levels that enable older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers...



# 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 90% of OAA Clients have Multiple Chronic Conditions
    - Compared to 73% of general older adult population (age = 65+)
  - 73% of Case Management Clients take 5 or more medications daily
- At Risk for Nursing Home Admission:
  - 41% of Home-Delivered Nutrition Clients have 3+ Activities of Daily Living (ADL) Impairments
  - 82% of Home-Delivered Nutrition Clients have 3+ Instrumental Activities of Daily Living (IADL) Impairments

# Key Challenges

- Rapidly changing 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 2016 Service Data:

- More than 10.5 million hours of adult day care
- More than 3.6 million hours of case management
- 12.4 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 (55%) 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 (67%) of OAA transportation users lived alone.
- Over 15% of transportation riders take 10 or more daily prescriptions, increasing their safety risk of driving
- Over two-thirds (69%) of transportation clients have annual incomes at or below \$20,000

Source: ACL's OAA State Performance Report, FY 2016 and 2017 National Survey of Older Americans Act Participants

# 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
- Nearly 61% of Home-Delivered & 53% 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 2016, Home-Delivered Nutrition Services provided 145.5 million meals to over 868,000 seniors.
- In FY 2016, Congregate Nutrition Services provided 79.4 million meals to nearly 1.6 million seniors in a variety of community settings.
- In FY 2016, 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.

# National Family Caregiver Support Program

741,000 Caregivers Served Annually

- Respite Care Services provided to more than 62,000 caregivers with nearly 6.0 million hours of temporary relief from their caregiving responsibilities.
  - The NFCSP is often coordinated with Lifespan Respite Care Programs and ACL-funded Alzheimer's Disease Programs (where such grants are in place)
- Access Assistance Services provided 1.2 million contacts to caregivers assisting them in locating services from a variety of private and voluntary agencies.
- 30% of caregiver clients indicate that without NFCSP services the care recipient would most likely be living in a nursing home (60%) or assisted living (17%).

**80% of all community-based long-term care is provided by family and friends.**

**Estimates place the economic value of unpaid caregiving between \$470 and \$522 billion annually**

# Protection of Vulnerable Elders

## Long-Term Care Ombudsman

- 1,300 professional ombudsman and 7,734 volunteers:
  - monitor conditions,
  - investigate complaints,
  - represent resident interests;
  - made quarterly visits to 68% of nursing homes;
  - 28% of assisted living, board and care, and other facilities.
- Ombudsman handled over 199,000 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

- At least 5 million elders are abused, neglected and/or exploited annually.
- Older victims of even modest forms of abuse have a dramatically higher (300%) morbidity & 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

- Nearly 960,000 hours of legal assistance were provided in FY 2016.
- 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 reduce 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+. 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.

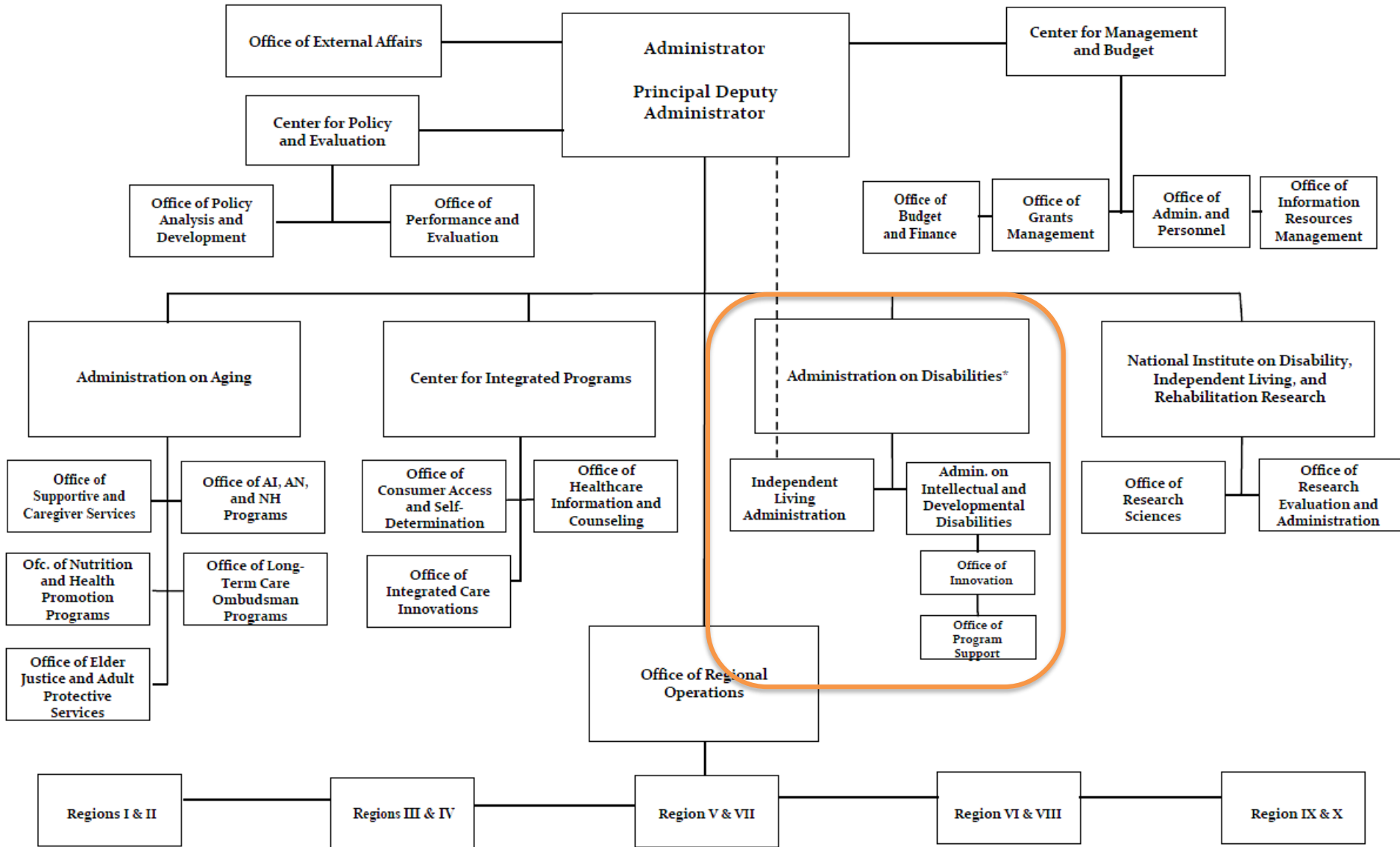
## Native American Nutrition and Supportive Services

- 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 FOR COMMUNITY LIVING ORGANIZATIONAL CHART



\*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dual role, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and reports directly to the Administrator in carrying out the functions of the Director of Independent Living consistent with Section 701A of the Rehabilitation Act.

# Administration on Disabilities



**Mary Lazare**

Principal Deputy Administrator  
and Acting Commissioner on  
Disabilities



**Bob Williams**

Deputy Commissioner  
Director of  
Independent Living

# Administration on Disabilities (AOD)

## *Creating Change, Improving Lives*

- Equipping individuals with disabilities 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:

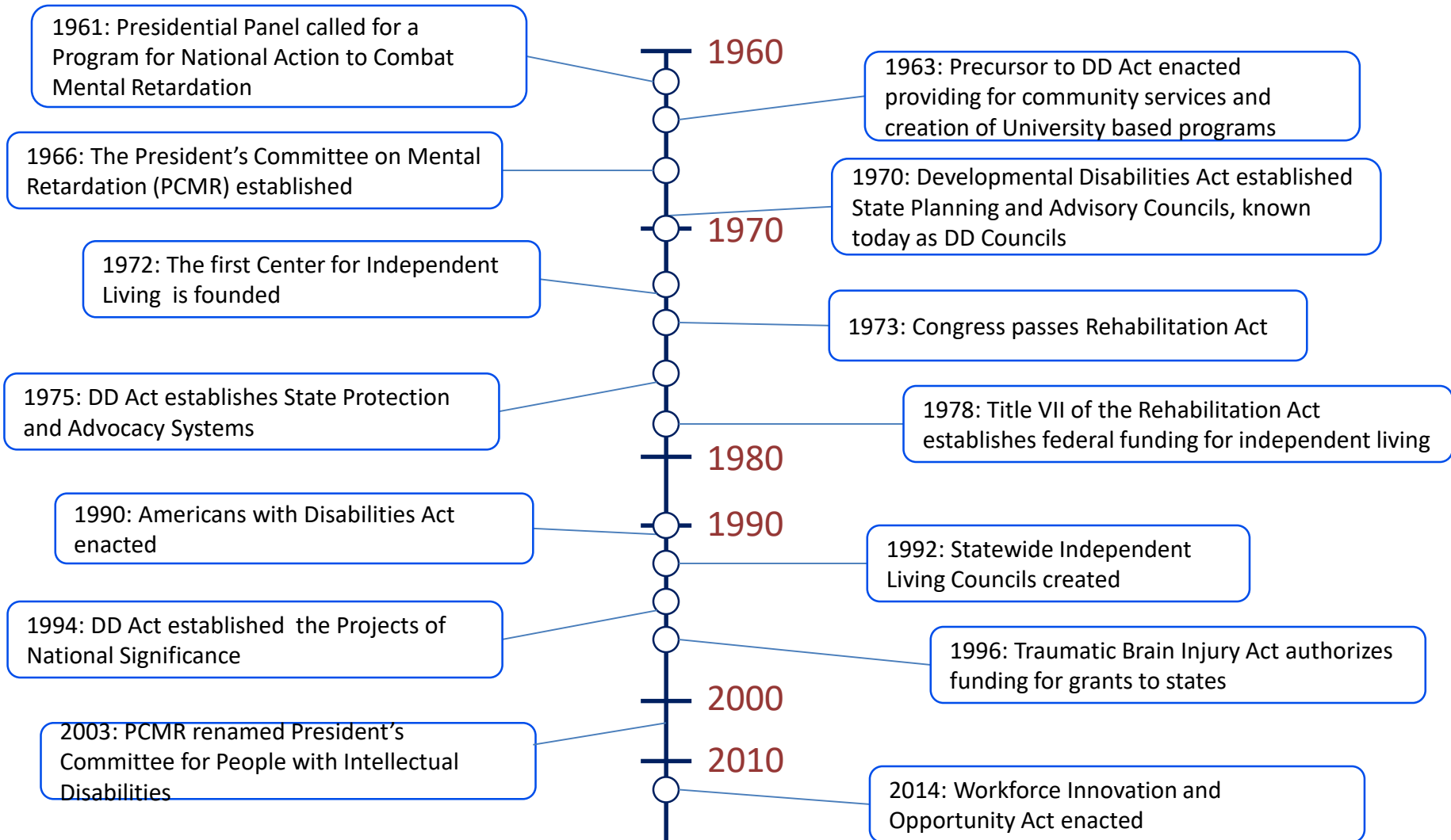
- Developmental Disabilities Assistance and Bill of Rights Act (DD Act)
- Title VII of Rehabilitation Act, as Amended by the Workforce Innovation and Opportunity Act (Rehab Act)
- Help America Vote Act (HAVA) Disability Provisions
- Assistive Technology Act (AT Act) Protection and Advocacy provisions
- 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 States & Territories

- State Level
  - 56 State Councils on Developmental Disabilities (DD Act)
  - 56 State Independent Living Councils (Rehab Act)
  - 24 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 States & Territories

(continued)

- Resources in the Community
  - 353 Centers for Independent Living Grants (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 States & Territories

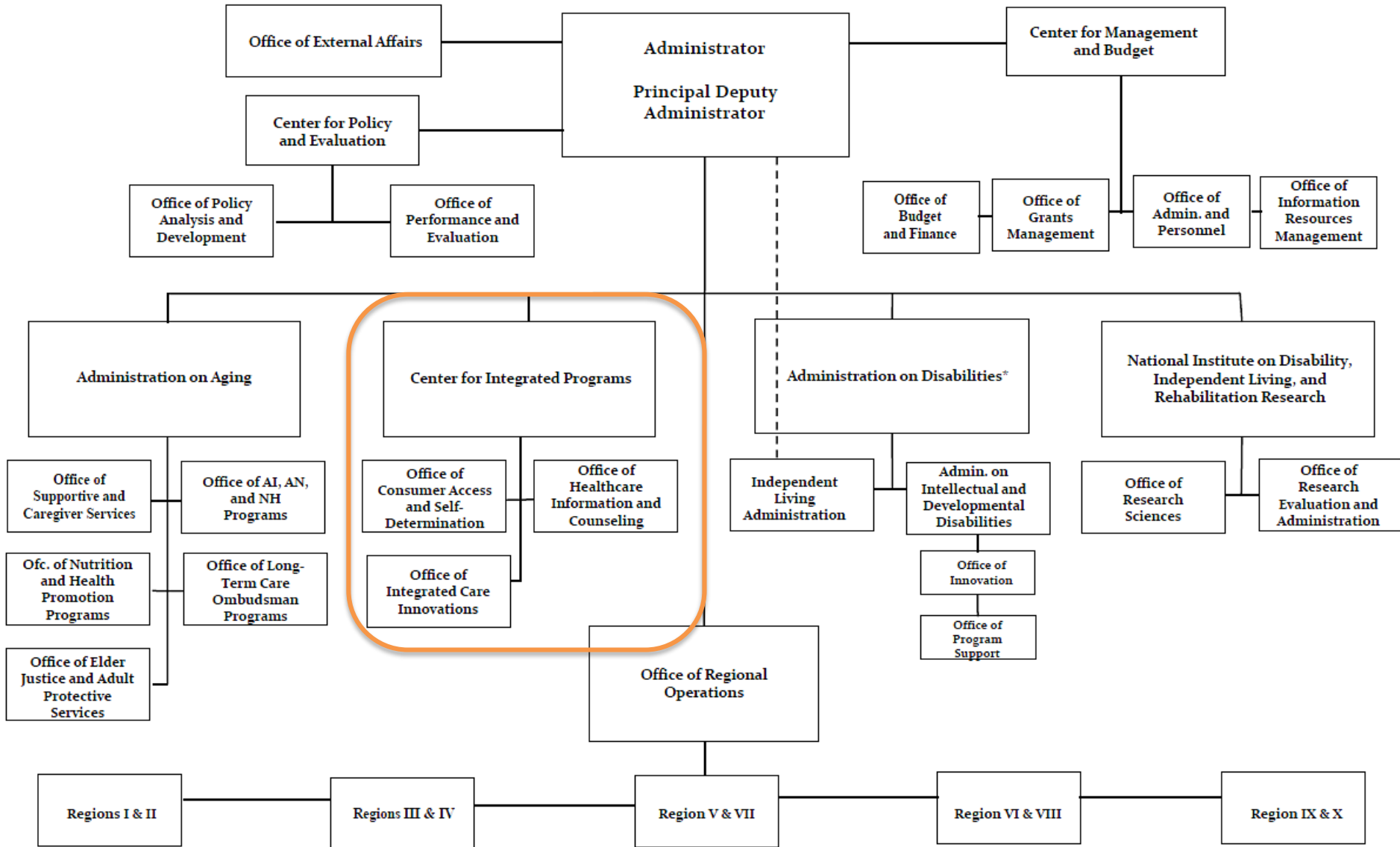
(continued)

- **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

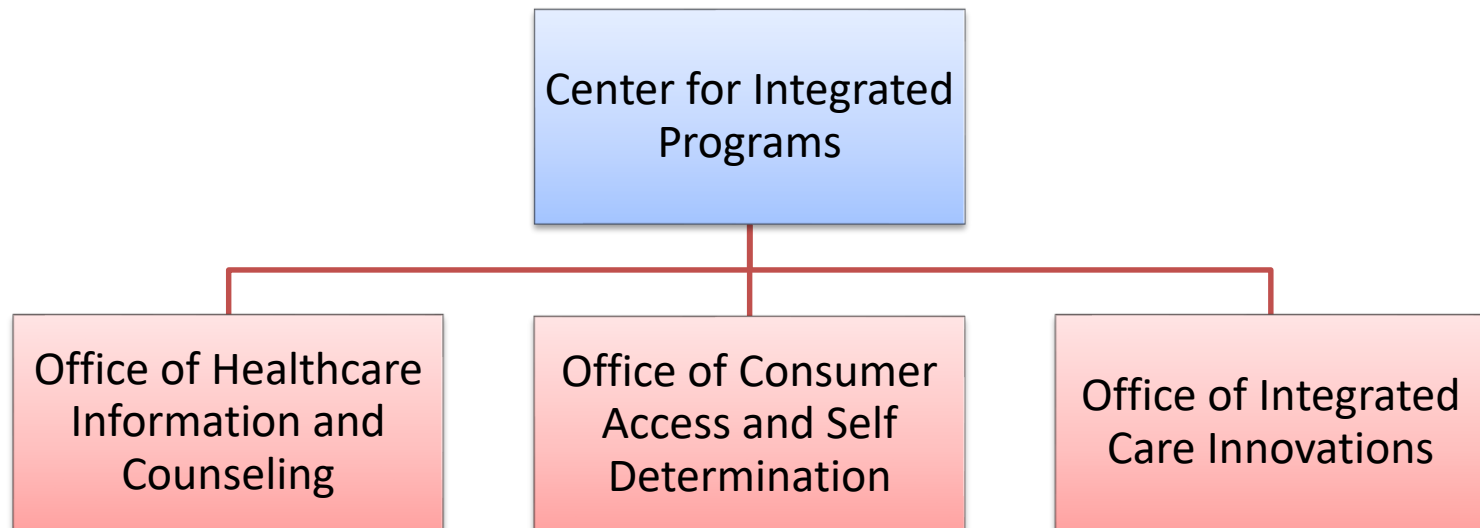
- **Paralysis Resource Center (PRC)**
  - Operated by the Christopher & Dana Reeve Foundation; provides comprehensive information for people living with spinal cord injury, paralysis and mobility-related disabilities and their families.
- **National Limb Loss Resource Center (NLLRC)**
  - Operated by 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.

## ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART



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# Center for Integrated Programs (CIP)



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



# Center 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, & 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

## **Josh Hodges**

Acting Deputy  
Administrator for  
Integrated Programs

# 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

## 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.

## Grants

Two Business Acumen Grants

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

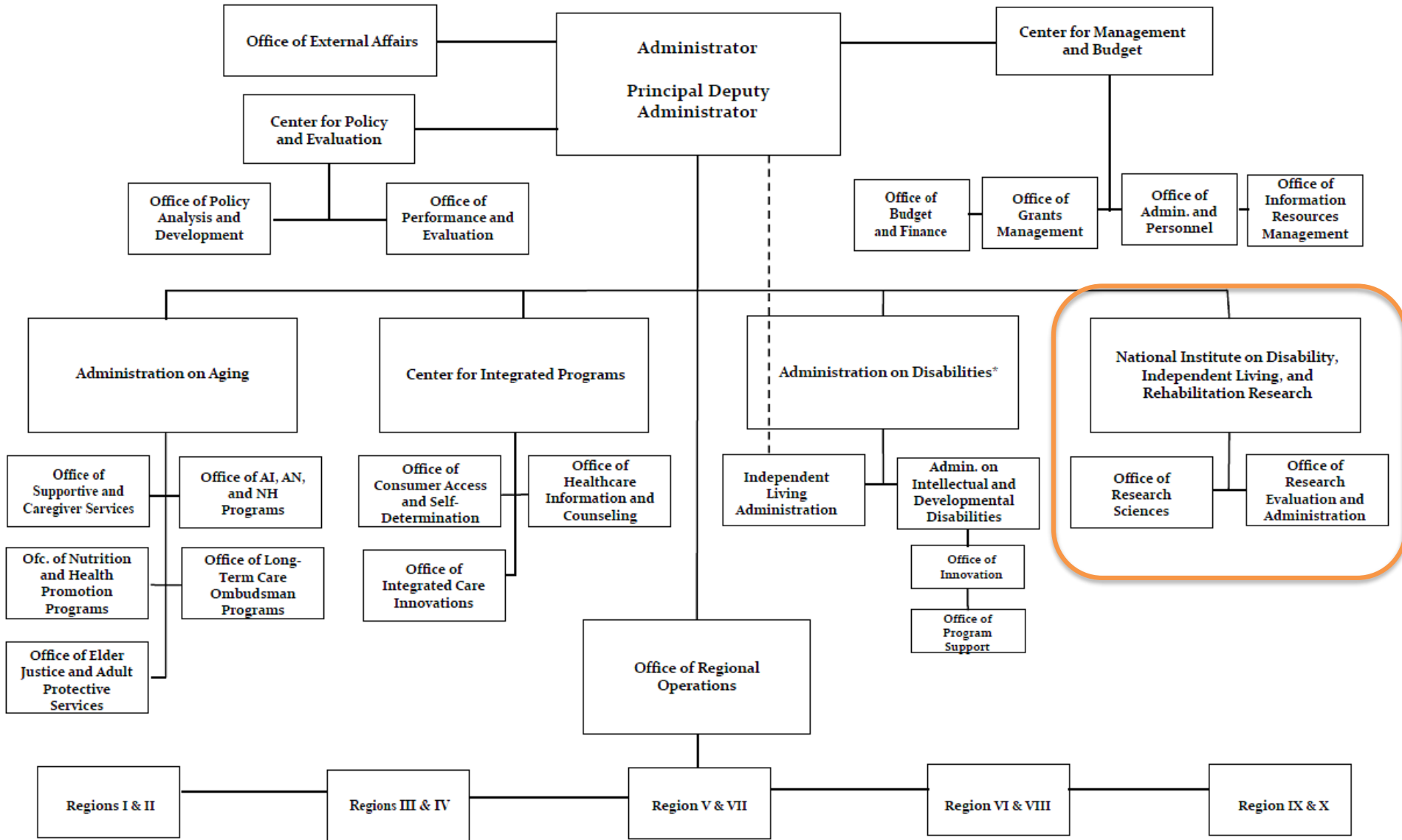
## Representative Results – Business Acumen

- **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 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](http://www.acl.gov)
  - Search for *National Resource Centers*
    - Found at: <https://www.acl.gov/node/495>

## ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART



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



**Dr. Robert Jaeger**  
Director, NIDILRR

- 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

# 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

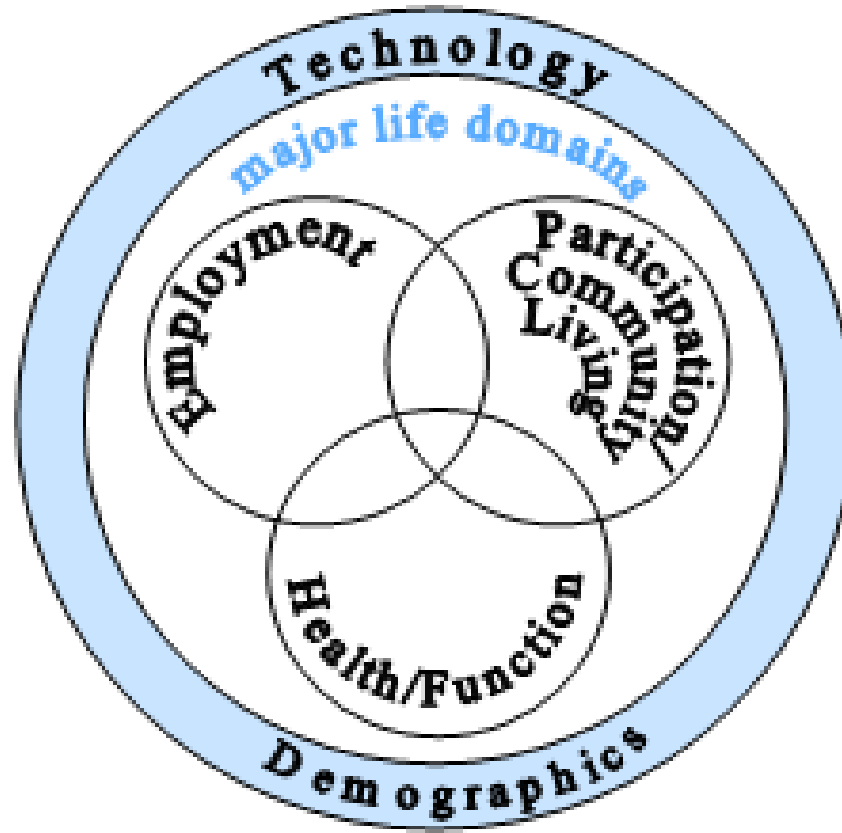
- Congress finds that millions of Americans have one or more physical or mental disabilities and the number of Americans with such disabilities is increasing. **Disability is a natural part of the human experience and in no way diminishes the right of individuals to live independently;** enjoy self determination; 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 NIDILRR's Mission

NIDILRR funds -

- research and development grants on disability and rehabilitation across the life span and across disability categories, including developmental, 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

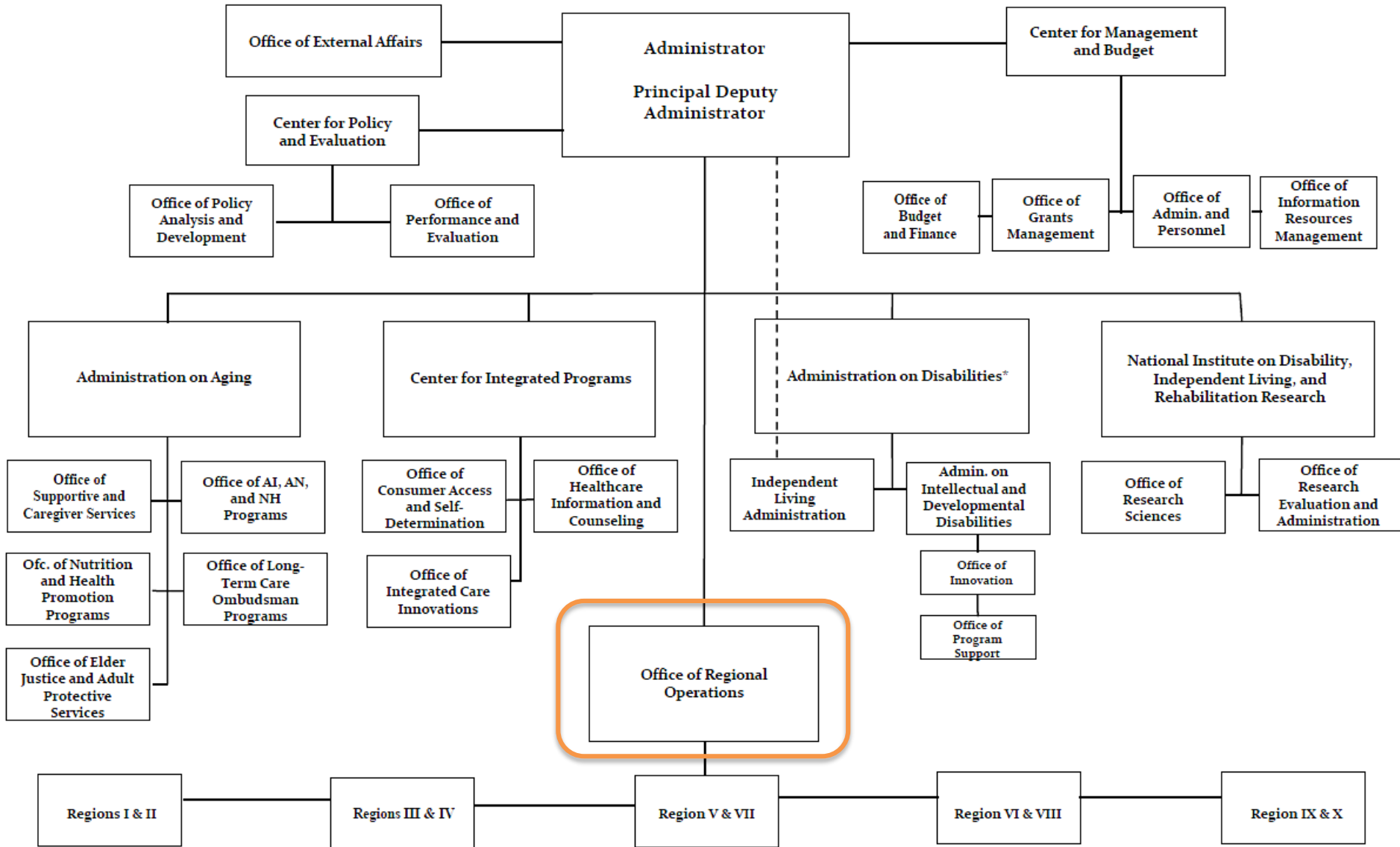


# Strategic Investments

- 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
- 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



## ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART

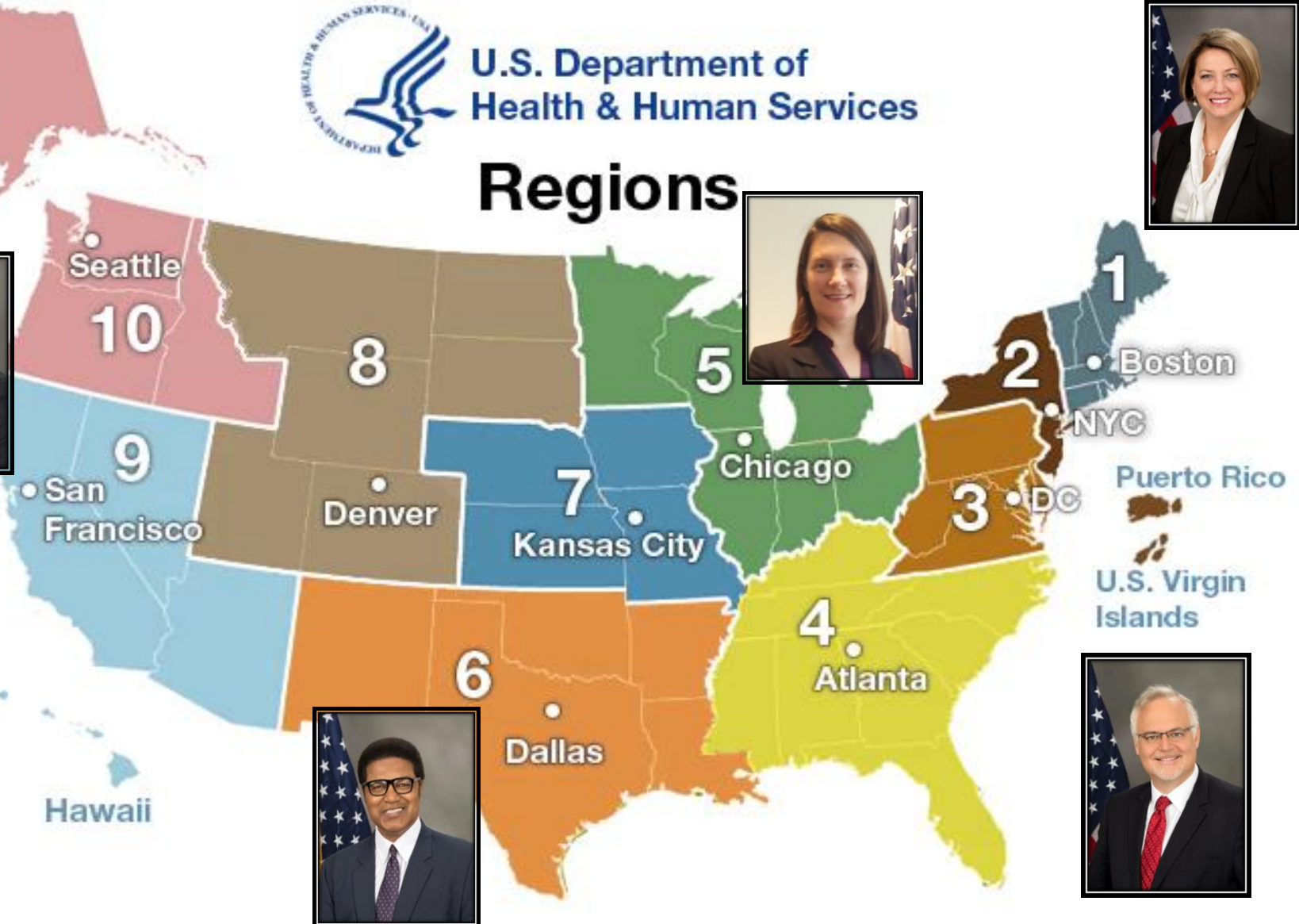


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U.S. Department of  
Health & Human Services

# Regions



# Office of Regional Operations (ORO)



**Bob Logan**  
Director, Office of  
Regional Operations



**Kathleen Votava**  
Aging Program Specialist

- Front door to ACL, providing expert Technical Assistance to States, Territories and Tribes in the implementation of OAA programs.
- Liaison for States, Territories and Tribes on non-OAA and other HHS programs.

## Join Us...

Q&A with Regional Administrators

Wednesday, August 29<sup>th</sup> from 2:45 – 4:00pm

Galena, 4<sup>th</sup> Floor

## Contact me anytime...

[Whitney.Bailey@acl.hhs.gov](mailto:Whitney.Bailey@acl.hhs.gov)

202-815-1945

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 [twitter.com/aclgov](https://twitter.com/aclgov)

# 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*



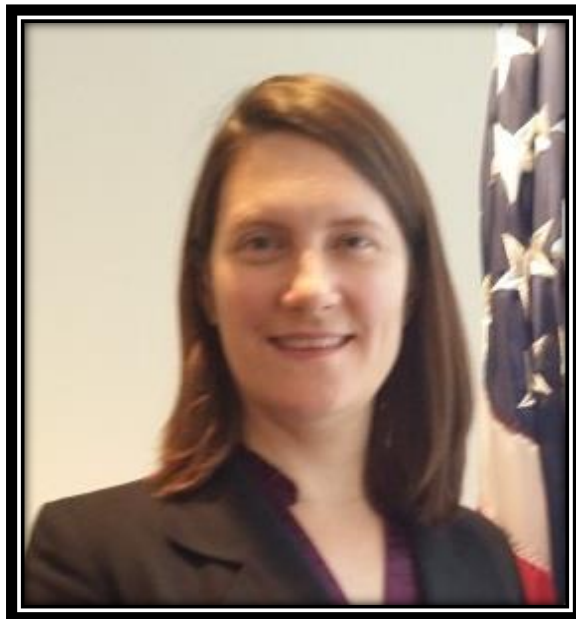
DC, DE, MD, PA, VA, WV  
AL, FL, GA, KY, MS, NC, SC, TN  
T-VI – 4 Tribal grantees



# Amy Wiatr-Rodriguez

**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



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# Aging and Disability 101

*Working with Your CBOs*

*The Role of AAAs*

*Sandy Markwood, n4a*

# The Area Agency on Aging Mission...Helping People to Age Successfully with Dignity and Independence for as Long as Possible



# AAAs Have a 40 Year Track Record of Service and Success

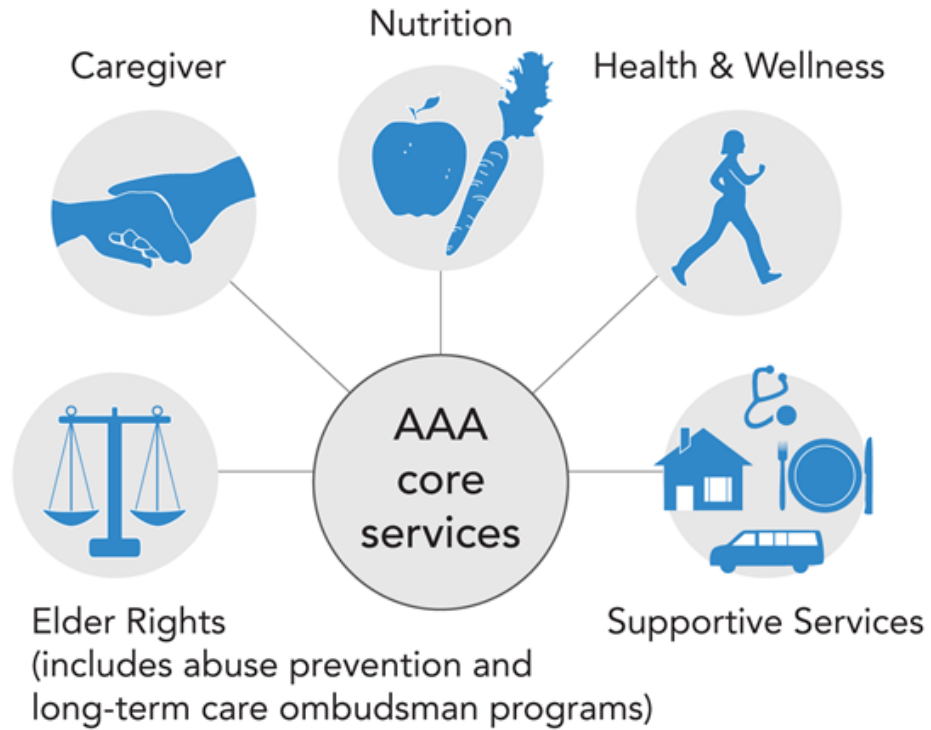


# All AAAs Play A Key Role In...





# Core AAA Services



# Services Offered by AAAs

	<b>Percent n=412</b>
<b>Legal assistance</b>	92%
<b>Respite care</b>	89%
<b>Benefits/health insurance counseling</b>	85%
<b>Transportation (non-medical)</b>	85%
<b>Case management</b>	82%
<b>Homemaker</b>	74%
<b>Personal assistance/personal care</b>	74%
<b>Options counseling</b>	72%
<b>Assessment for care planning</b>	70%
<b>Ombudsman services</b>	70%

# Services Offered by AAAs

	<b>Percent n=412</b>
<b>Enrollment assistance</b>	64%
<b>Home repair or modification</b>	64%
<b>Transportation (medical)</b>	63%
<b>Senior Center</b>	61%
<b>Emergency Response Systems</b>	58%
<b>Assessment for long-term care service eligibility</b>	58%
<b>Chore services</b>	57%
<b>Adult day service</b>	55%
<b>Evidence-based caregiver programs</b>	51%

# Broader Roles

## Other AAA Roles

Percent of AAAs	Designated as ...	Their role ...
77%	Aging and Disability Resource Centers (ADRCs)	Help all consumers connect to services regardless of age or disability.
68%	State Health Insurance Assistance Programs (SHIPs)	Provide direct health insurance counseling to older adults (e.g., selecting a Medicare Part D plan).
Percent of AAAs	Serve as ...	Their role ...
59%	Local Long-Term Care Ombudsman	Funded by OAA, act as a resource for consumers living in nursing homes and other institutions.

# The Older Americans Act on Advocacy

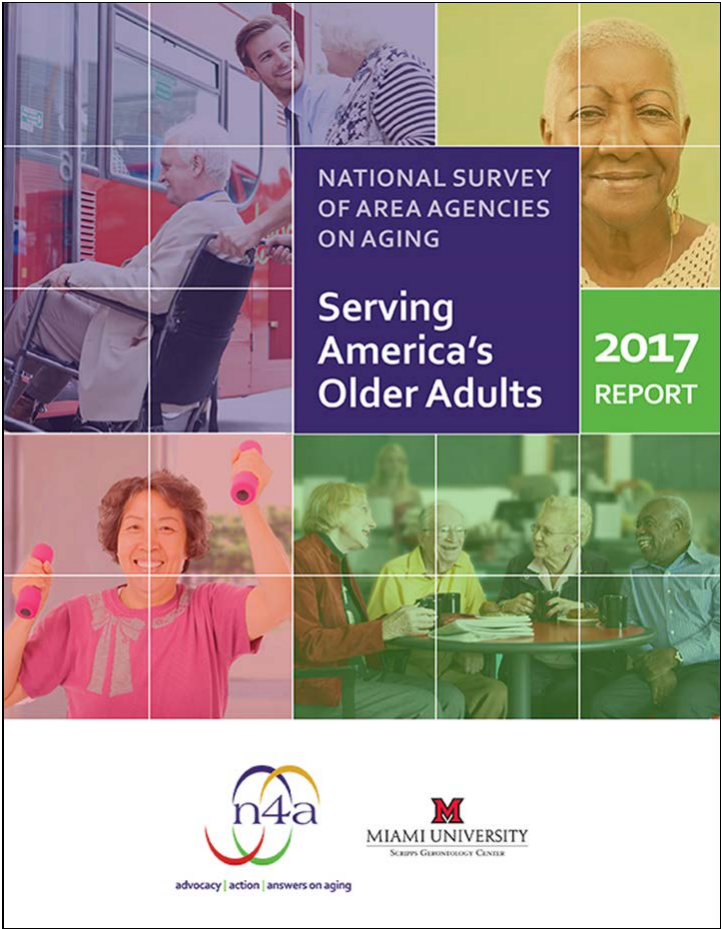
The Older Americans Act of 1965 (as amended in 2000) states that area agencies on aging shall:

*“Serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals.”*

**Supersedes any other federal or state law or regulations**

# Positioning for the Future

## AAAA Network Trends



# AAA Budget

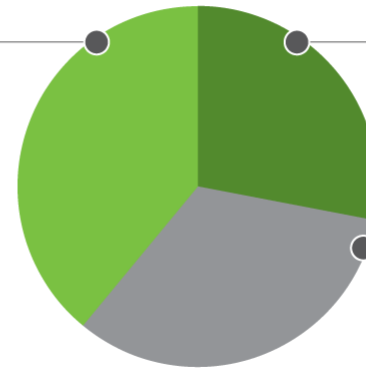
- OAA funding of AAAs is relatively stagnant (61% AAA report flat OAA budgets)
- The proportion of AAAs' budget from Medicaid has increased steadily since 2010

## Average AAA Budget By funding proportion, 2016

**\$10.1  
million**



39%  
Older  
Americans  
Act



28% Medicaid waiver

32%\* other federal funding,  
state general revenue,  
local funding, other state  
funding, grants, cost-sharing  
consumer contributions

\*Ranked by most frequently cited

(Ranges from \$200,000 to \$284 million)



# AAA Funding Sources

The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

**69%**

State General  
Revenue

**65%**

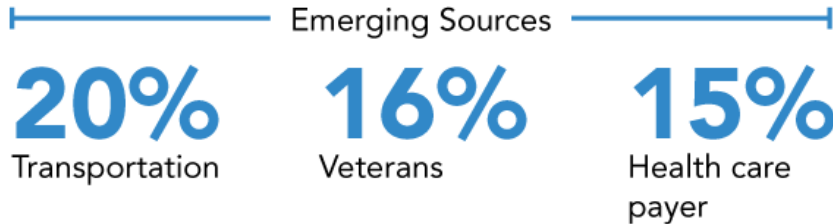
Medicaid

**56%**

Local Funding

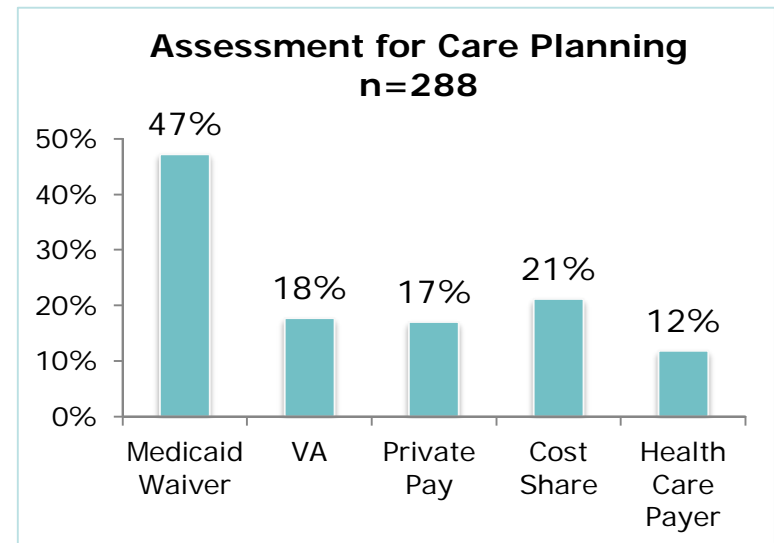
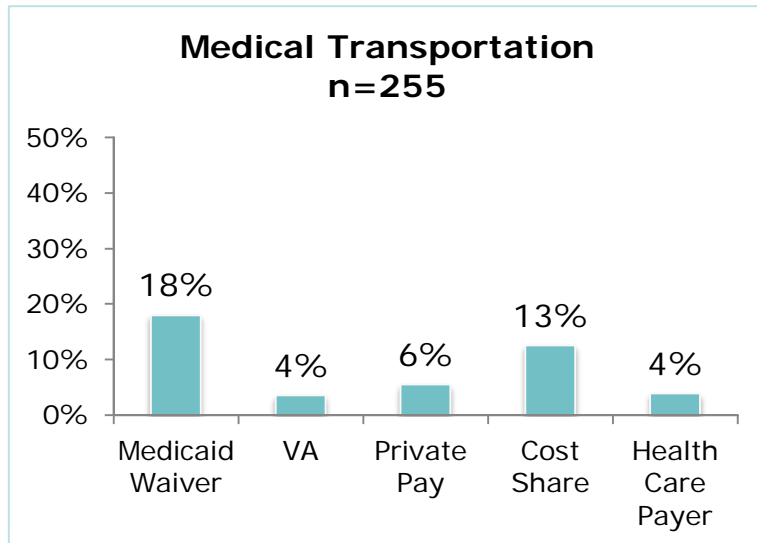
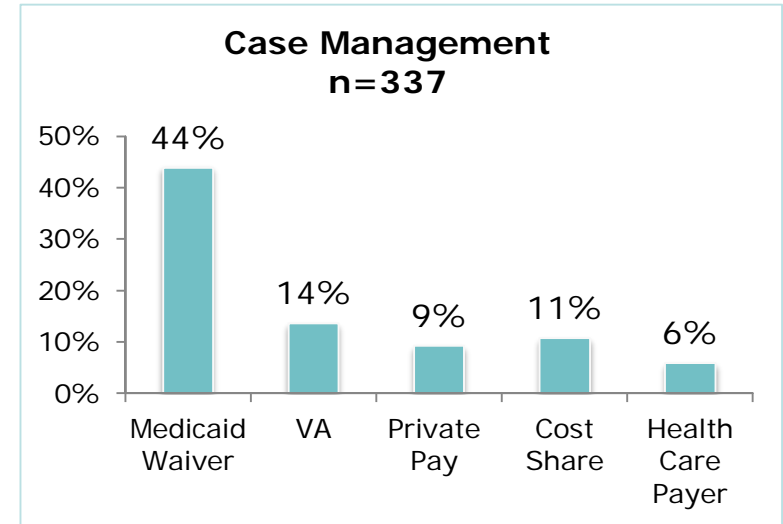
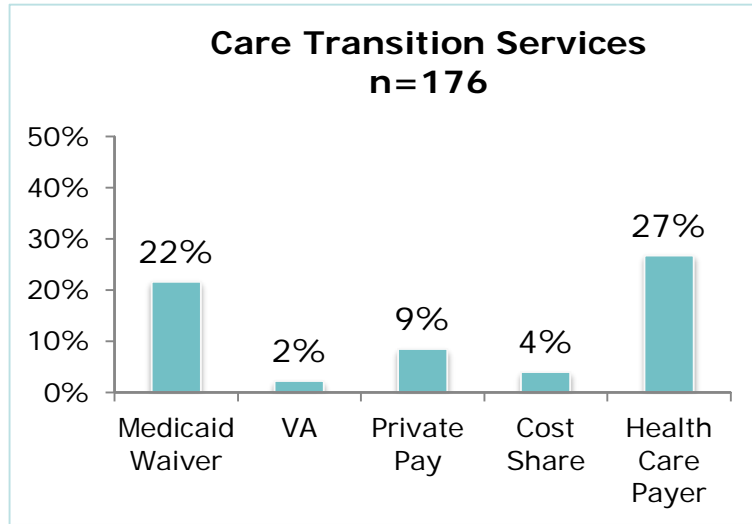
**45%**



Other State  
Funding



- Most common sources of non-OAA funding are state general revenue, Medicaid and local funding.
- Other key sources include: health care payers, veterans funding and transportation

# Sources of Funding (Service Snapshot)



<https://www.healthaffairs.org/doi/10.1377/hblog20180130.620899/full/>   

## HEALTH AFFAIRS BLOG

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## Health Care And Community-Based Organizations Have Finally Begun Partnering To Integrate Health And Long-Term Care

Nora Super, Mary Kaschak, Elizabeth Blair

FEBRUARY 2, 2018

10.1377/hblog20180130.620899



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Community-based organizations such as area agencies on aging (AAAs) and centers for independent living (CILs) have served for decades as cost-effective, trusted, and proven resources for addressing the health-related social needs of older adults and people with disabilities, including long-term care needs. Yet, until recently, the health care sector has had little awareness of the value of these home and community-based resources. AAAs and other community-based organizations have typically relied on traditional funding sources such as the Older Americans Act of 1965. However, these funds have remained flat or declined, despite upward growth



## Related

### CONTENT

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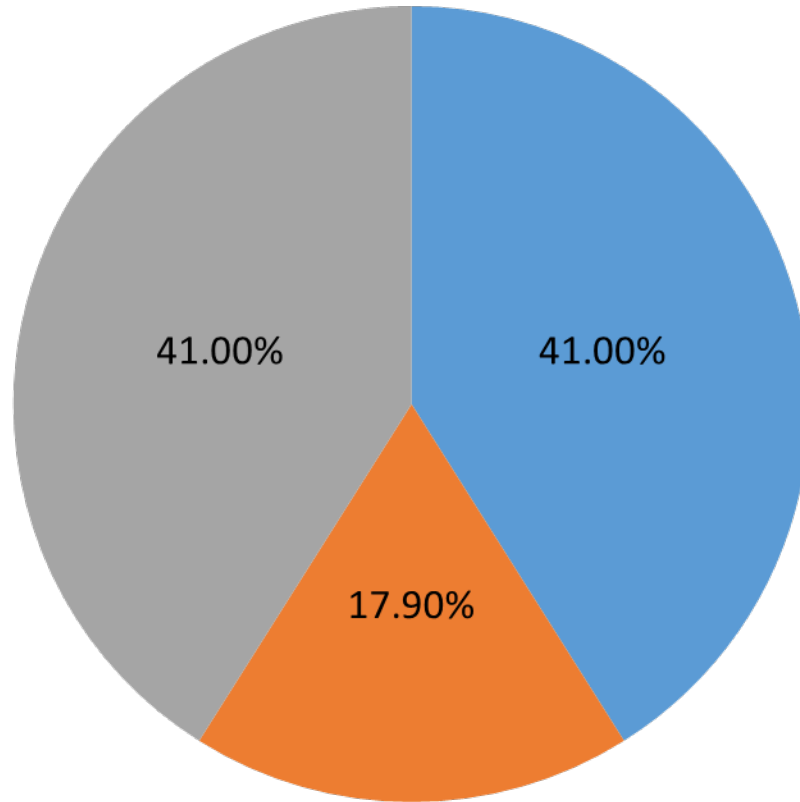
## Cite As

"Health Care And Community-Based Organizations Have Finally Begun Partnering To Integrate Health And Long-Term Care," Health Affairs Blog, February 2, 2018. DOI: 10.1377/hblog20180130.620899



**Aging and Disability  
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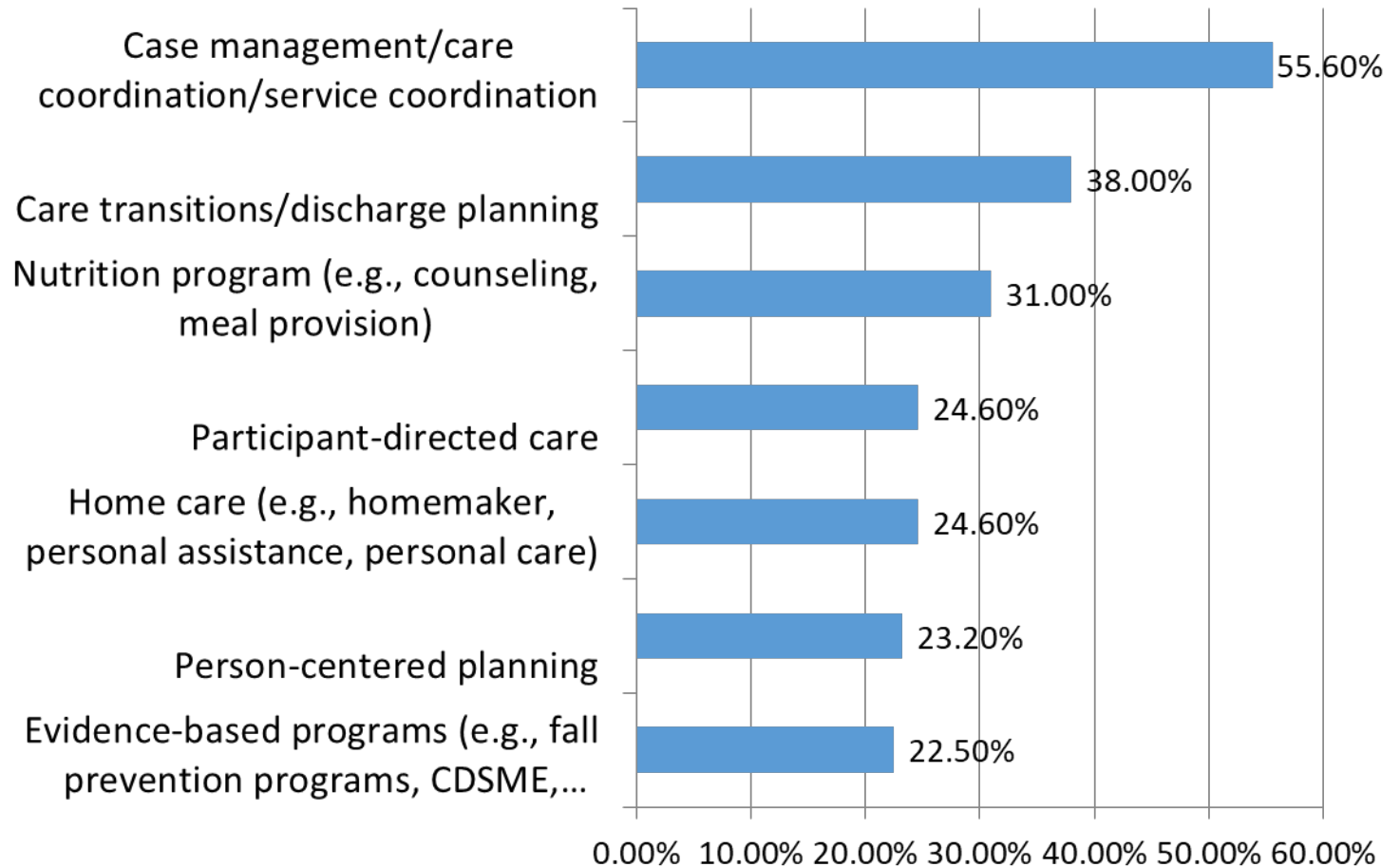
## AAAs with and without Contracts



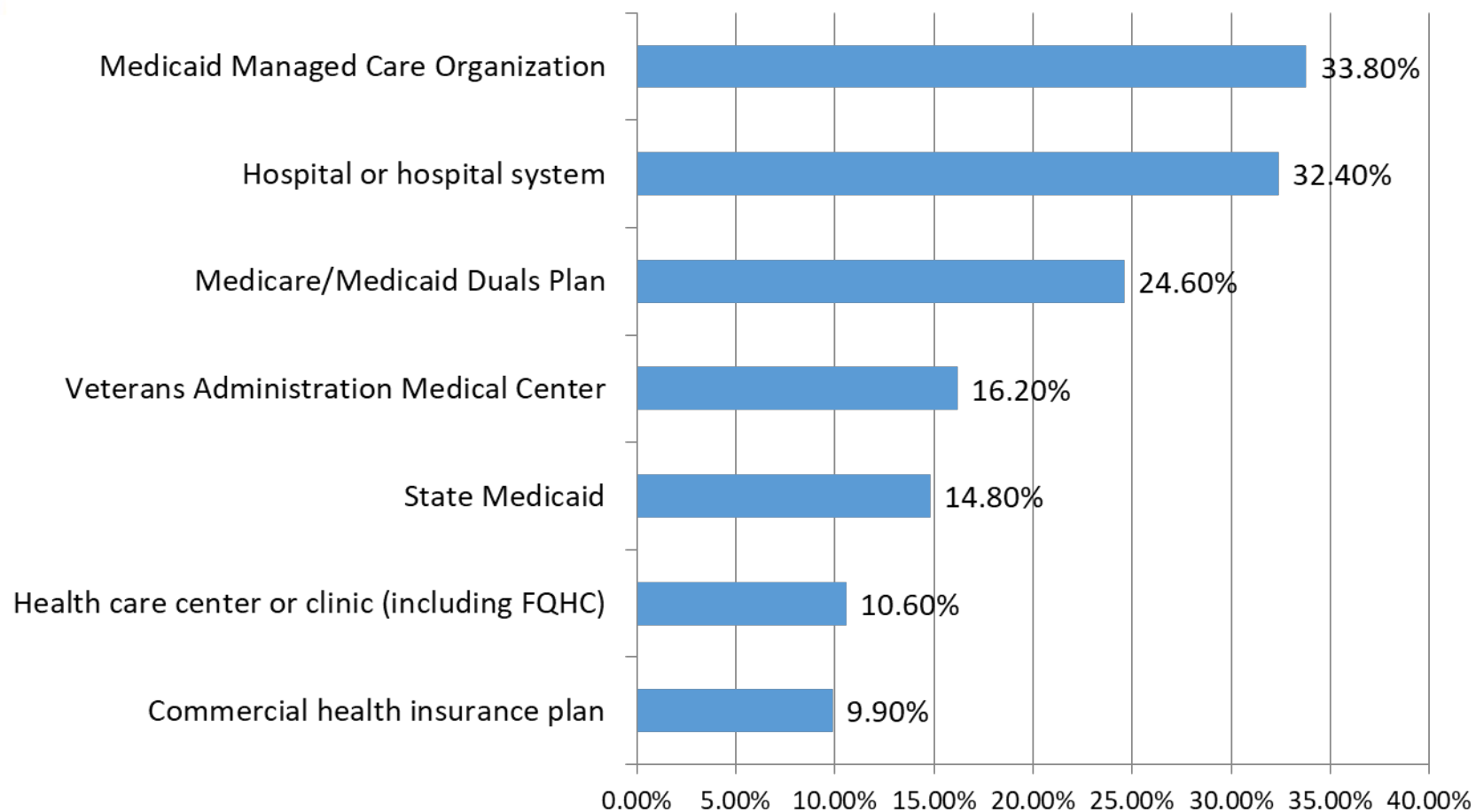
- Currently Have One or More Contracts
- No Current Contracts, But in the Process of Pursuing
- No Current Contracts and Not Pursuing



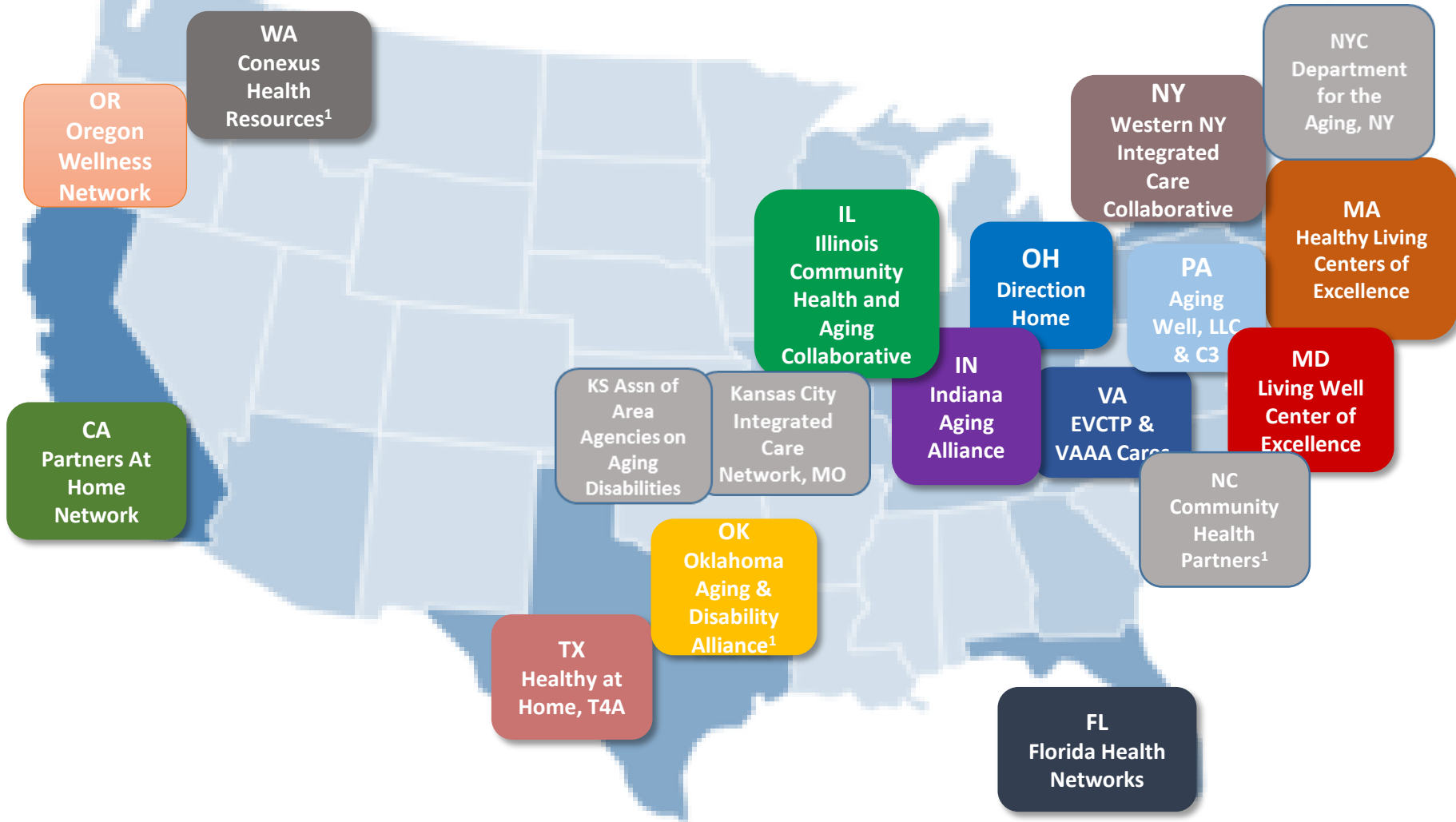
# Most Common Services Provided by AAAs Through Contracts




## Most Common AAA Health Care Partners



# Aging CBO Networks

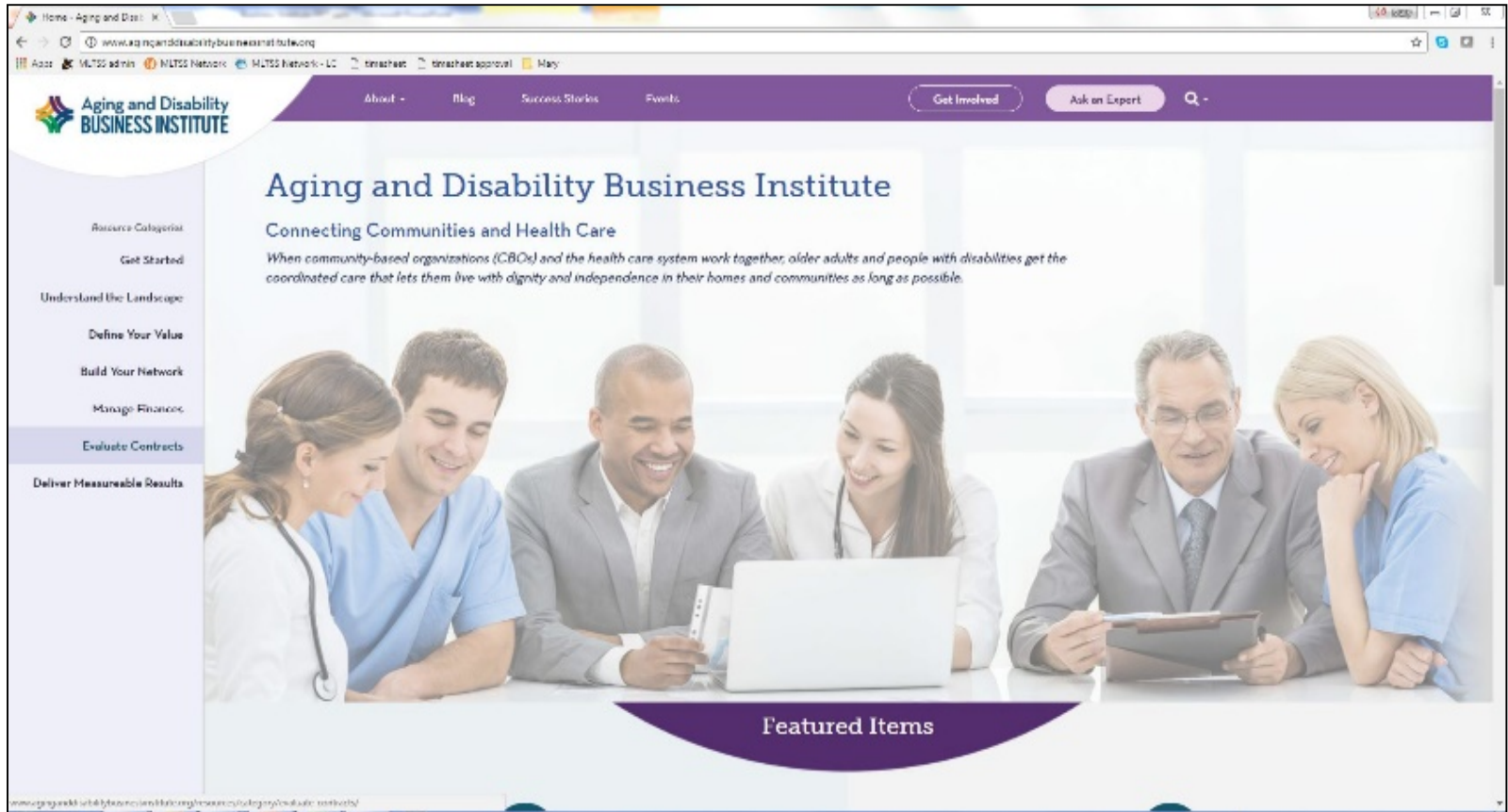


 = Networks in development

<sup>1</sup>Not a full statewide network



www.aginganddisabilitybusinessinstitute.org



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# n4a Programs and Services to Assist AAAs



Connecting You to Community Services

# engAGED

The National Resource Center  
for Engaging Older Adults



# For more information contact:

Sandy Markwood

CEO

National Association of Area Agencies on Aging

1730 Rhode Island Avenue, NW, Suite 1200

Washington, DC 20036

202/872-0888

[smarkwood@n4a.org](mailto:smarkwood@n4a.org)



# INTRODUCTION TO MEDICAID

Claudia Schlosberg, JD  
Independent Consultant  
[Claudiaschlosberg@gmail.com](mailto:Claudiaschlosberg@gmail.com)  
202-486-0822

# Agenda

2

- What is Medicaid?
- How is the Medicaid Program Administered?
- How is Medicaid Financed?
- The Medicaid State Plan and Role of the Single State Agency
- Who can get coverage under Medicaid?
- The Impact of the ACA on Medicaid
- What services does Medicaid cover?
- Medicaid's Role in Long Term Care
- Authorities that Support HCBS
- How are payment rates established?
- Why is Medicaid an entitlement?
- What will Medicaid look like in the future?

# What is Medicaid?

- Medicaid was enacted on July 30, 1965 under Title XIX of the Social Security Act.
- Designed originally to provide health insurance coverage primarily to individuals receiving cash assistance including:
  - very low-income children and parents;
  - pregnant women; and
  - individuals who are aged, blind or disabled.
- Today, Medicaid is the largest health care program in the US, with approximately 74 million enrolled and receiving comprehensive benefits as of May 2018.
- Medicaid represents one-sixths of the national health care economy.
- From 2016 through 2025, total Medicaid expenditures are projected to increase at an average annual rate of 5.7 percent to reach \$957.5 billion, while enrollment is projected to increase to 81.6 million.

# HOW IS MEDICAID ADMINISTERED?

- Medicaid is jointly financed by the federal government and states.
- Medicaid is administered at the federal level by the Centers for Medicare and Medicaid services (CMS), an agency within the US Department of Health and Human Services (HHS).
- At the state level, Medicaid is administered by the single state agency (SSA).
- Title XIX (federal law) establishes broad standards for eligibility and coverage:
  - Some are mandatory while others are optional;
  - Within these parameters, states have flexibility to design their own programs.
- No State Medicaid program looks exactly like any other State Medicaid program.



# CMS Operates Through 10 Regions

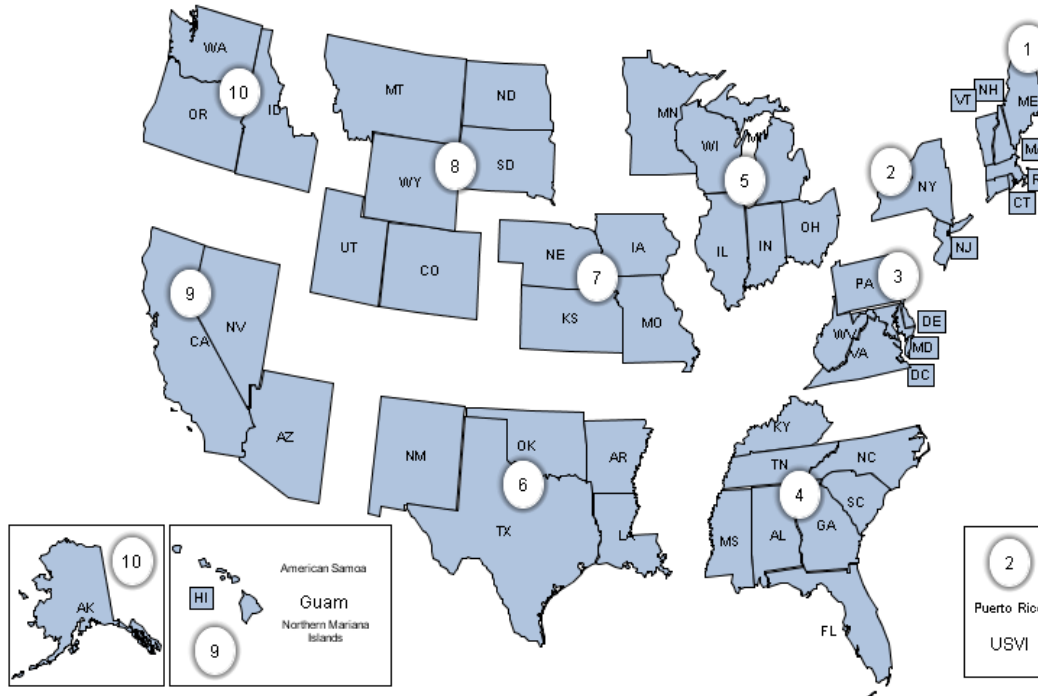
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ROBOSFM@cms.hhs.gov

Region 2 New York  
RONYcfm@cms.hhs.gov

Region 3 Philadelphia  
ROPHICFM@cms.hhs.gov

Region 4 Atlanta  
ROATLfm@cms.hhs.gov

Region 5 Chicago  
ROCHIfm@cms.hhs.gov



Region 6 Dallas  
RODALFM@cms.hhs.gov

Region 7 Kansas City  
rokmmfm@cms.hhs.gov

Region 8 Denver  
rodenmmfm@cms.hhs.gov

Region 9. San Francisco  
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# Core Federal Medicaid Requirements

- Statewideness – The Medicaid program must be in operation statewide.
- Comparability – Services available to a beneficiary in one eligibility category are not less in amount duration and scope than those in a different category.
- Freedom of Choice – A beneficiary may obtain services from any qualified Medicaid provider that undertakes to provide the services to them.
- Sufficiency - Each Medicaid a service must be sufficient in amount, duration and scope to reasonably achieve its purpose and State cannot arbitrary deny or reduce the amount, duration or scope solely because of diagnosis, illness or condition.
- Access – Payments to providers must be consistent with efficiency, economy and quality of care and be sufficient to enlist enough provider so that care and services are available under the plan at least to extent that such care and services are available to the general population in the geographic are.

# Federal/State Financing

- The federal share of Medicaid spending is called Federal Financial Participation or FFP.
- The amount of FFP received by a States is based on the State's Federal Medical Assistance Percentage or FMAP. The FMAP formula is based upon the average per capital income for each State relative to the national average:
  - FMAP is for Medicaid services;
  - Medicaid administration is matched at 50%.
- FMAP cannot be lower the 50%.
- In FY 2019, eight states will have FMAP rates above 70%. The highest FMAP rate is 76.39% (Mississippi).
- For every State dollar spent on an allowable service, the federal government will match it at the State's FMAP rate.
- Some programs and services are eligible for enhanced FMAP rates.

# Federal Match Rate - Examples



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State	FMAP Rate	State Spends \$100 on Services	Federal Reimbursement	State Share	Total computable
California	50%	\$100	\$50	\$50	\$100
Guam	55%	\$100	\$55	\$45	\$100
Michigan	64.45%	\$100	\$64.45	\$35.55	\$100
Washington, DC	70%	\$100	\$70	\$30.	\$100
Kentucky	71.67%	\$100	\$71.67	\$28.33	\$100
Mississippi	76.39%	\$100	\$76.39	\$23.61	\$100

## OTHER MEDICAID MATCHING RATES

Type	FMAP Rate	State Spends \$100	Federal Reimbursement	State Share	Total Computable
EVV & IT DDI	90%	\$100	\$90	\$10	\$100
IT M&O	75%	\$100	\$75	\$25	\$100
ADMIN	50%	\$100	\$50	\$50	\$100

# Medicaid Administrative Match Available to Support Access to LTSS



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- Medicaid Administrative match is available for activities that support access to LTSS including: outreach, referral, assessment, training, functional and financial eligibility.
- Activities may be performed either directly by the state Medicaid agency or through contract or interagency agreement by another entity, include the State Unit on Aging or its affiliates such as ADRCs:
  - The state and its partners must develop a Cost Allocation Plan.
  - The state also must execute an interagency agreement (IAA), memorandum of understanding (MOU) or other contractual arrangement, which describes and defines the relationship between the state Medicaid agency and the entities which perform identified Medicaid Administrative functions.
  - All claims must be submitted by the Single State Agency (State Medicaid Agency).

# The Medicaid State Plan

- The Medicaid State Plan is a written document that embodies the agreement between a State and the Federal government describing how the State administers its Medicaid and CHIP programs. It:
  - Provides assurances that the State will abide by Federal rules.
  - Sets forth the groups of individuals who are covered, services to be provided, limitations on coverage, the methodologies for reimbursing providers and the State's administrative activities.
- The State Plan and any change to it must be approved by CMS. States propose changes by submitting State Plan Amendments (SPAs) to CMS.
- If the eligibility group, service or activity is not identified in the State's approved Medicaid State Plan, the State may not claim Federal Medicaid match.
- Social Security Act, 42 USC § 1396a(a); 42 CFR § 430.12

# The Role of Single State Agency - SSA

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- Every State participating in Medicaid must designate a single state agency to administer and supervise the State Plan.
- The SSA may not delegate, to other than its own officials, the authority to supervise the State Plan or to develop or issue policies, rules, and regulations on program matters.
- Certain functions may be delegated to other agencies (such as the determination of eligibility) but only if such delegation is approved in the State Plan, certain standards are met, and the SSA continues to exercise appropriate oversight.



# Who can get coverage under Medicaid?

- States participating in Medicaid are required to cover certain mandated groups, but have the option to increase eligibility levels and/or cover “optional” groups.
- Mandatory groups include: Low income children, children in foster care or with Title IV(e) adoption assistance, parents/caretakers, pregnant women, individuals receiving SSI, individuals who are aged, blind or disabled, certain low-income Medicare beneficiaries.
- Optional groups include: Low-income childless adults, individuals receiving LTSS HCBS services, certain women with breast or cervical cancer, individuals in certain work incentive programs.

# How is eligibility determined?



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- Medicaid eligibility rules are extremely complex.
- As a general rule, eligibility is determined based upon residency, citizenship/immigration status, age, household size and income, and in some cases, disability status, level of need (for LTSS) and resources. States establish income limits expressed as a percentage of the Federal Poverty Level or, for certain categories of coverage, as a percentage of SSI.
- Different rules apply to different coverage groups and an individual's eligibility status can change multiple times based upon life events.
- States must allow individuals wishing to apply for benefits to do so and must furnish benefits "with reasonable promptness to all eligible individuals."
- States must provide for a fair hearing before the State agency to any individual whose claim for medical assistance is denied or is not acted upon with reasonable promptness.
- States must re-determine Medicaid eligibility at least annually or whenever there is a change in circumstance.
- For certain populations, States must use "passive renewal" processes to re-determine eligibility.

# Impact of the ACA on Health Insurance Coverage

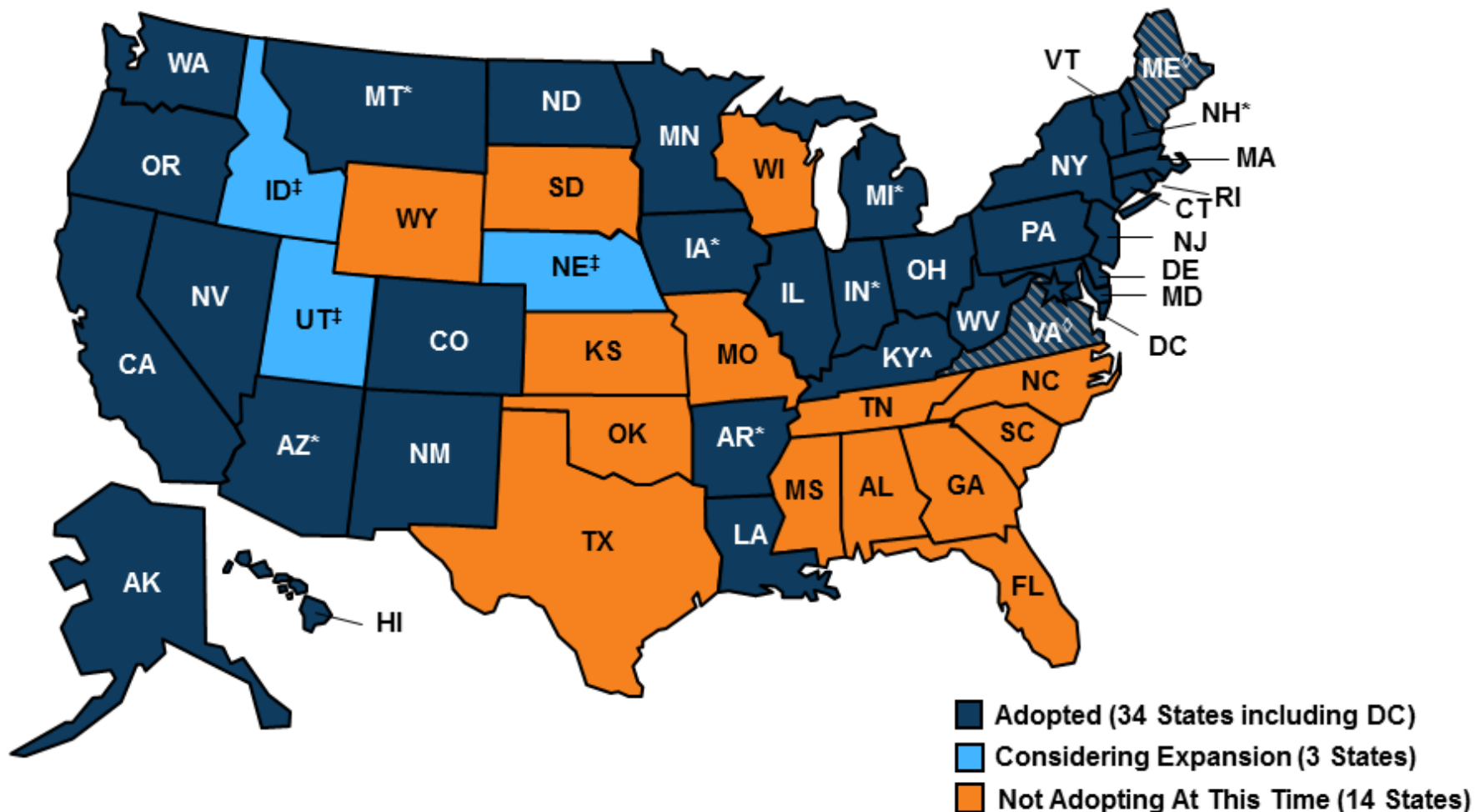


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- ACA created option to provide coverage to “childless adults” and created a new financial eligibility standard based upon “Modified Adjusted Gross Income” or “MAGI” tax rules for certain populations:
  - Individuals must be under age 65, not be eligible for or enrolled in Medicare part A or B, not be eligible for another mandatory Medicaid eligibility category, and have income below 138% FPL;
  - This expansion is often referred to as “childless adults group” because this is the population who most commonly meets the criteria discussed above;
  - Other individuals may also be included in this group, such as individuals in the Medicare waiting period, parents whose income exceeds the eligibility category for parents/caretakers, or people with disabilities who don’t qualify for a SSI-based eligibility category.
- The MAGI methodology differs significantly from prior ways of counting income, which were based on AFDC (welfare) standards:
  - Additionally, individuals who enter Medicaid via a MAGI-based income calculation do not have asset tests
  - Eligibility categories for older adults and people with disabilities do not use MAGI, and continue to include asset tests; however, some of these individuals may also qualify for a MAGI group.
- Expansion States saw significant growth in Medicaid enrollment and corresponding declines in the uninsured rate.
- In rural areas, the declines in uninsured rates have exceeded those in metropolitan areas.

Source: Kaiser Family Foundation, The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review, March 28, 2018, accessed at <https://www.kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review-march-2018> on July 31, 2018.

# Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. \*AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 expansion waivers. ^On June 29, 2018, the DC federal district court invalidated the Kentucky HEALTH expansion waiver approval and sent it back to HHS to reconsider the waiver program. †UT passed a law directing the state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match. ID and UT have measures on their November ballots to fully expand Medicaid to 138% FPL, and expansion supporters in NE are awaiting final confirmation that the signatures they submitted for a similar initiative meet the state's ballot initiative requirements. ^Expansion is adopted but not yet implemented in VA and ME. (See the link below for more detailed state-specific notes.)

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated July 27, 2018.

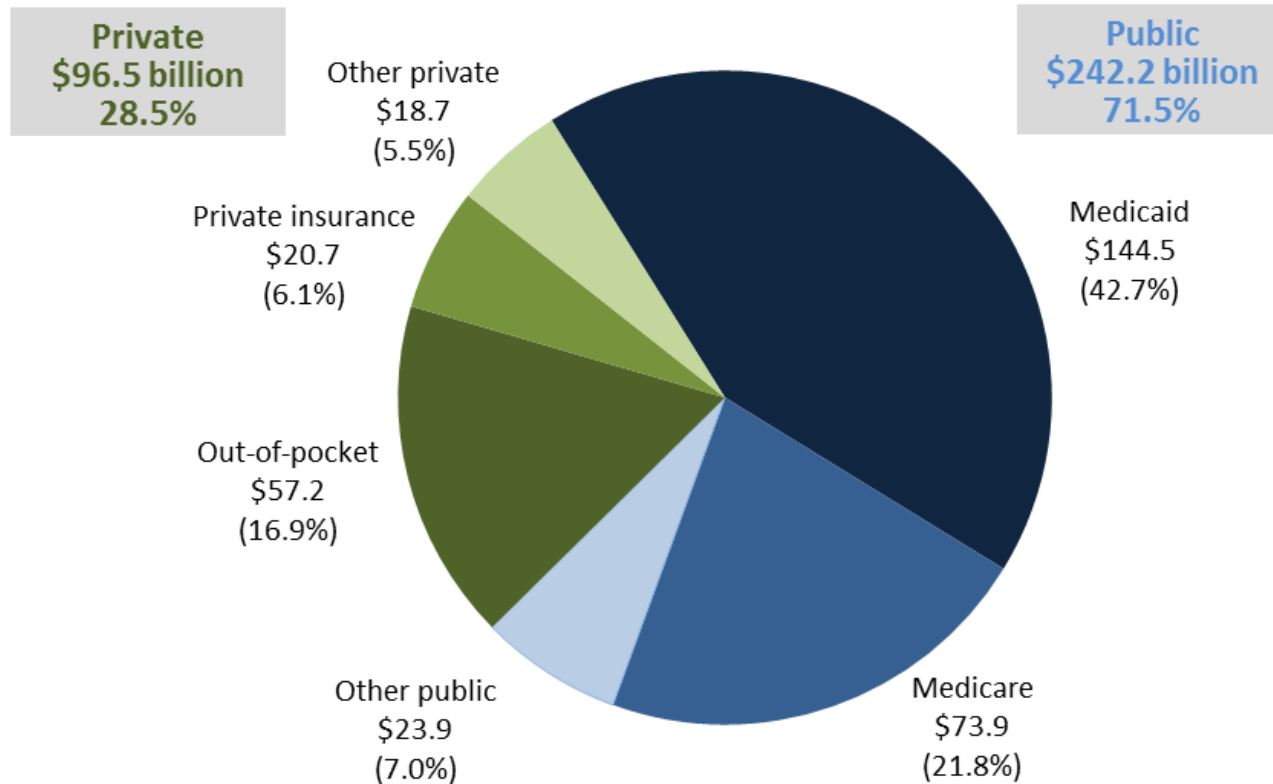
<https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

# What Services does Medicaid Cover?

- States participating in Medicaid must cover certain mandatory services including: inpatient and outpatient hospital services, nursing facility services, home health services, physician services, FQHC and Rural Health clinic services, EPSDT and certified Pediatric and Family Nurse Practitioner Services, lab and x-ray services, family planning services, freestanding birth centers, tobacco cessation for pregnant women and non-ER transportation to medical appointments.
- States may cover additional optional services including: prescription drugs, dental services, eyeglasses, PCA and HCBS services (including self-directed PCA), private duty nursing, hospice, case management, ICF/ID, OT, PT and speech therapies, clinic and rehabilitation services, and health home services.

# Medicaid's Role in Long Term Care

## LTSS Total Spending: \$338.8 billion



Source: CRS analysis of National Health Expenditure Account (NHEA) data obtained from the Centers for Medicare & Medicaid Services (CMS), Office of the Actuary, prepared December, 2014. Accessed at: <https://fas.org/sgp/crs/misc/R43483.pdf> on July 26, 2018.

# Authorities that Support HCBS Services



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- **Medicaid State Plan** – Operational Agreement between Federal Government and State that gives State authority to draw down federal match for approved services.
- **Waivers** – Allows Federal Government to exempt States from specific Medicaid statutory requirements:
  - ▣ Section 1115 – Research and Demonstration Waivers
  - ▣ Section 1915(b) Freedom of Choice
  - ▣ Section 1915(c) Home and Community Based Services (1981)
  - ▣ (Title 42 of Social Security Act (SSA))
- **New(er) State Plan Options:**
  - ▣ 1915(i) HCBS State Plan Option (2005)
  - ▣ 1915(j) Self-Directed PCA (2005)
  - ▣ 1915(k) Community First Choice (2010)



# How are Services Delivered?

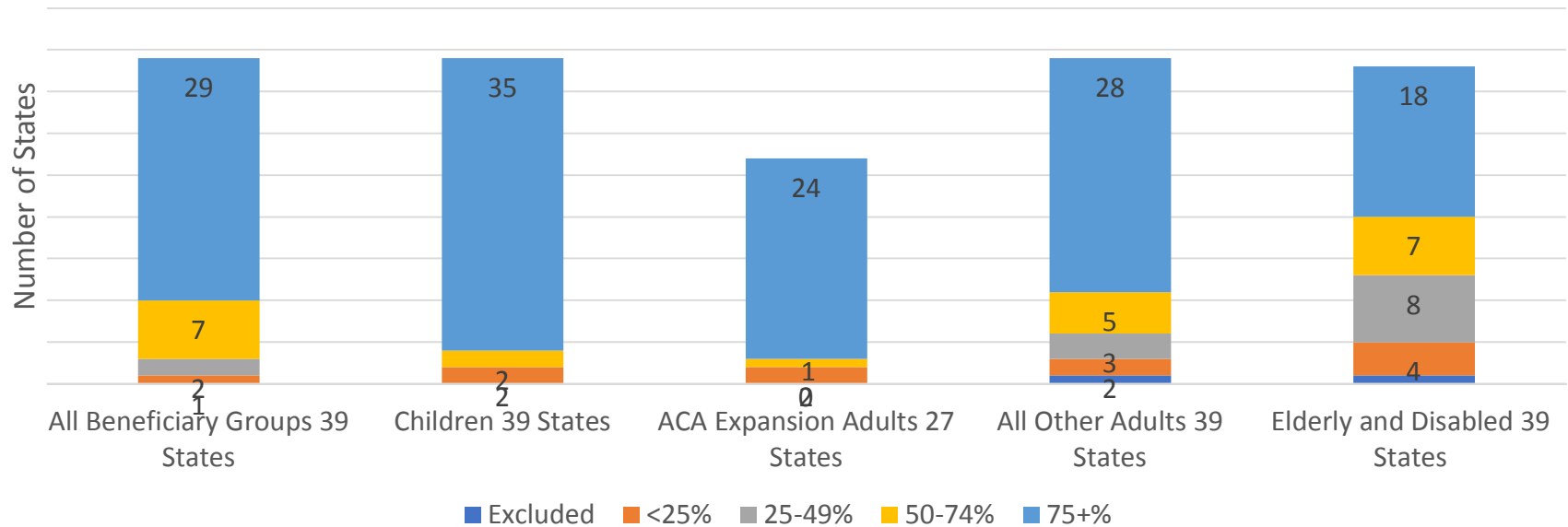


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- Fee for Service – Services are unbundled and paid for separately, usually based upon a fee schedule. Payment to the provider increases in proportion to the quantity of the services provided.
- Managed Care – Managed care delivery systems vary:
  - Comprehensive-risk based managed care – A managed care organization (MCO) is paid a fixed or capitated amount per enrolled member per month. The MCO is at financial risk if costs exceed the capitated rate. Some services may be “carved out.” Rates must be “actuarially sound.”
  - Primary Care Case Management (PCCM) – Enrollees have a primary provider who is paid a monthly case management fee to manage and coordinate basis medical care. PCP is not at risk.
  - Limited-benefit plans – Plans that manage a limited set of benefits. May share risk with the State.
  - Health Homes – A new CMS State Plan Benefit that pays primary care providers for care coordination and may include a pay for performance element.
  - Accountable Care Organizations – Groups of doctors, hospitals and other health care organizations that come together voluntarily to provide coordinated, high-quality care to their patients.

# Prevalence of Managed Care Arrangements

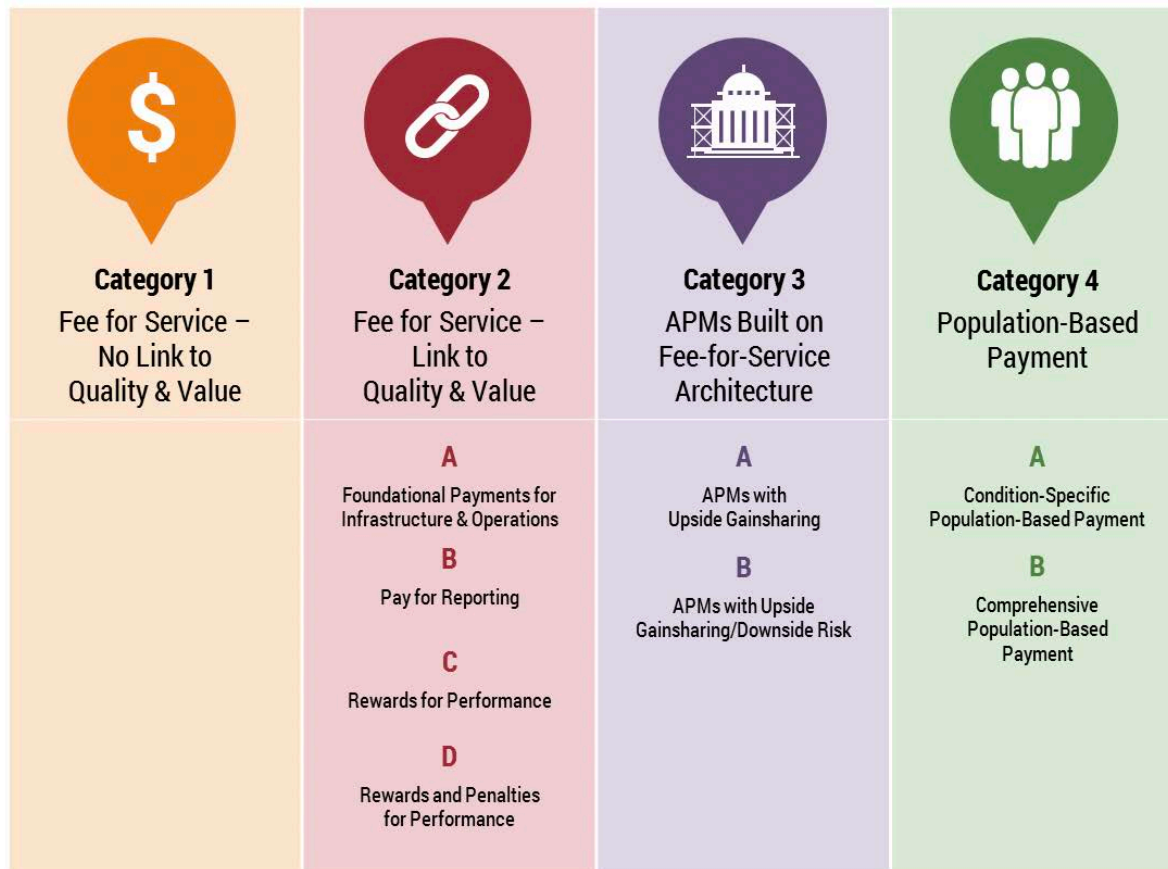
MCO Managed Care Penetration Rates for Select Medicaid Groups as of 2017



Source: Statista, MCO Managed Care Penetration Rates for Select Medicaid Groups in 2017, accessed at <https://www.statista.com/statistics/380099/states-with-medicaid-managed-care-expansion-and-quality-initiatives/> on July 31, 2018

# Move Toward Integration and Value Based Payment Methods

**Figure 1. APM Framework (At-A-Glance)**



Source: Health Care Payment & Learning Action Network, APM Framework, accessed at <https://hcp-lan.org/workproducts/apm-whitepaper.pdf> on July 31, 2018.

# How are Medicaid Payment Rates Established?

- State Medicaid provider payments must be:
- “consistent with efficiency, economy, and quality of care and . . . sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.”
- Social Security Act, 42 U.S.C. § 1396a(a)(30)(A).

# Fee-for-Service Rate Methodologies Vary

- Methodology Set by Single State Agency and approved by CMS in the State Plan
- Can be cost-based, prospective or an alternative payment methodology (APM).
- Per service, per day or per bundle
- Per service rates often set as a percentage of the Medicare Fee Schedule
- Federal Upper Payment Limit – Federal limit on FFS reimbursement; varies by provider type.

# Medicaid Managed Care Rates

- Capitation rates paid by States to MCOs must be actuarially sound, meaning:
  - The projected rates must provide for all reasonable, appropriate and attainable costs that are required under State's contract and for the operation of the Plan for the time period and populations to be served.
  - States must submit proposed rates and the documentation underlying the rate development process to CMS for review and approval.
  - Rates paid by MCOs to providers generally are negotiated.
    - Provider payment rates can be fee-for-service, capitated or use an alternative payment methodology (APM).

# Why is Medicaid an Entitlement?

- Federal law requires states to provide Medicaid coverage to all individuals who meet eligibility requirements and to furnish services with reasonable promptness.
- In *Goldberg v. Kelly*, 397 US 254 (1970), the US Supreme Court ruled that welfare benefits are a matter of statutory entitlement for persons qualified to receive them. Individuals receiving such benefits are entitled to DUE PROCESS OF LAW.
- DUE PROCESS requires that prior to any action to deny, reduce or terminate benefits, an applicant or recipient must be given notice and a meaningful opportunity to be heard.



# Fair Hearing Requirements

- Adequate Notice
  - ❑ In advance of intended action
  - ❑ Must state reasons for intended action and include citation to law that supports action
  - ❑ Explain right to hearing and how to request one
  - ❑ Right to represent oneself or be represented
  - ❑ Explanation of of circumstances under which benefits must continue if hearing is requested – AID PAID PENDING
  - ❑ Available in alternative formats and in prevalent non-English languages
- Hearings
  - ❑ Must be conducted at a reasonable time, date and place.
  - ❑ Hearing decisions must be in writing.
- Requirements applicable to both FFS and MCO actions; MCOs must have internal grievance process and appeals process

# What Does Medicaid Look Like in the Future?

- Major change to historic funding formula including block grants or per-capita caps?
- Incremental changes that impose new requirements as a condition of eligibility – work requirements, healthy behaviors, premiums and co-payments.
- Penalties for non-compliance such as lock-out periods.
- Imposition of new benefit limitations – life time limits, caps on services.
- Reduction or elimination of benefits such as retroactive coverage.
- Requiring more frequent re-certifications of eligibility
- Increased use of 1115 waivers to address integration of physical, behavioral and LTSS services and payment reform.
- Increased use of managed care and alternative payment methods to pay for value not volume.
- Increased coordination between Medicaid and Medicare
- Increased State flexibility and greater accountability

# Additional resources

- No Wrong Door Medicaid Administrative Claiming Guidance - <https://www.medicaid.gov/medicaid/finance/downloads/no-wrong-door-guidance.pdf>
- List of mandatory and optional Medicaid eligibility groups - <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/downloads/list-of-eligibility-groups.pdf>
- List of mandatory and optional Medicaid benefits - <https://www.medicaid.gov/medicaid/benefits/list-of-benefits/index.html>

# Questions?



**For additional information:**

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**202-898-2578**

**Ohio**

Department of  
Aging

Office of the State Long-Term Care  
Ombudsman

Ombudsman & Director of Aging Perspective

August 27, 2018

# Basics about the Ombudsman

- Older Americans Act authority in facilities
- Advocate
  - Individual
  - Systems
- Statewide
- Free of unremedied conflict of interest



# Making it Work

- Conflict of interest
- Designation
- Advocacy

# Relationships

- Governor, Legislators
- State agency oversight
- Inclusion
- Legal representation

# Discussion

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