



Overview of No Wrong Door System



September 1, 2015

2015 HCBS National Conference



Objectives – Key Questions to Address

- What is a No Wrong Door System?
- What is the difference between ADRC and NWD System?
- What is the role of I&R in a NWD System?
- What is the difference between I&R and Person Centered Counseling?

Center for Integrated Programs

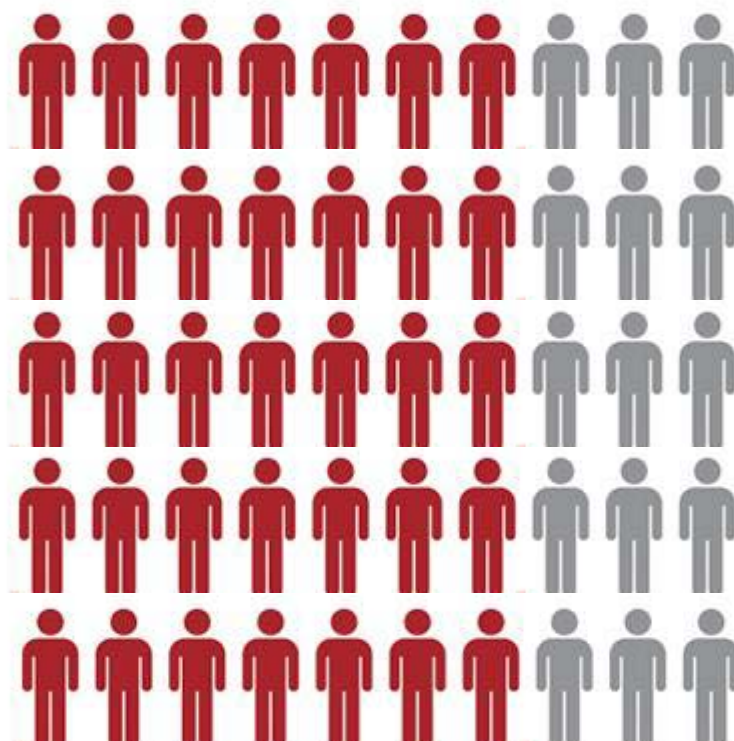
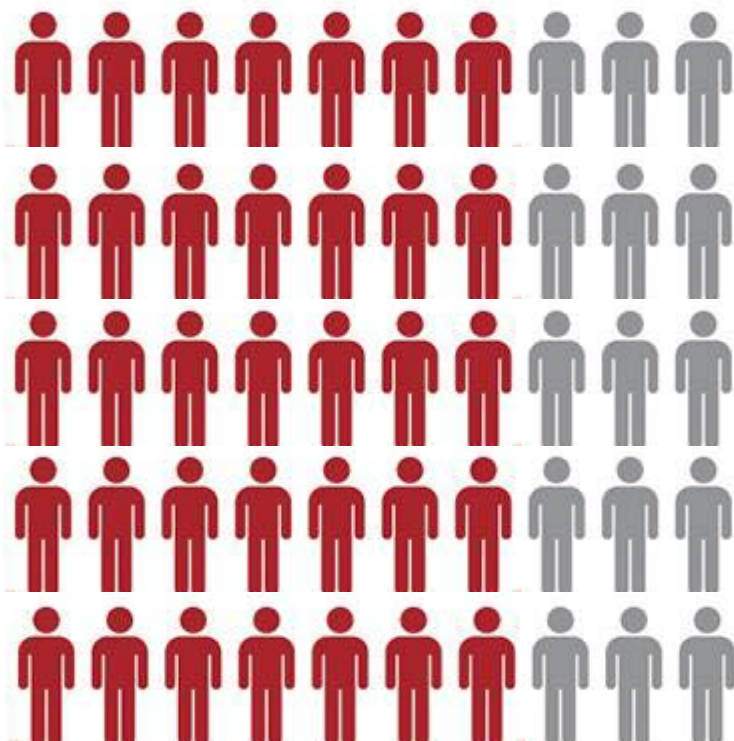
Office of Consumer Access and Self-Determination

- **Mission**—Administer programs that help consumers across the lifespan and their family caregivers access the long term services and supports they need to remain independent, living in their own homes and communities.
- **Programs**
 - Aging & Disability Resource Centers / No Wrong Door Systems
 - Person Centered Planning
 - Veteran Directed Home & Community Based Services Program
 - Inclusive Community Transportation Program
 - Lifespan Respite Program
 - Assistive Technology Program

MAY THE
ODDS
BE EVER
IN YOUR
FAVOR



**70% of Americans who reach age 65
Will need some form of LTSS for an average of 3 years.**



Disabilities Affect Most People in Their 80s Regardless of Race/Ethnicity, Tenure, and Income

Share of Population with Disabilities by Age Group (Percent)



Source: JCHS tabulations of US Census Bureau, 2012 American Community Survey
2014 Housing America's Older Adults/ Meeting the Needs of an Aging Population
Joint Center for Housing Studies of Harvard University

I'm Already Prepared

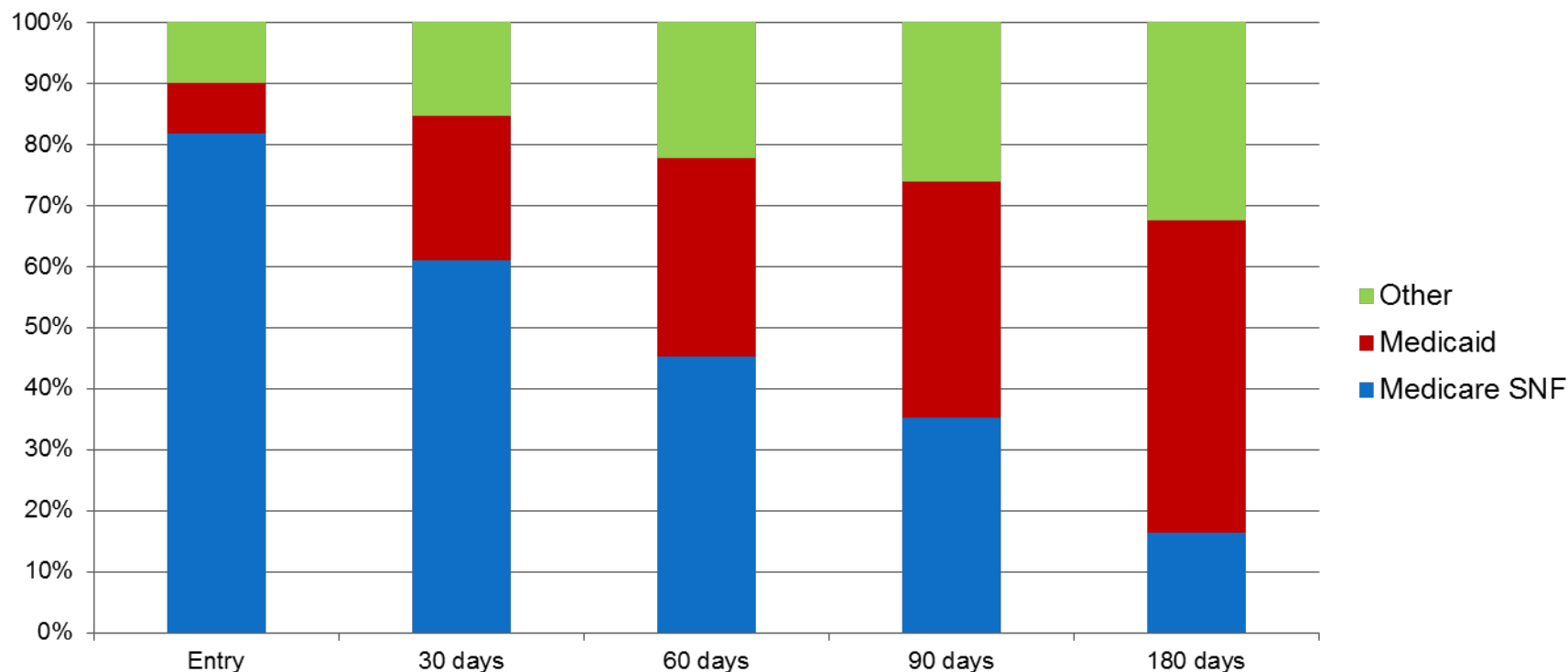
- Fishing Lesson
- We are not as prepared as we initially think



You are going to need a bigger boat.

Data Indicates that the Chances of Becoming Medicaid Eligible Increases with Longer NF Stays

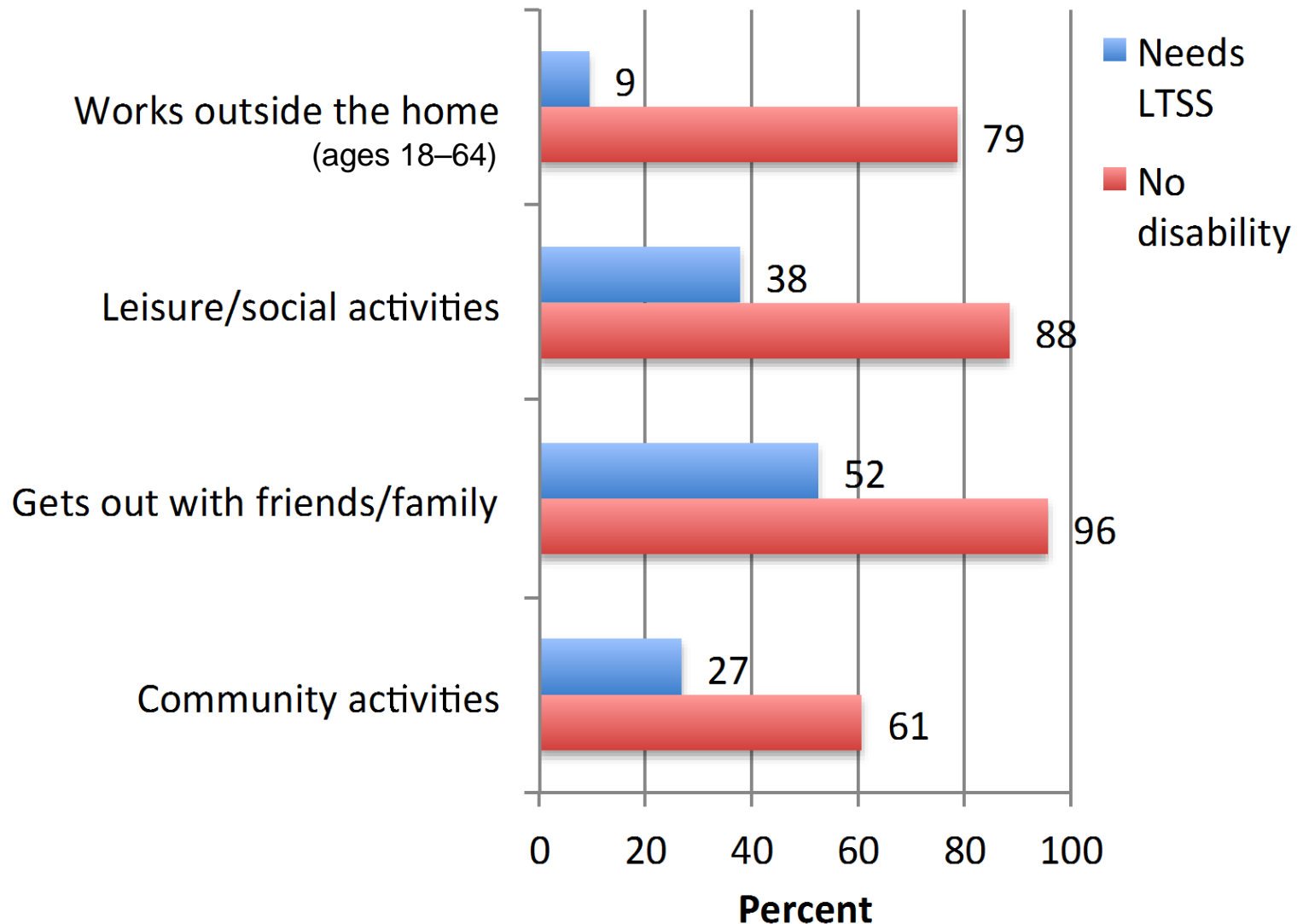
Payment Sources Among Nursing Facility Admission Cohort Over 1st 6 Months



Source: The Lewin Group analysis of CMS CCW 2007 Timeline File enhanced with MAX data.

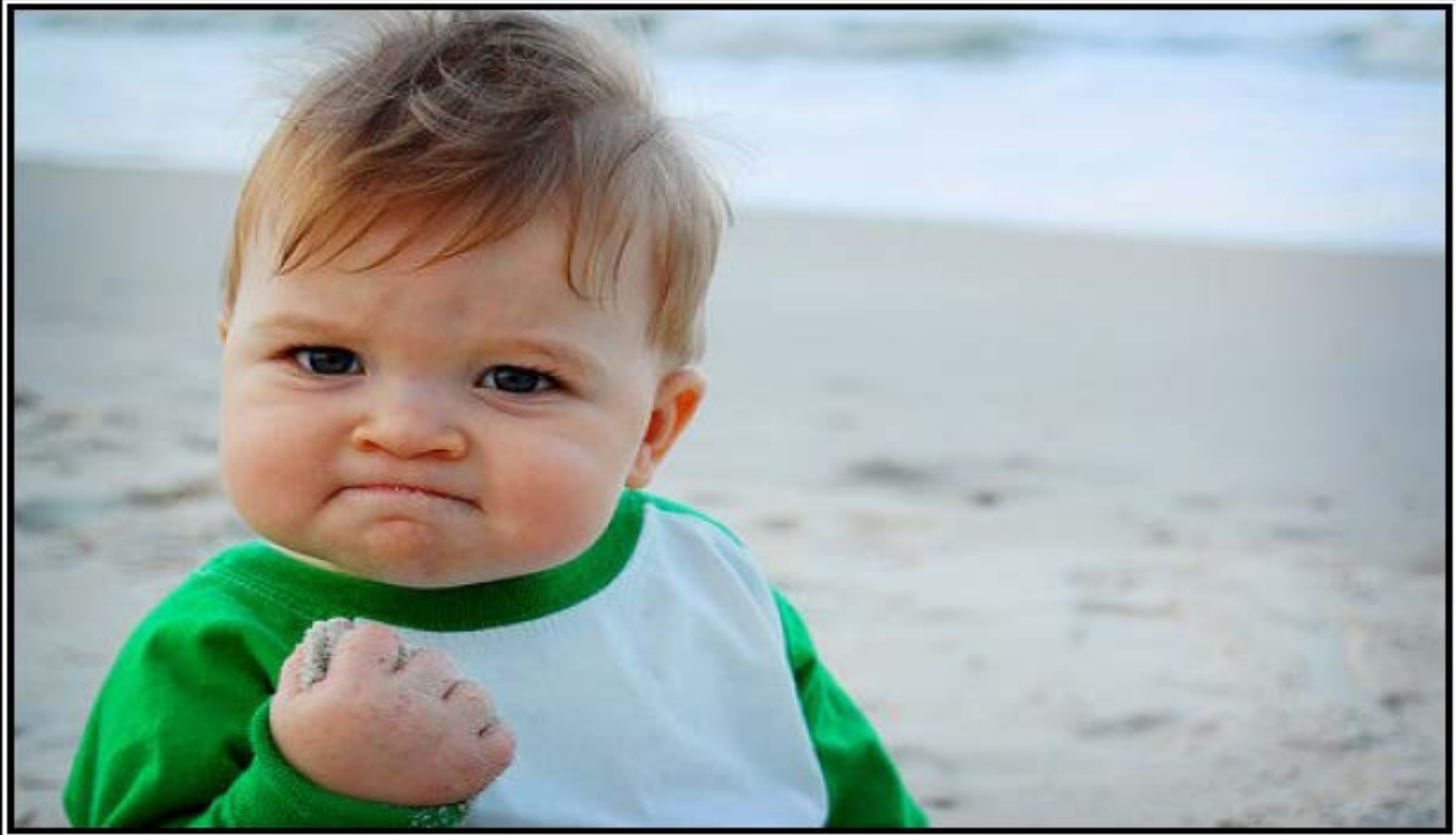
Social isolation is a problem

Participation among adults needing LTSS



Source: Author's analysis of data from the 2011 National Health Interview Survey

Age With Confidence



S U C C E S S

Because you too can own this face of pure accomplishment

EXECUTIVE SUMMARY

RAISING EXPECTATIONS

2014
SECOND EDITION

A State Scorecard on Long-Term Services and Supports for Older Adults,
People with Physical Disabilities, and Family Caregivers

Susan C. Reinhard, Enid Kassner, Ari Houser, Kathleen Ujvari, Robert Mollica, and Leslie Hendrickson



www.longtermcarecard.org

A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers

➤ List of 26 Indicators Across 5 Domains in a State Scorecard on LTSS

- 1) *Affordability and Access***
- 2) Choice of Setting and Provider**
- 3) Quality of Life and Quality of Care**
- 4) Support for Family Caregivers**
- 5) Effective Transitions**

ADRC Evolution



ADRC 1.0
"Program"

2003-2006

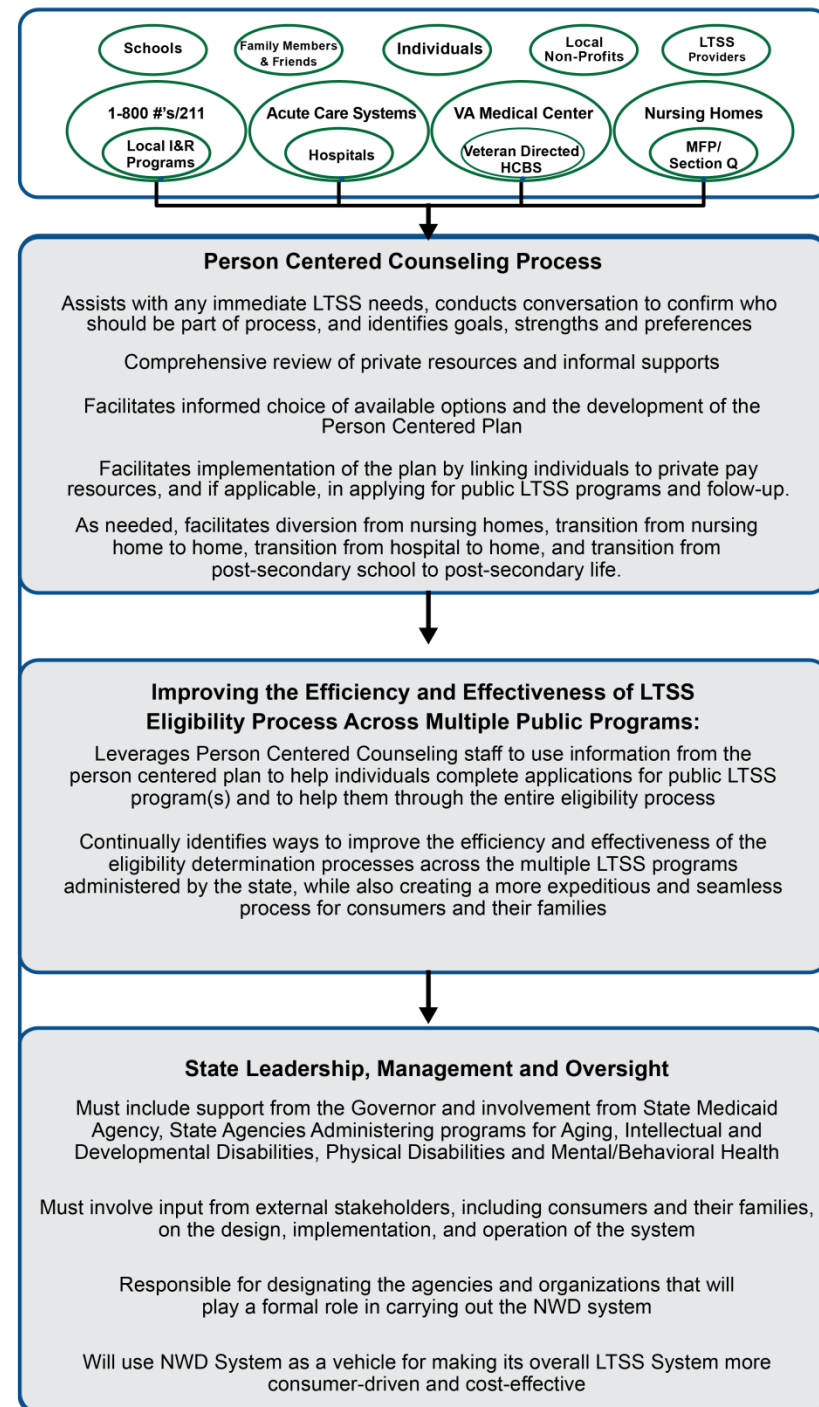
NWD System Vision

Public
Outreach and
Coordination with
Key Referral
Sources

Person
Centered
Counseling

Streamlined
Eligibility to
Public
Programs

State
Governance and
Administration



NWD System Organizations

Area Agencies on Aging

**Developmental Disability
Management Organizations**

**Centers for Independent
Living**

**Aging & Disability
Resource Centers**

**Local Medicaid
Agencies**

**Behavioral Health
Management Organizations**

**Organizations serving
Ethnic & Minority
Populations**

School Districts

Faith Based Organizations

Local Public Housing Agency

Alzheimer's Chapters

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

Other Organizations

State Governance and
Administration

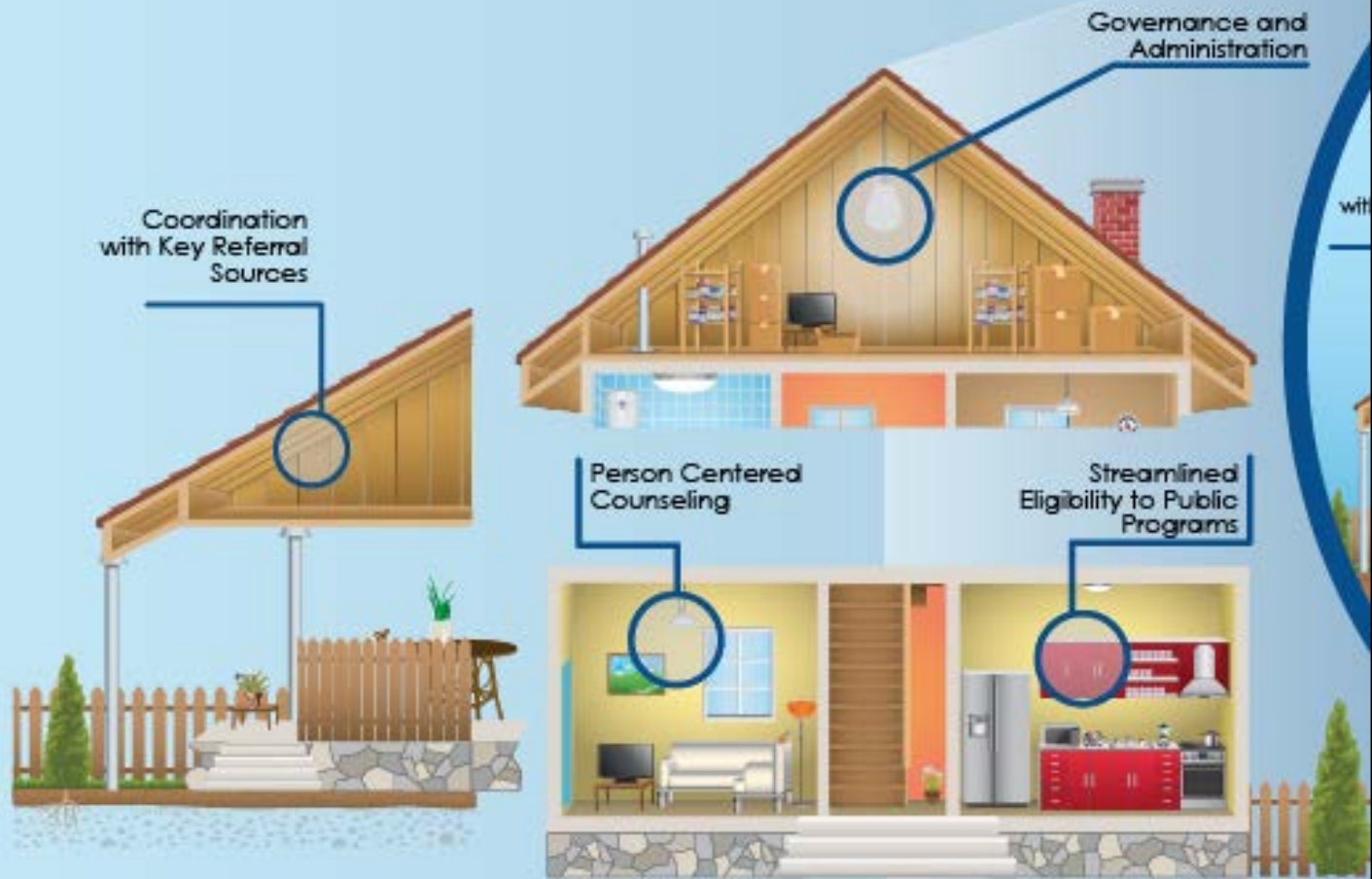
Public Outreach and
Coordination with
Key Referral Sources

NWD
System
Functions

Person Centered
Counseling

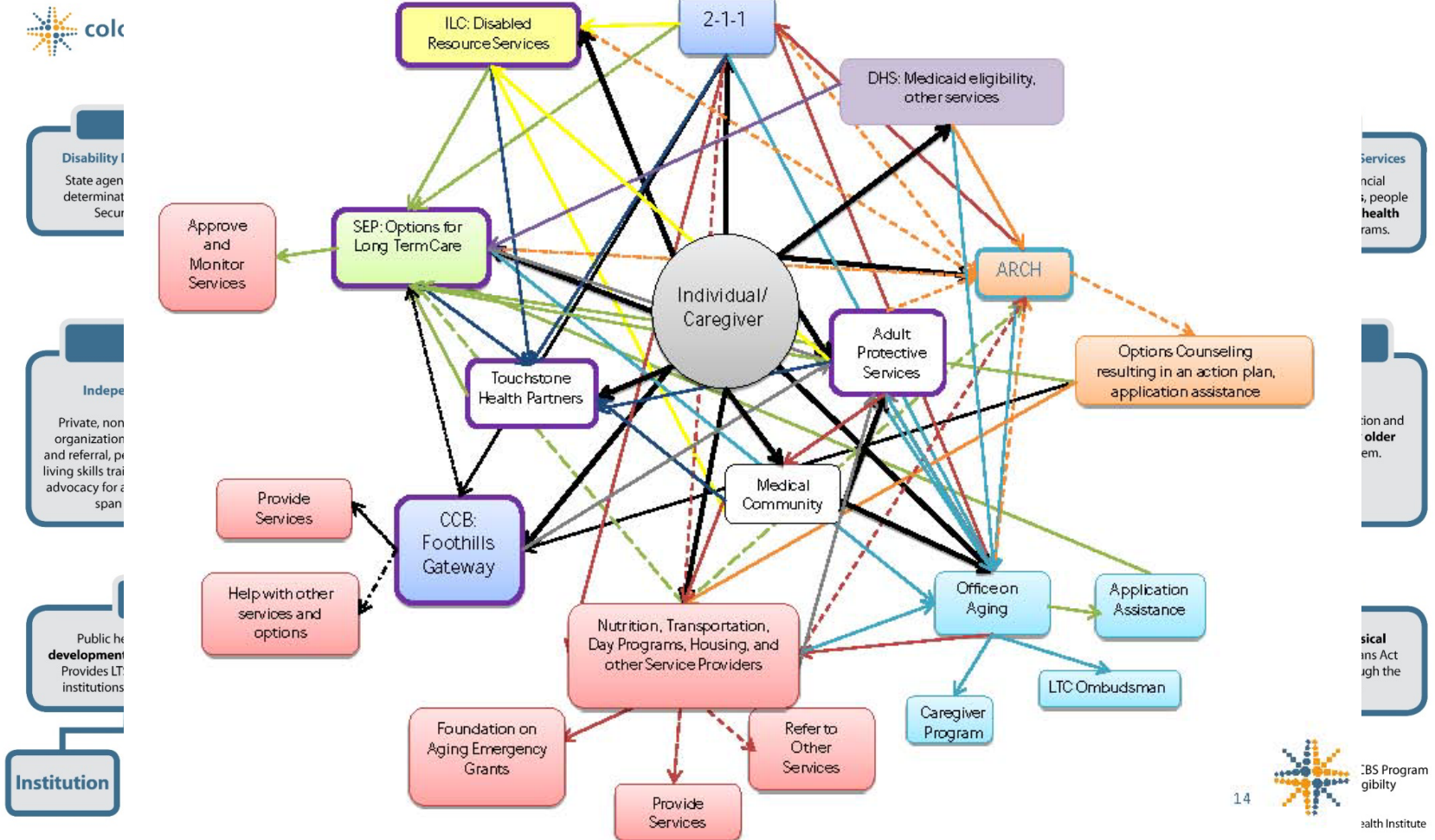
Streamlined Access to
Public LTSS Programs

The NWD System



**Hard to find visible &
trusted information?**

The LTSS Puzzle



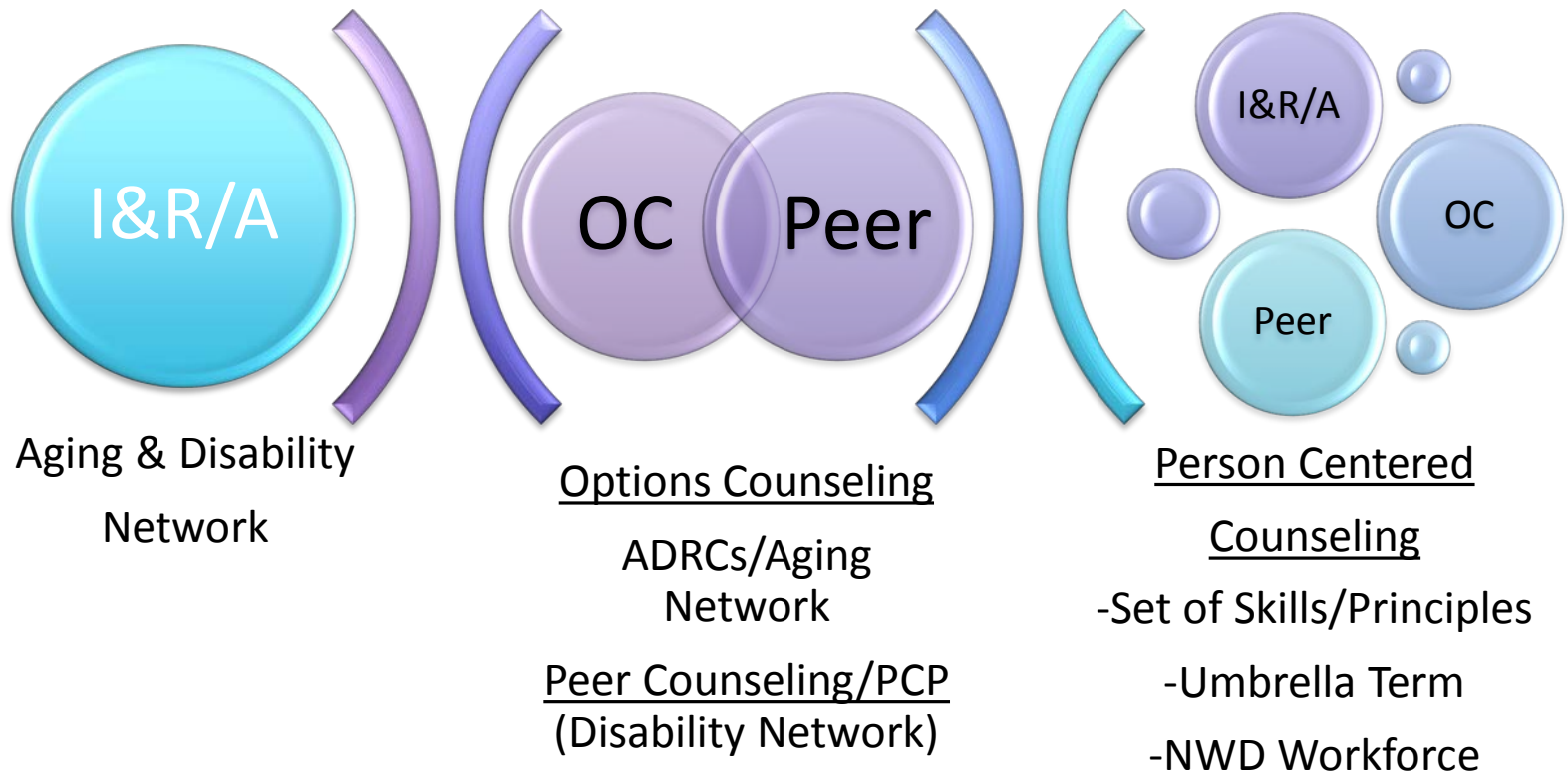
What does this mean for the I&R Network

- 1) The State proactively engages in public education to ensure its citizens are aware of the NWD System.
- 2) The NWD System is seen as a visible and trusted source of information and one-on-one personalized counseling that any individual or family can turn to for help in understanding and accessing LTSS.
- 3) The State's public awareness activities include a website on LTSS options and the NWD System, and a statewide toll-free number that connects individuals to staff doing Person-Centered Counseling.

Connection with Person Centered Counseling

- State's NWD public education plan gives special attention to educating key referral sources, including statewide and local information, referral and assistance (I&R/A) programs, statewide toll-free numbers, and 2-1-1 systems so staff and volunteers working for these entities can appropriately and quickly refer individuals to NWD staff doing Person-Centered Counseling

I&R Evolution



Move from Crisis Planning to Pre-Planning

- Crisis Planning:
 - **When you or a loved one needs help with daily living; have a cognitive impairment; and do not know where the money will come from, or the services available, you are in a Crisis.**
- Pre-Planning:
 - **Planning ahead can avoid a crisis; qualify for public benefits; protect your assets, etc.**

Catch People in Crises Situations





NWD System Key Elements

Define - Person Centered Counseling Planning

- NWD Person-Centered Counseling ensures that the person with LTSS needs **directs the PCC process**.
- The Person-Centered Counseling process begins with a **personal conversation** that includes elements of screening and assessment to confirm that the person needs LTSS and to determine if they have any needs that **require immediate action**.

NWD System Key Elements

Define - Person Centered Counseling Planning

- The NWD staff doing Person-Centered Counseling record the **person's goals**, preferred **methods for achieving them**, and a **description of the services** and supports needed to successfully achieve the person's goals.
- Person-Centered Counseling facilitates **access to public programs** for those who appear eligible for one or more public LTSS options such as Medicaid, Older Americans Act, Independent Living Programs, state revenue programs, and Veterans programs.
- Person-Centered Counseling assists the individual in determining how **best to pay for and arrange the delivery of services**, including helping the individual assess the sufficiency of his or her own personal resources.
- Person-Centered Counseling includes the critical function of **follow-up**.

What is Happening Right Now?

- **8 Part A States**
 - Pilot the Person Centered Training
 - Pilot the NWD System Management Tool
- **25 states have developed 3 year plans for their NWD System**
 - Fund 4-6 States Implementation
- **Sustaining NWD System Activities by October 1, 2015**
 - CMS Medicaid Administrative Claiming
 - Promising practices of MFP/NWD
 - CCTP/Care Transition Guide
 - NWD System Key Elements

What is Happening Right Now?

- **October 1, 2015 NWD System Communication**
 - NWD System Website
 - NWD System Infographic
 - NWD System standard slide deck
 - Launching NWD System Newsletter
 - NWD System Promising Practices
- **January 1, 2016 Person Centered Training will be available for purchase**
 - After Pilot/Evaluation the content/text will be made available in public domain



National Policy Updates: Aging and Disability

***Martha Roherty
Executive Director***

9/15/2015

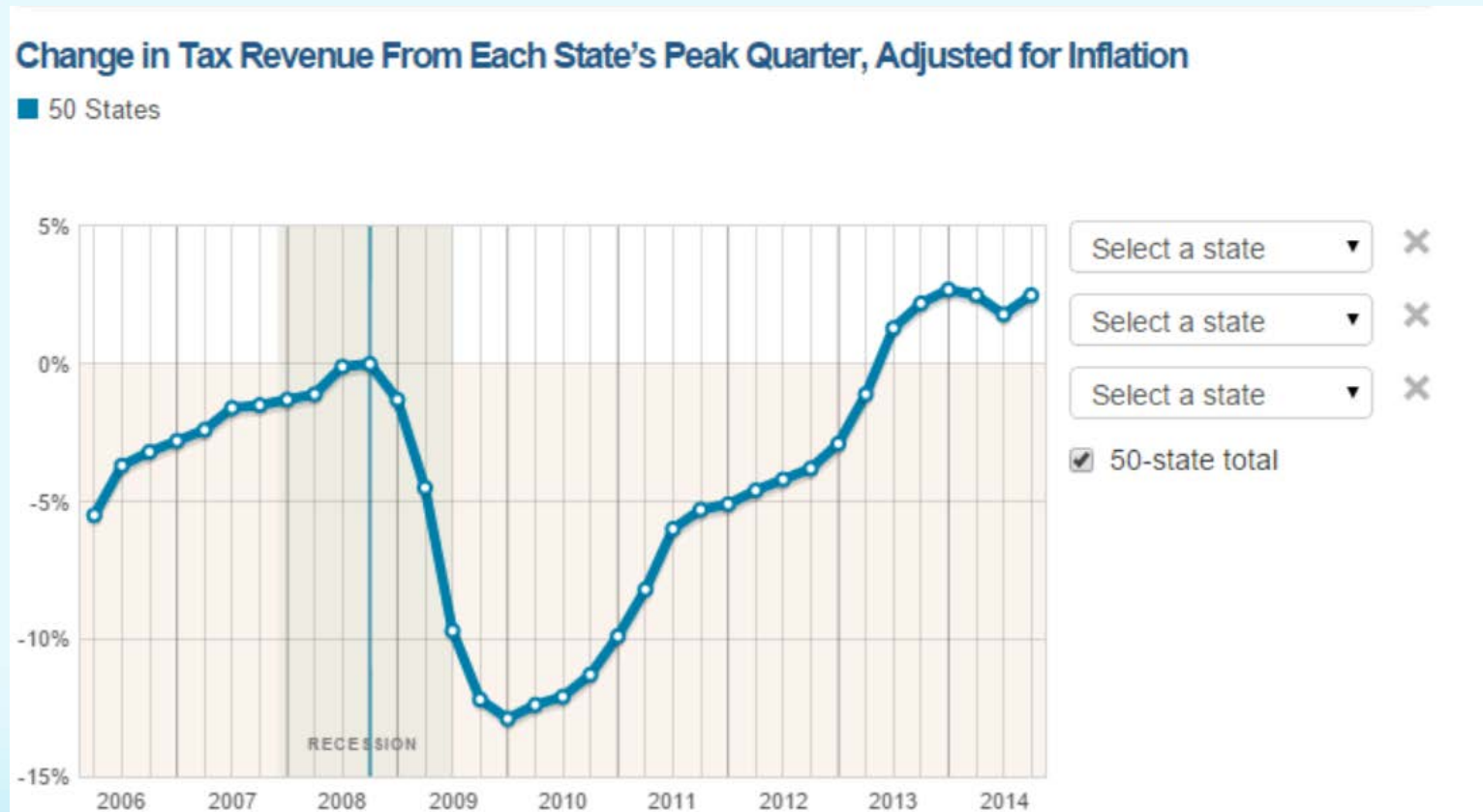
www.nasuad.org

State of the States

Please stand back. My head is exploding.



State Fiscal Conditions: Challenging



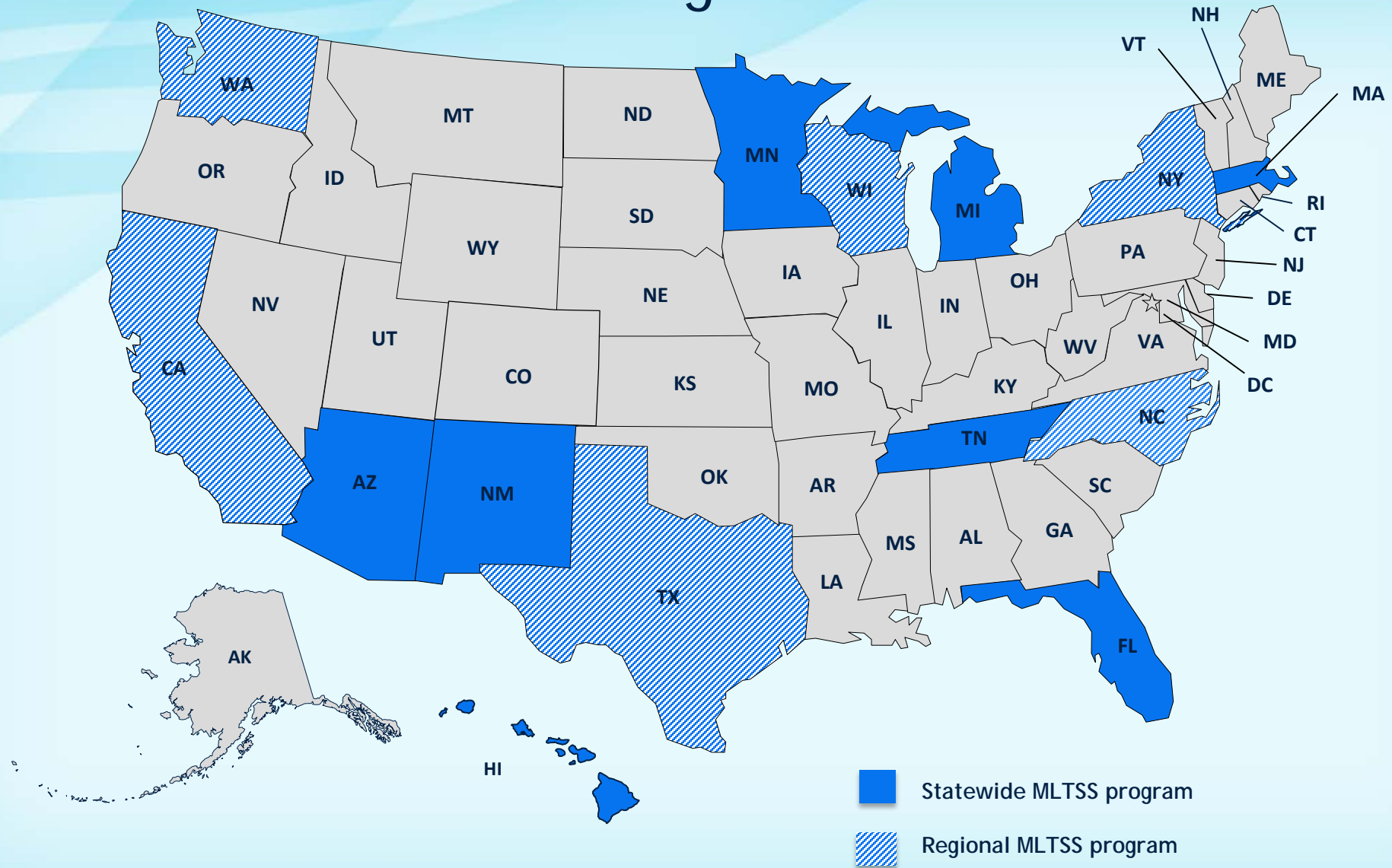
State Leadership Challenges



State Agency Strategic Alignments

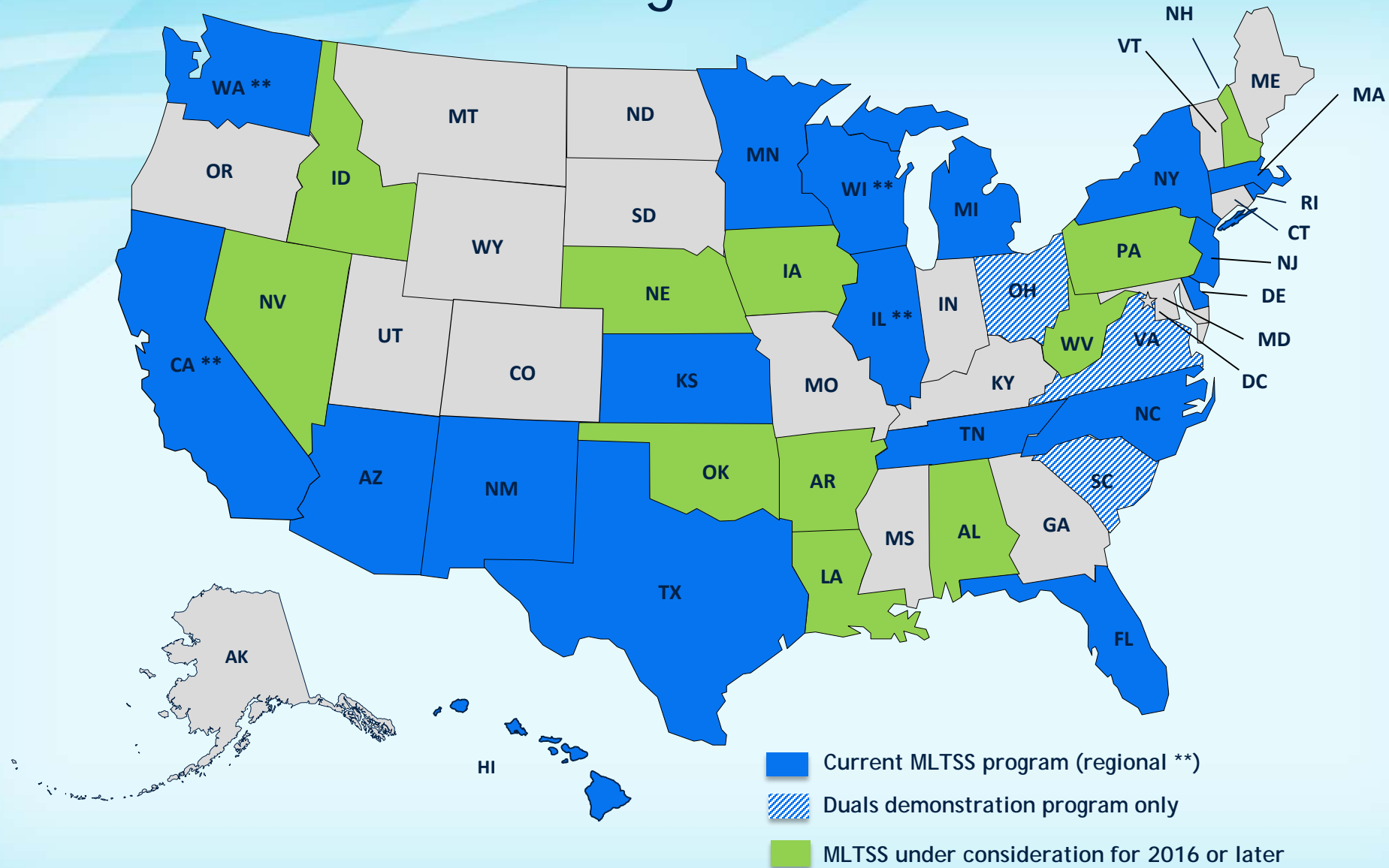


MLTSS Programs - 2010



Source: Truven Health Analytics, 2012

MLTSS Programs - 2015



Source: NASUAD survey; CMS data

Federal Budget Update



Federal Budget: FY2016

- Current Status:
 - President's Budget released in February;
 - House and Senate committees have passed appropriations bills;
 - Overall Labor-HHS spend is reduced by over \$3 billion in both chambers' legislation
 - Senate has made NIH as funding the priority under L-HHS, necessitating cuts to other programs including a proposed 42.5% reduction to SHIP
- Next Steps:
 - Senate and House pass appropriations bill(s)
 - Democrats can potentially filibuster appropriations in the Senate
 - Senate and House come to resolution
 - President signs/vetoes
- Likely Outcome: Continuing Resolution

Federal Regulations



DOL FLSA Regulations

- DOL released regulations changed the definition of “companionship” and limited the ability of third-party employers to claim exemption from FLSA
- Regulations were scheduled to become effective January 1, 2015; however, a Federal Judge placed the major portions of the rule under injunction
- DOL appealed and the injunction was lifted on Friday, August 21st
 - The rule will become effective shortly unless there is another appeal and a stay is granted during that appeal
- DOL previously asserted that states should have prepared for implementing the rule, and that they would not delay the effective/enforcement dates if the ruling is overturned

CMS HCBS Regulations

- Background: In January 2014, CMS released regulations that create new requirements for the provision of Medicaid HCBS services
 - The most significant provision is the requirement that all settings of HCBS services be “integrated into the community”
- The regulations required states to submit “transition plans” that discuss how they will come into compliance with the rule
 - March 17th was the CMS deadline for submission of statewide transition plans
 - 48 states and DC have submitted plans
 - CMS has begun review of the plans and has sent some follow-up letters requesting further clarification and information
 - No plans have been approved at this time

Current Status

- Many of the transition plans were process-oriented and did not include substantive information on setting compliance
- Notably: CMS has performed on-site reviews of some settings (in North Dakota) and has determined:
 - Some residential settings on the grounds of an institution ARE allowable as HCBS, per the heightened scrutiny outcome
 - Some day programs on the grounds of an institution are NOT allowable as HCBS, per the review
- CMS has expressed concern about whether states were identifying all of the settings presumed to be institutional in nature
- NASUAD continues to work with CMS regarding concerns about existing services, including Adult Health, Assisted Living, and Dementia Care

CMS Proposed Managed Care Regulations

- Background: NPRM released on June 1, 2015; comment period ended July 27, 2015
- Sweeping modernization of regulations last promulgated in 2002
- CMS guided by 5 principles:
 - Alignment with Other Insurers
 - Delivery System Reform
 - Payment and Accountability Improvements
 - Beneficiary Protections
 - Modernizing Regulatory Requirements and Improving the Quality of Care

CMS Proposed Managed Care Regulations

- NASUAD members discussed concerns in information requirements; MLTSS provisions; network adequacy; quality; oversight and monitoring requirements; and beneficiary support
- In most of these areas, CMS is imposing new and burdensome requirements on states, clearly tipping the balance away from state flexibility and towards national standardization
- NASUAD's primary focus for review and comment were the MLTSS sections which formalize the May 2013 CMS 'guidance' on MLTSS program design

CMS Proposed Managed Care Regulations

- NASUAD submitted 18-page letter of comments, including the following:
 - Include NCI-AD as a quality of life measure in MLTSS quality measurements and broaden language to include non-medical measures appropriate for MLTSS
 - Remove a new ‘for cause’ reason for disenrollment when NF, residential or employment provider leaves MCO network
 - Request state flexibility in network adequacy standards and readiness reviews
 - Clarify permissible MLTSS quality activities for purposes of new MLR requirement
 - Less ambiguity around new requirement for stakeholder engagement



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

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

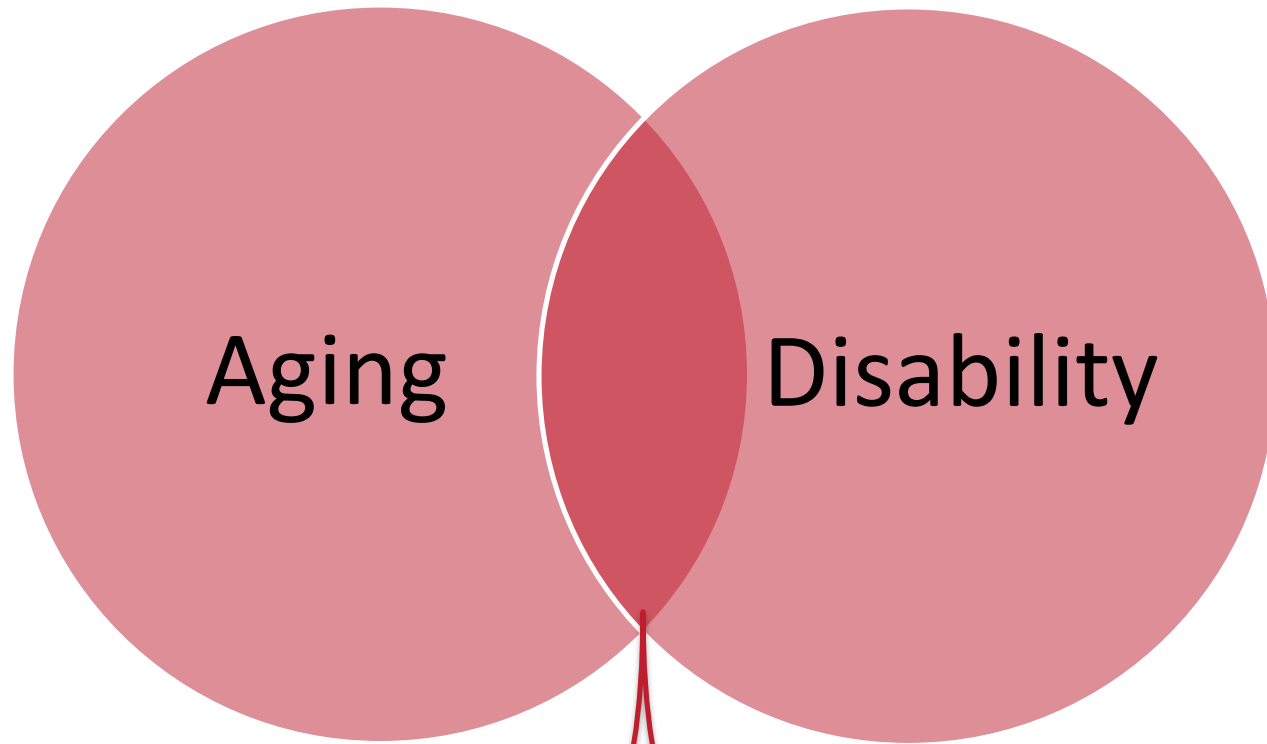
ACL Overview



Integration at the Federal Level

- ACL created in 2012
 - Brought together AIDD, AOA and Office on Disability
- 2014 budget authorization
 - PRC
 - Limb loss
 - SHIP
- Workforce Innovation and Opportunities Act of 2014
 - NIDILRR
 - Independent living
 - Assistive technology

ACL is a multicultural organization, and is united by shared values.



Independence, Quality of life, Self-Determination, Community Living

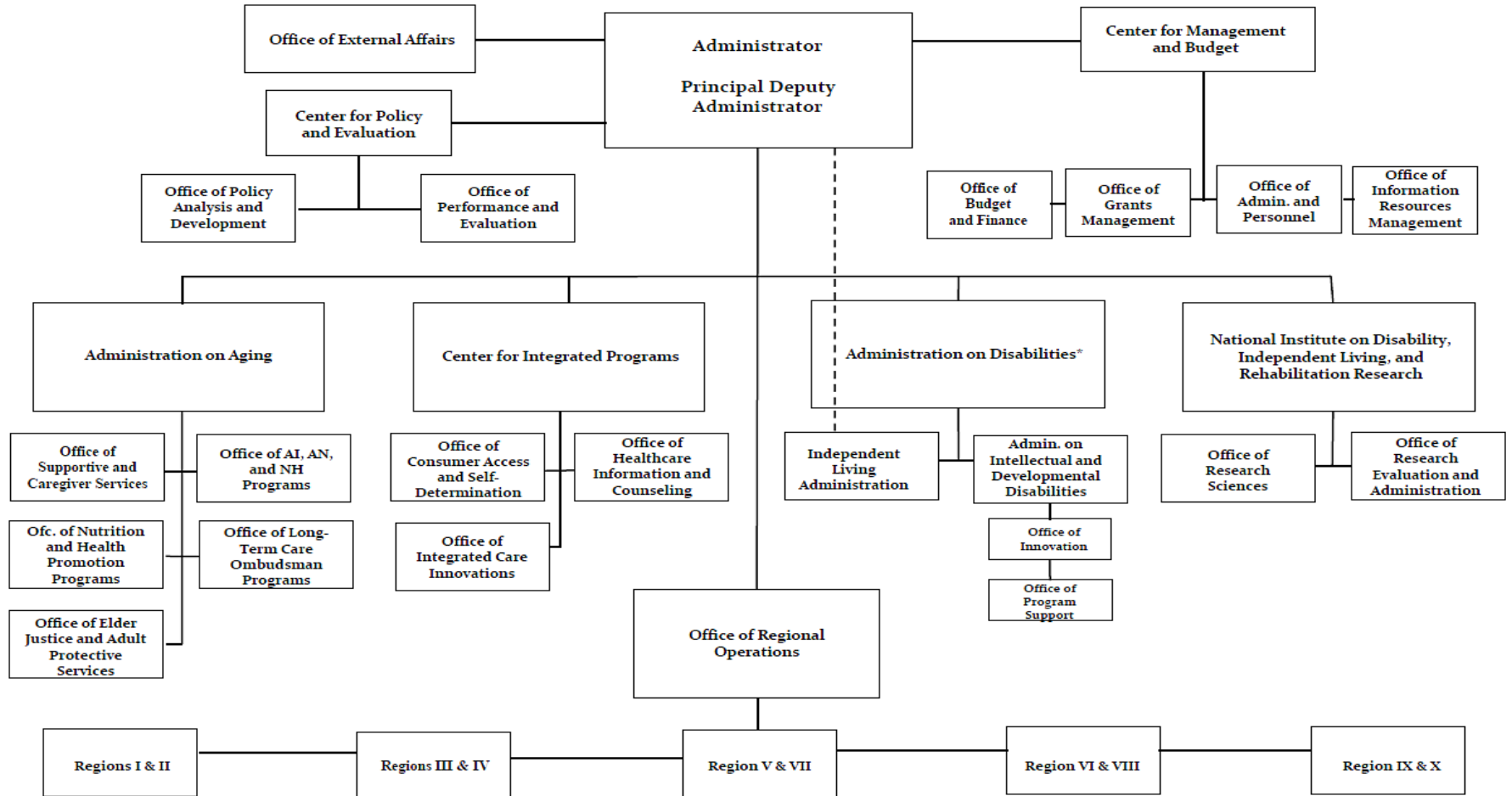
Integration at the Federal Level

- Organization
 - Preserve aging- and disability-specific expertise
 - Join forces where the issues are the same
- Greater than the sum of our parts
 - Larger voice together
 - More effective advocacy
 - Efficiency – critical given scarce resources

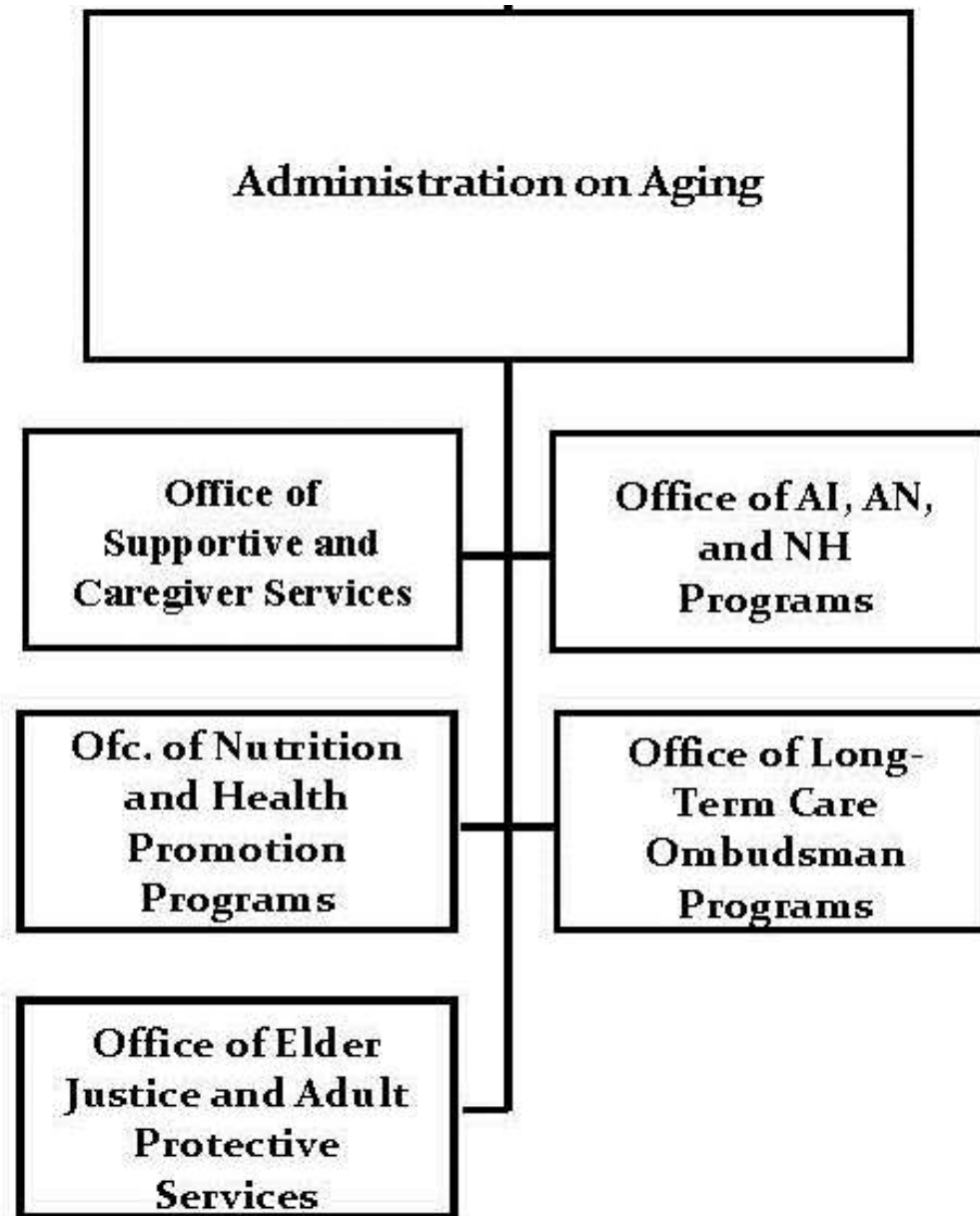
Core commonality: Aging and disability

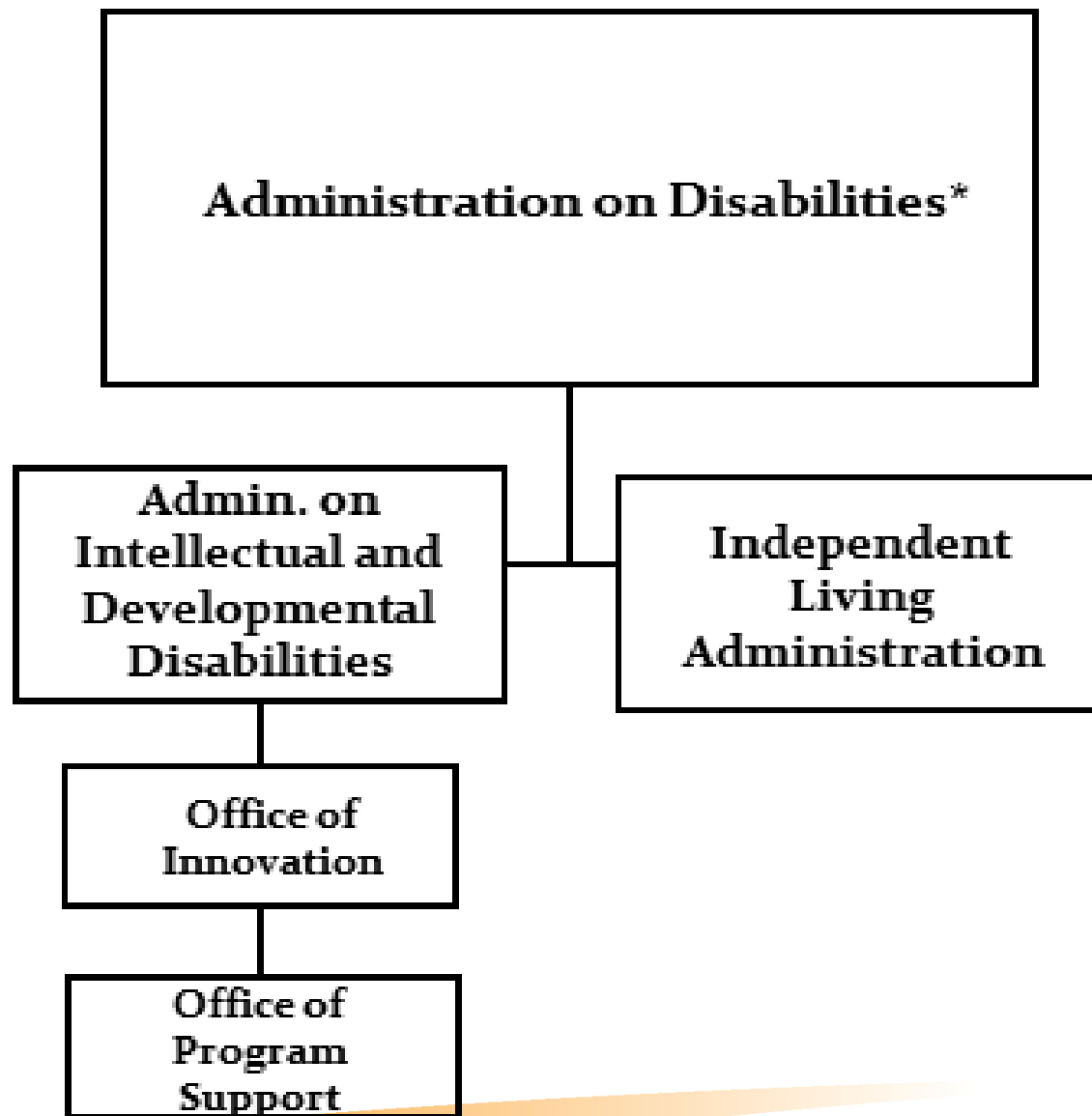
- Enabling community living
 - Everyone has the fundamental human right to live the lives they want to live, participating fully in their communities
 - Everyone can contribute, throughout their lives

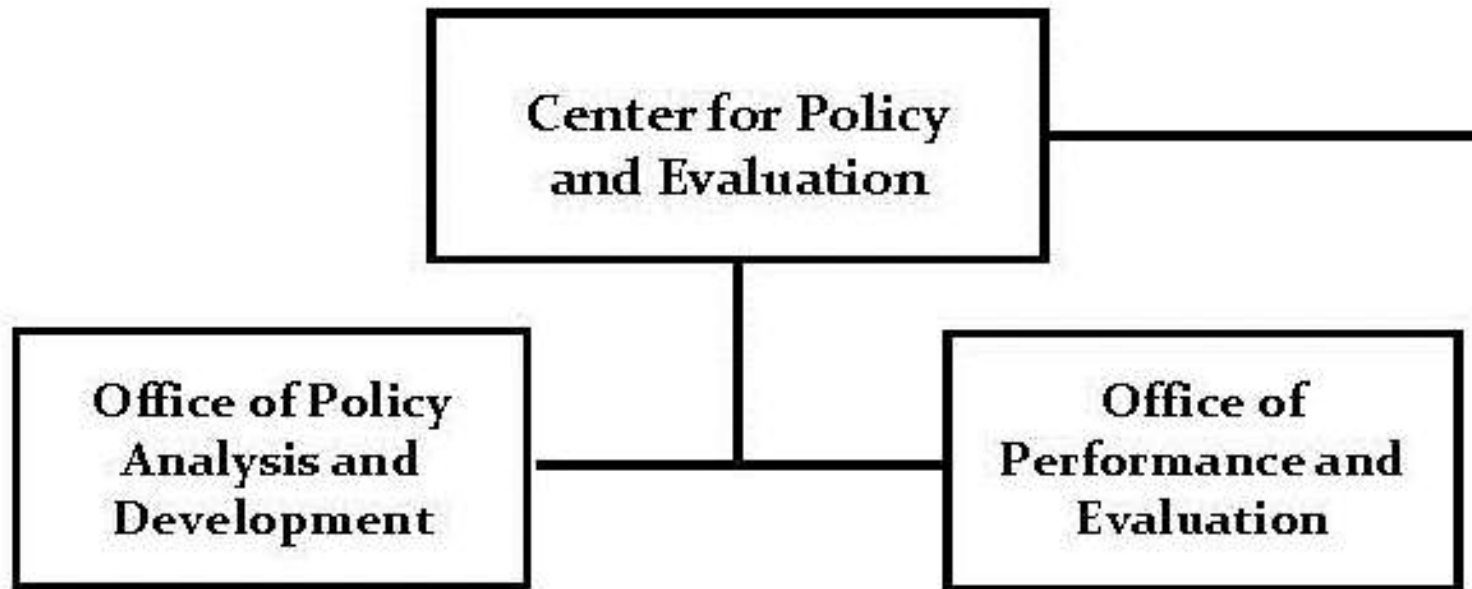
ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART

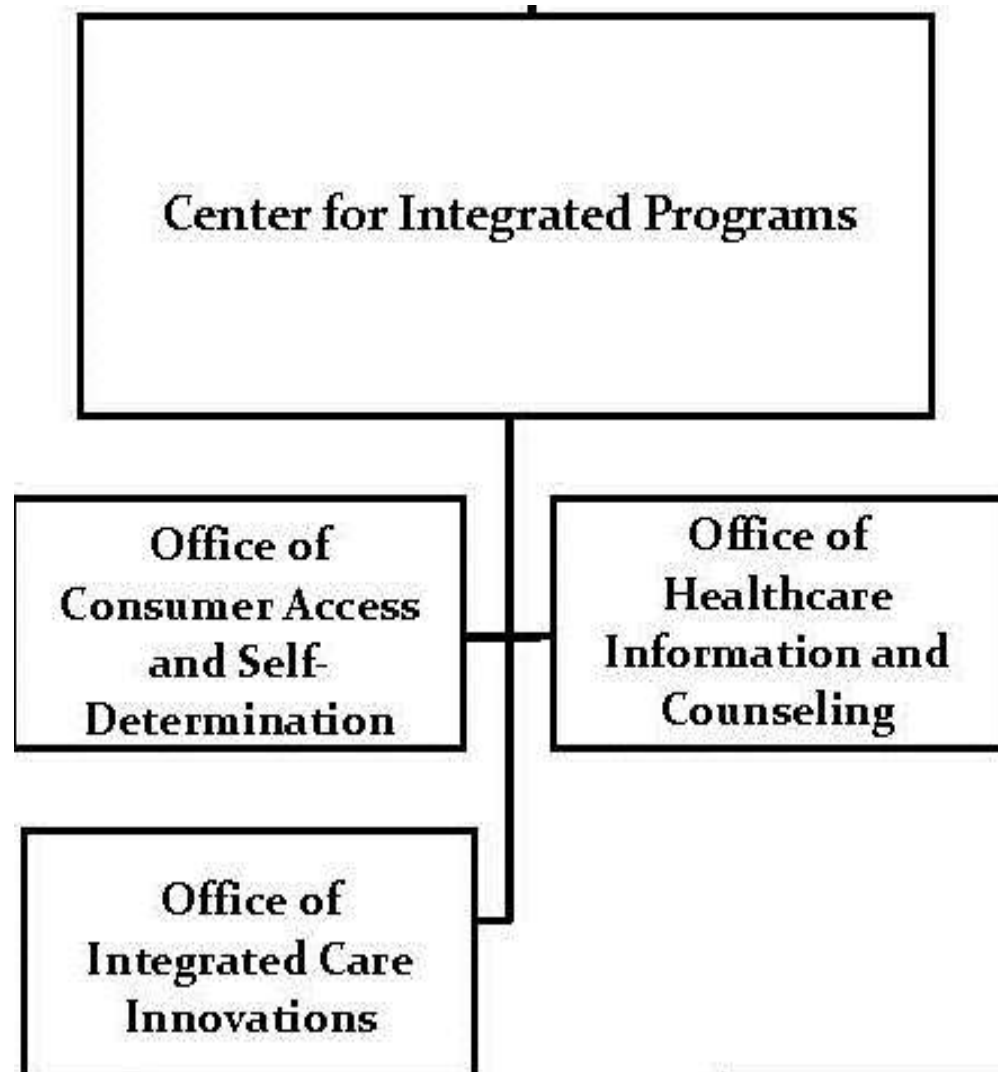


*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dual role, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and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





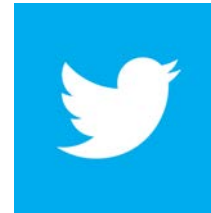




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The National Council on Independent Living

National Update

National Council on Independent Living

Founded in 1982, NCIL is the longest-running national cross-disability, grassroots organization run by and for people with disabilities.



National Council on Independent Living

- Centers for Independent Living (CILs)
 - Community-based
 - Nonresidential
 - Cross-disability
 - Consumer Directed
 - Five Core Services
- Statewide Independent Living Councils (SILCs)





<http://www.ilru.org/html/publications/directory/index.html>



National Council on Independent Living

- Membership Organization
 - Individuals
 - CILs
 - SILCs
 - Other organizations
- Consumer-Directed
 - Majority board and staff people with disabilities
 - Committee structure



- ▶ **Diversity Committee**
 - **Women's Caucus**
 - **Youth Caucus**
- ▶ **International Committee**
- ▶ **Executive Committee**
- ▶ **Finance Committee**
 - **Resource Development**
- ▶ **Human Resources Committee**
 - **Annual Conference**
 - **Membership & Nominating**
- ▶ **Regional Representatives Committee**
- ▶ **President's Task Forces Not Listed Under**
 - **Outcome Measures Task Force**

- ▶ **Legislative & Advocacy Committee**
 - **ADA / Civil Rights Subcommittee**
 - **ADRC**
 - **Education & IDEA**
 - **Emergency Preparedness**
 - **Employment– Social Security**
 - **Healthcare**
 - **Housing**
 - **Mental Health**
 - **PAS**
 - **Rehab Act & IL Funding**
 - **Technology**
 - **Transportation**
 - **Veterans**
 - **Violence & Abuse**
 - **Voting Rights**

Legislative & Advocacy Priorities



Workforce and Innovation and Opportunity Act (WIOA)

- Transfer of the IL Program to the Administration for Community Living in HHS.
- Creation of the Independent Living Administration (ILA).
- New fifth core service added.
- Focused now on implementation.

Independent Living Funding

- Increased need
 - Make up for previous cuts
 - Additional mandated core service
- Federal Budget
 - President's budget
 - House and Senate bills
 - Likely outcome



Employment & Social Security

- Congressional action regarding SSDI pending
- NCIL recommendations
 - Emphasis on removal of disincentives
 - Redefinition of disability
 - Incorporate disregard and offset
 - Adjust eligibility criteria
 - Modernize reporting procedures

Additional Priorities

- Housing
- Transportation
- ADA & Civil Rights
- *Assistive Technology*
- *Education*
- *Veterans Issues*

Department of Labor FLSA Home Care Rule

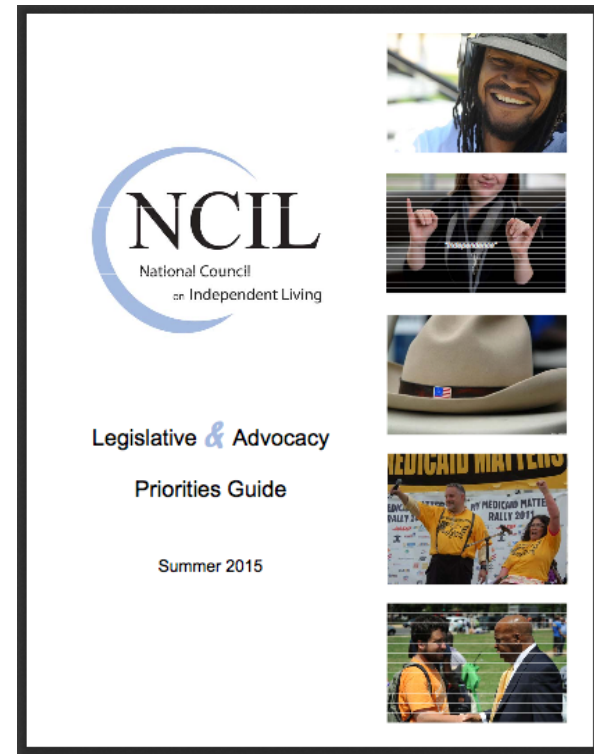
- Home Care Rule reinstated
- Concerns about service caps
- Follow state plans closely

2015 Legislative & Advocacy Priorities

www.ncil.org
Legislative & Advocacy
Priorities Guide→

Lindsay Baran
Lindsay@ncil.org

Weekly Advocacy Monitor
www.advocacymonitor.com



TRANSITIONING FROM MEDICAID TO MEDICARE: PREVENT PEOPLE FROM FALLING THROUGH THE CRACKS

NATIONAL HOME & COMMUNITY BASED SERVICES CONFERENCE
INFORMATION & REFERRAL/ASSISTANCE PRE-CONFERENCE INTENSIVE
AUGUST 31, 2015

LYNDA FLOWERS
SENIOR STRATEGIC POLICY ADVISOR
AARP PUBLIC POLICY INSTITUTE



Real Possibilities

FRAMING THE DISCUSSION

The Good News

- Optional Medicaid expansion
- So far 30 states and the District of Columbia offer the new Medicaid expansion coverage

The Bad News

No longer eligible for Medicaid expansion once you're eligible for Medicare

Four Ways People Can Fall Through the Cracks When Transitioning from Medicaid to Medicare

Income Eligibility

After transitioning onto Medicare some low-income individuals likely to be:

- Above income thresholds for traditional Medicaid (linked to categories)
- Eligible for one of the Medicare Savings Programs (MSPs): QMB, SLMB, and QI

Resource Eligibility

- No asset test for the Medicaid expansion
- After transitioning onto Medicare, asset test is required to qualify for traditional Medicaid and/or MSPs

Affordability

The Medicaid expansion and the tax credits associated with Exchange coverage end when a person turns age 65 or otherwise qualifies for Medicare

Leave some individuals exposed to higher out-of-pocket costs than they would have under Medicaid or in subsidized Exchange plans for:

- Medicare Premiums
- Medicare cost sharing
- Medicare Part D coverage

Enrollment

- Application processes for traditional Medicaid and MSPs are more involved than those associated with expansion Medicaid
- Many more documents are required for the traditional application process
- Some will feel stigmatized by the process; others will fall through the cracks due to lack of knowledge

Enrollment, con'td

- Medicare does not send notices
- People could mistakenly miss timeline for signing up
- People may not know about late enrollment penalties
- People may not know about the Medicare prescription drug low-income subsidies

Some Solutions

- Timely beneficiary notices
- Automatic re-assessment by state Medicaid programs
- Eliminate the asset test for the MSPs
- Outreach and education about:
 - transition rules
 - the possibility of being re-assessed for traditional Medicaid and/or MSPs, LIS
 - the impact of asset counting rules, including asset transfer implications

Some Solutions

- Train Navigators and others to assist those who are transitioning; more federal funding for this effort
- On-the ground beneficiary assistance with the application process

Next Presenters

Stacy Sanders
Federal Policy Director
Medicare Rights Center
Solutions to Help Ease Transitions

Jennifer Goldberg
Directing Attorney
Justice in Aging
Assisting Beneficiaries with Transitions at State
Level

QUESTIONS AND DISCUSSION



Contact AARP's Public Policy Institute

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advocacy | action | answers on aging

National Policy Updates

HCBS I & R Symposium, Washington, DC, August 31, 2015

AAA Trends and Directions

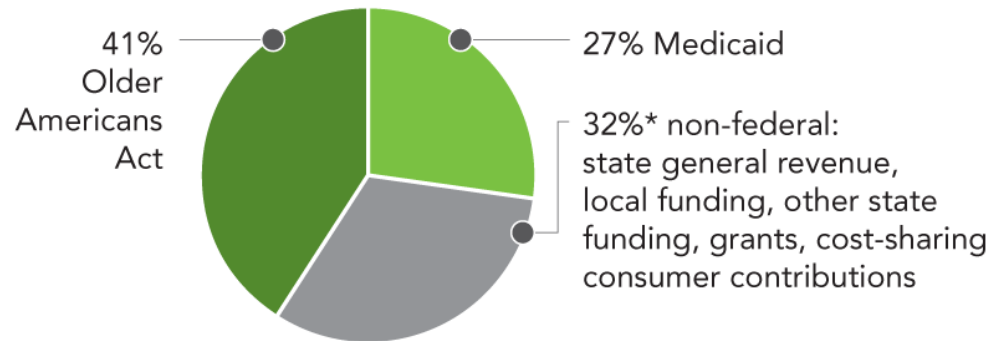
- Limited Budgets
- Serving Broader Population
- Diversifying Funding
- Expansion of Health-Related Services
- Expansion of Work in Integrated Care
- Increased Interest and Activity in Business Acumen and Business Development

Limited Budgets

Average AAA Budget By funding source, 2013

**\$9.4
million**

(Ranges from \$138,000 to \$292 million)



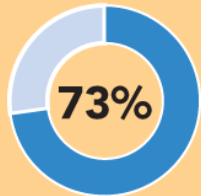
*Ranked by most frequently cited

AAAs Serve a Broad Range of Consumers

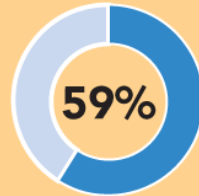
While all AAAs serve adults age 60 and older and their caregivers, they also serve younger consumers, such as ...

Percentage of AAAs that serve consumers under age 60, by category:

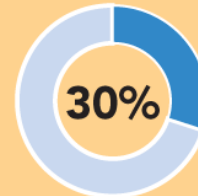
Consumers with a disability or chronic illness



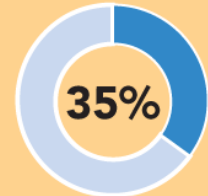
Caregivers of all ages



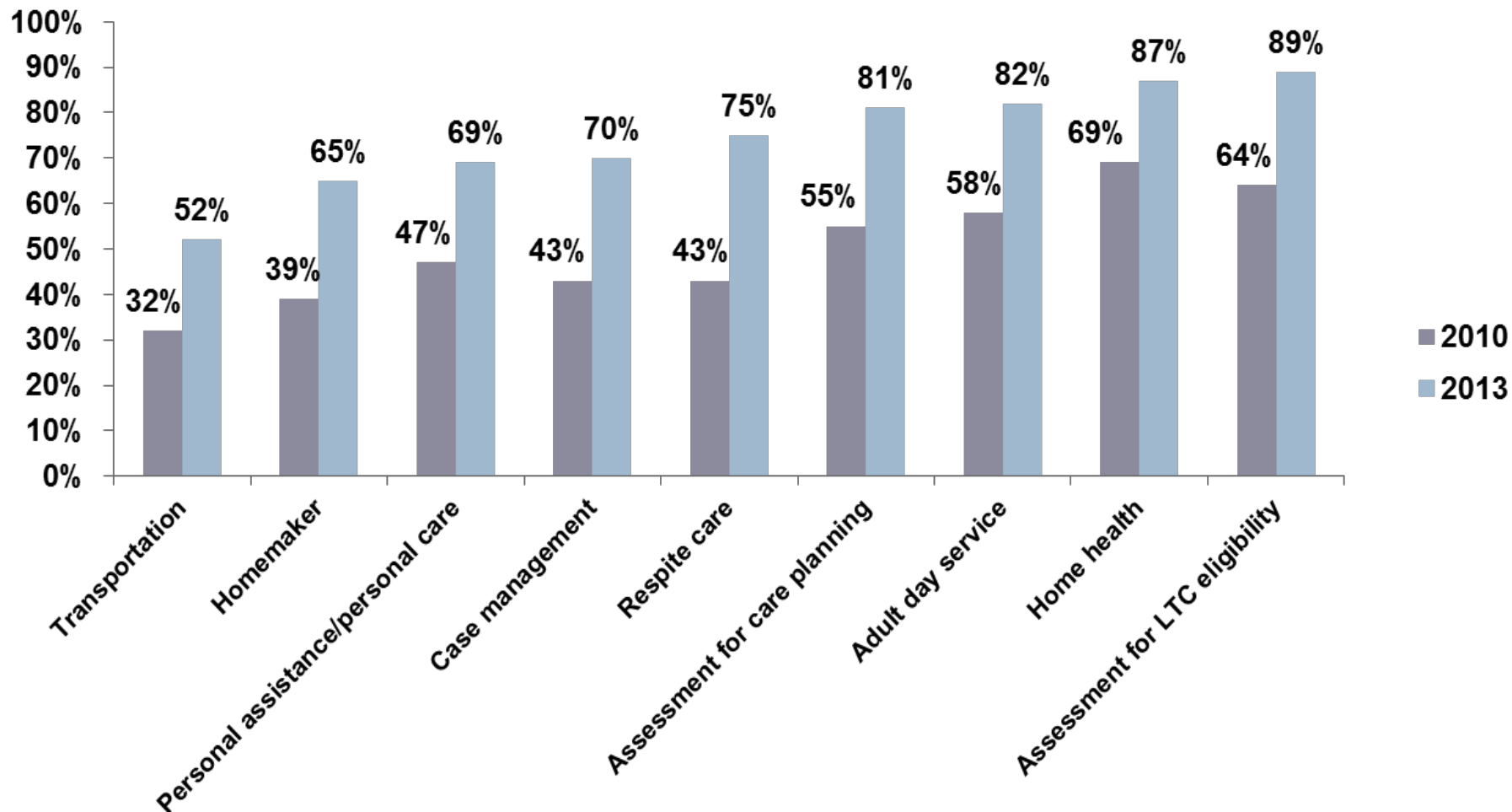
Veterans of all ages



Others



Services Offered by AAAs Serving to Consumers Under 60



Other Programs and Services

- **72%** → Aging and Disability Resource Centers (ADRCs)
- **62%** → State Health Insurance Assistance Programs (SHIPs)
- **57%** → Local LTC Ombudsman Programs

AAA Partnerships

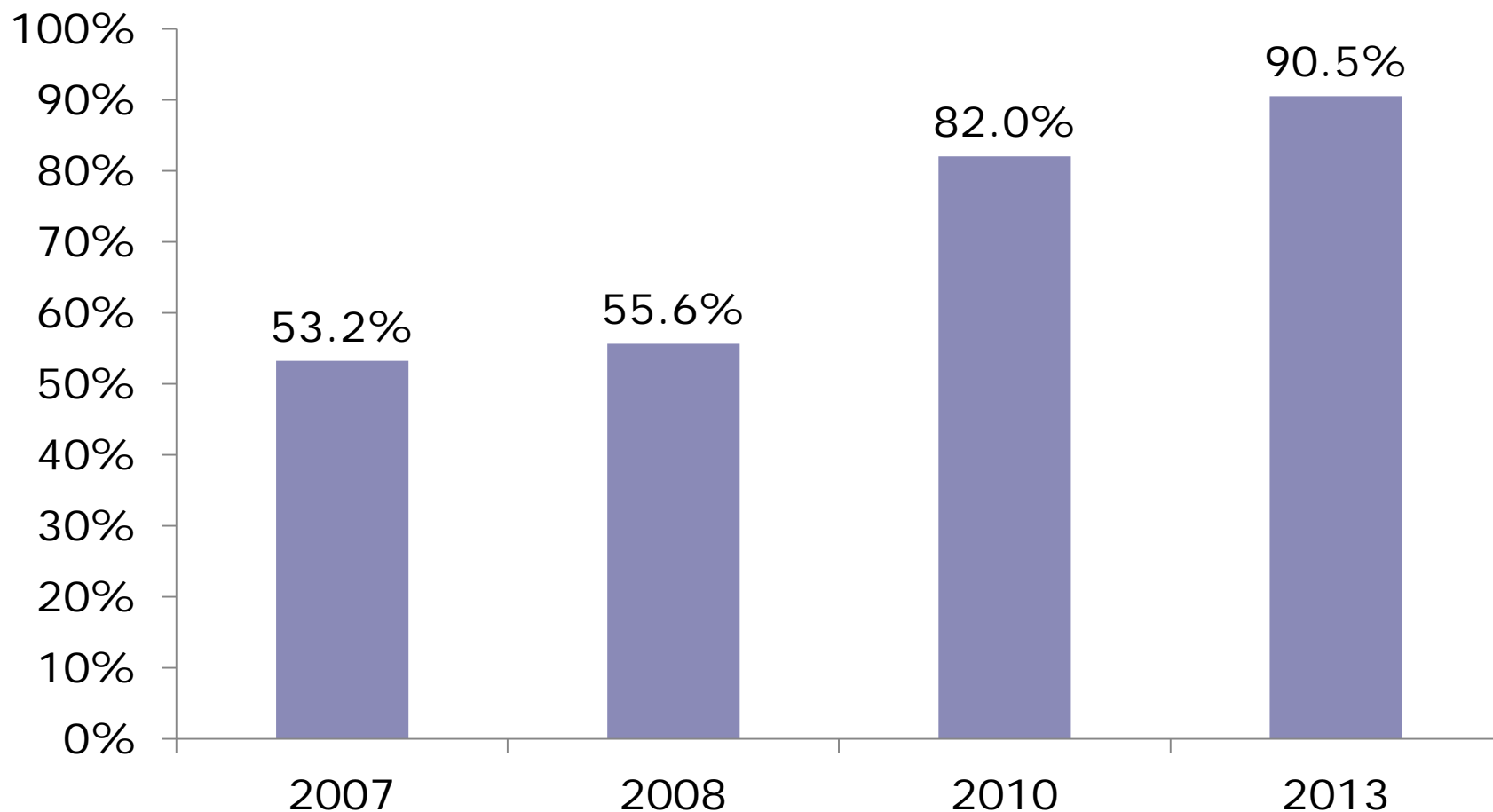
Adult Protective Services	85%	Disability service organizations	75%
Transportation agencies	84%	Public Housing Authority	75%
Medicaid agencies	83%	Faith-based organizations	66%
Advocacy organizations	82%	Community health care providers	60%
Emergency Preparedness agencies	79%	Businesses	46%
Hospitals	79%	Managed Care/HMO networks	42%
Mental Health organizations	77%		

Adapting to Changing Times

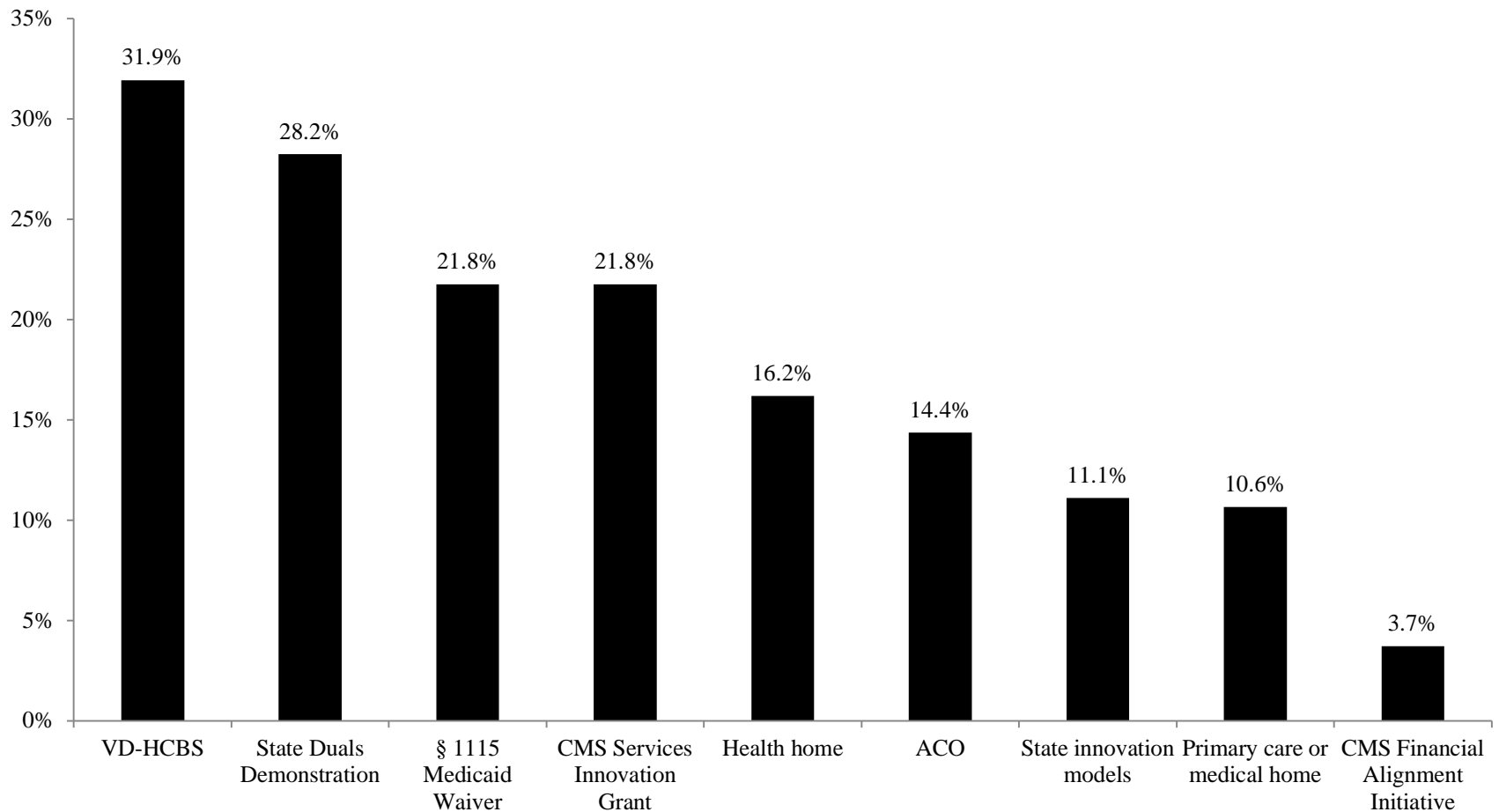
- More than 30% are planning for or implementing a role in Managed Care in their state
- Over two-thirds are involved in care transitions
- More than 50% involved in additional integrated care initiatives
 - Duals demos
 - 1115 Medicaid waiver
 - Veteran Directed HCBS

→ *Funding Diversification, Business Acumen*

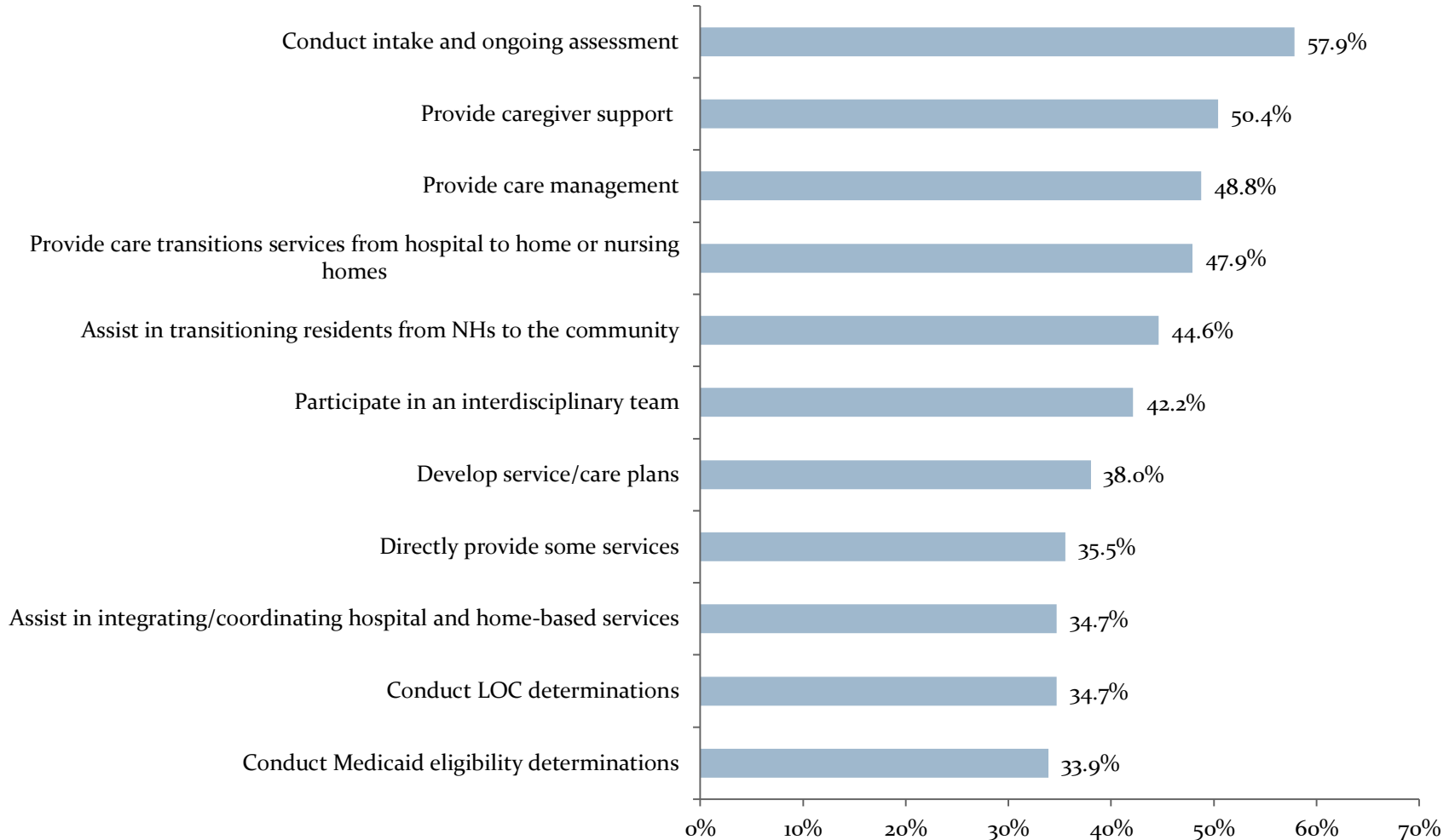
AAAs Growth in Involvement in Evidence-Based Health Programs



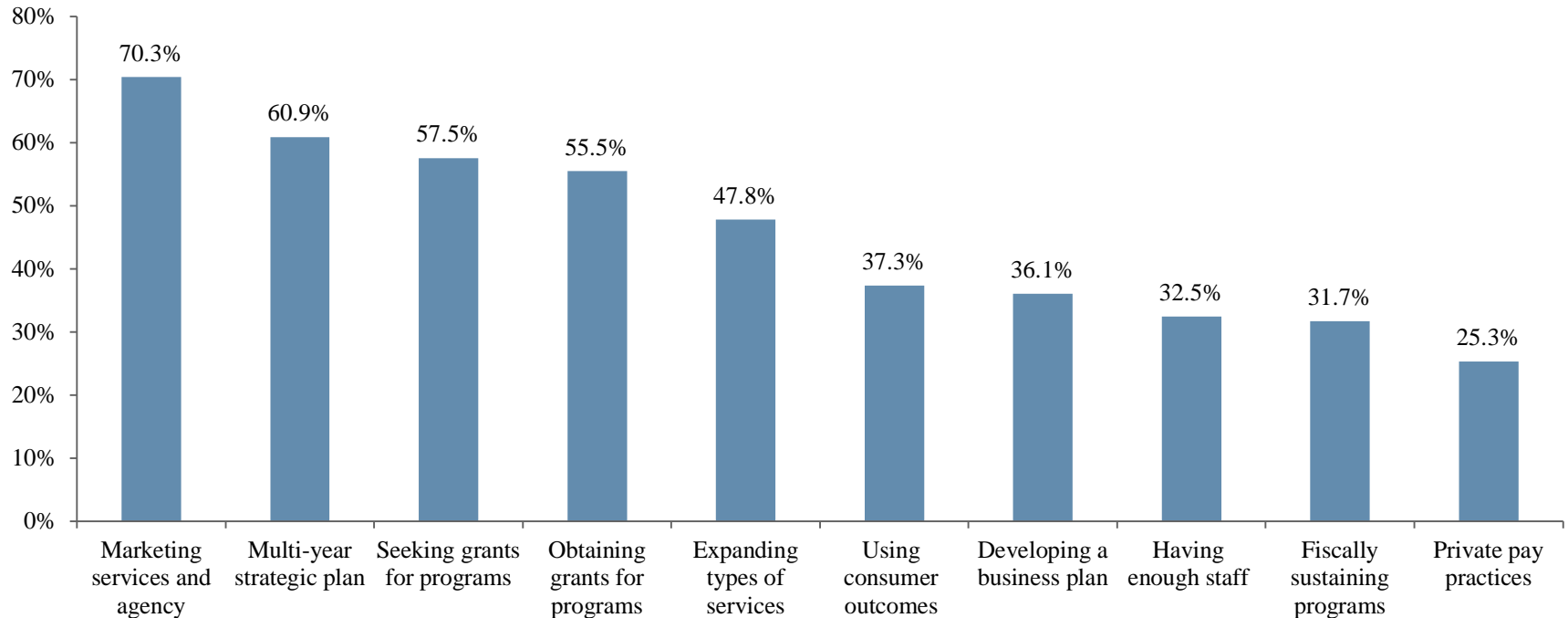
AAAs Involvement in Integrated Care



Medicaid Managed Care Services AAAs Provide (2013)



AAA Strategies for Business Development and Sustainability



Reauthorization of the Older Americans Act

**The Foundation of the Aging
Network and Aging Services:
What's Next?**

n4a's 2015 Policy Priorities

- Older Americans Act Reauthorization
- Sequester and FY 2016 Appropriations
- Health and Wellness
- Transportation/Mobility & Livable Communities
- Protecting the Safety Net



GET INTO THE
ACT

**THE OLDER
AMERICANS ACT**

AGING WELL SINCE 1965



National Association of Area Agencies on Aging

FOR IMMEDIATE RELEASE—July 17, 2015

CONTACT: Dallas Jamison, Director, Communications, n4a
P 202.872.0888 or C 720.333.1494 / djamison@n4a.org

Senate Reaffirms Support for Aging Programs that Help Millions of Older Americans

Washington, DC— Yesterday, the U.S. Senate passed [S. 192](#), the Older Americans Act Reauthorization Act of 2015, signaling its strong support for the vital home and community-based services that the Older Americans Act (OAA) authorizes and funds in communities across the nation.

“Unanimous approval of S. 192 by the Senate is a pivotal achievement that puts us much closer to ensuring that OAA programs will continue to support older adults to live with dignity and independence in their homes and communities for as long as possible.”

- Sandy Markwood, n4a CEO

What's in S. 192?

- Reauthorizes the OAA through 2018
- Maintains local flexibility
- Authorization levels are spared cuts
- Updates definitions of “adult protective services,” “abuse,” “exploitation and financial exploitation,” and “elder justice”
- Allows ombudsmen to serve all residents of LTC facilities, regardless of age
- Updates the definition of “Aging and Disability Resource Center,” including an emphasis on independent living and home and community-based services
- Clarifies current law that older adults caring for adult children with disabilities and older adults raising children under 18 are eligible to participate in NFCSP
- Emphasis on Evidence-based Programs, preventing fraud and abuse, and health and economic welfare

A look back in the Senate...

- Reauthorization “expired” in **2011**.
- **2010-2013**: Three years of bipartisan negotiation and compromising on all sides.
- **March 2013** pain from sequestration felt keenly by time of **October 2013** Senate mark-up—flare ups over the FF
- Senate bill came for vote in HELP Comm in **Fall 2013** with no changes to FF other than year update to HH.
- **Fall '13-Winter '14**: Bill derailed; working group established to look for a compromise.
- **Spring of 2014**, working group admitted defeat; n4a and other LCAO groups worked intensively to get the parties who had walked away from the table to re-engage.
- **114th Congress (2015)**: New leadership at HELP Committee introduces similar compromise to older bill (S. 192), which passed unanimously **Jan. 28, 2015**. Added to Senate Calendar **Feb. 6, 2015**....
- **July 16, 2015: Senate unanimously approves S. 192 (27 co-sponsors!)...Now on to the HOUSE!**

The Need for OAA and Aging Services

**Needs at the Community
Level are Increasing and
Becoming More Complex**

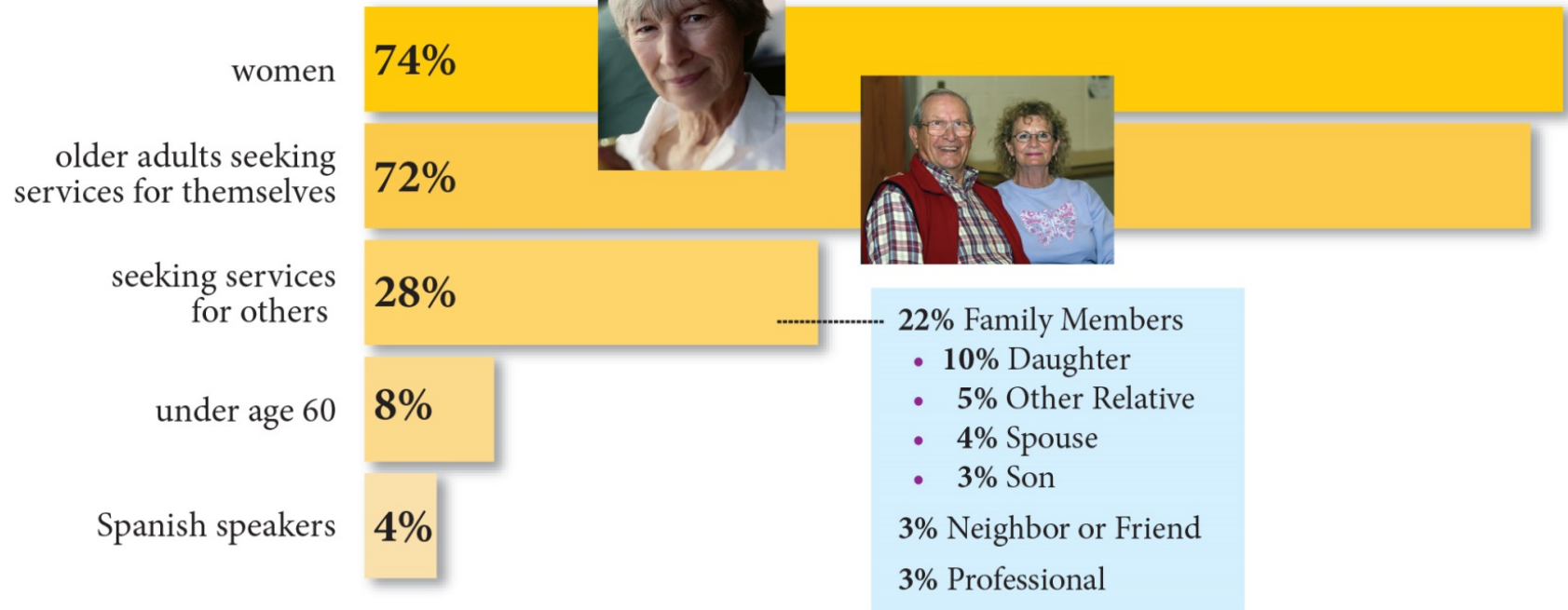
2014 Eldercare Locator Data Report

A Snapshot of Older Adult Issues & Needs in America

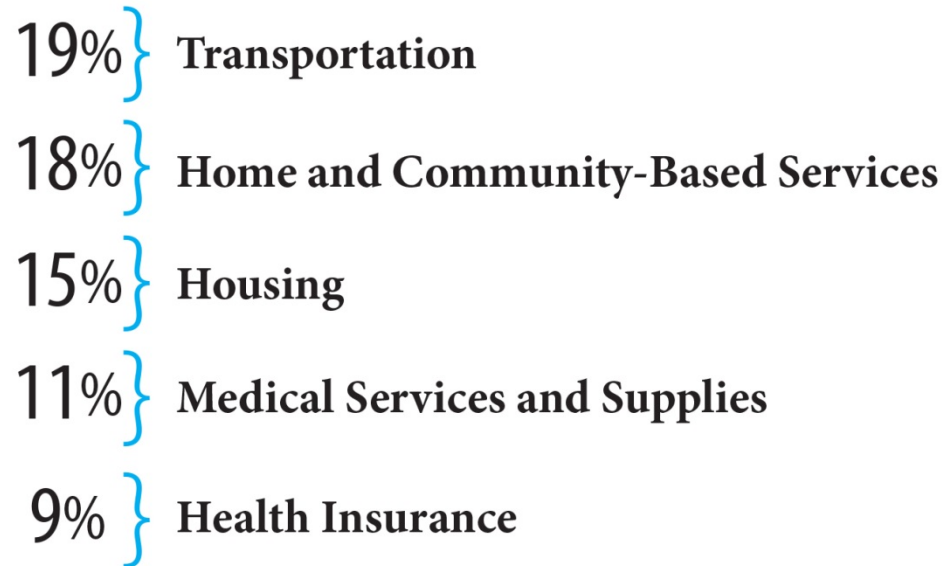


advocacy | action | answers on aging

Who is Contacting Us?



Top Reasons People Contact Us

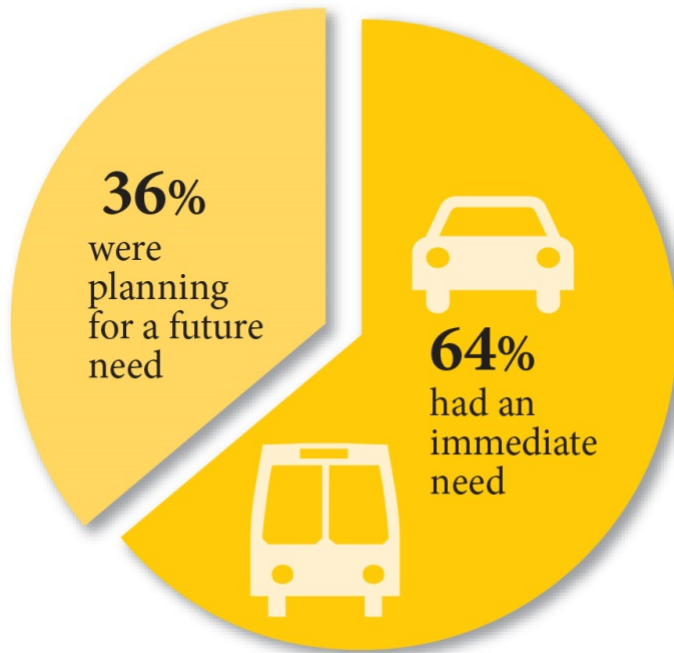


Other Areas of Interest:

- Legal and Tax Assistance
- Elder Abuse
- Long-Term Care
- Caregiver Resources
- Employment Services

Transportation

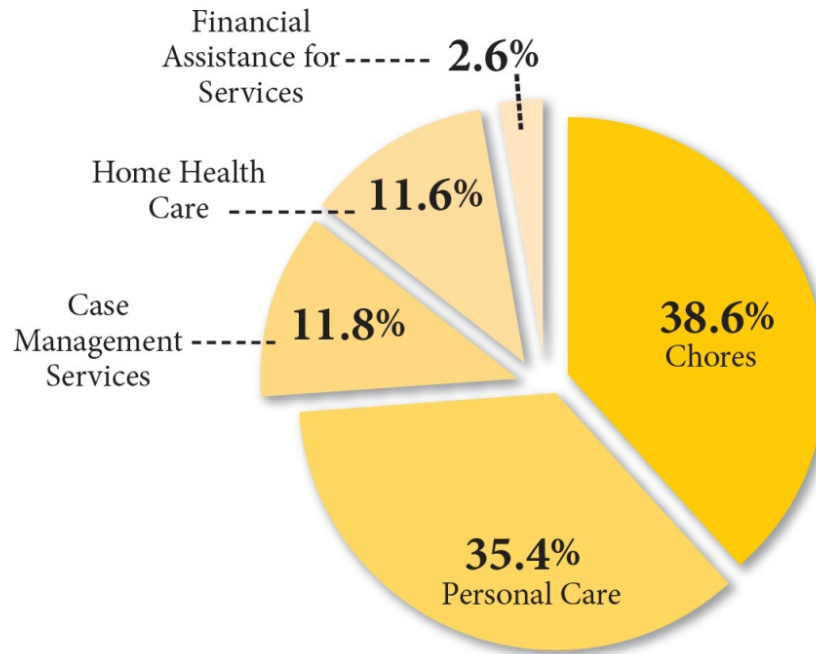
Immediate or Future Need?



Type of Transportation Need

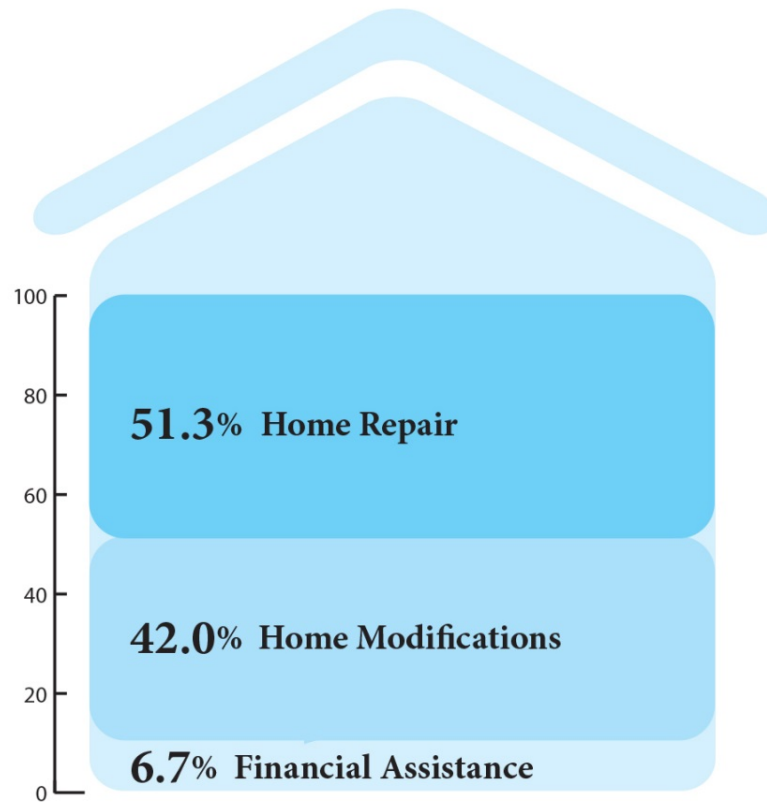
- 77.5% Medical appointments (non-urgent, routine, dialysis/chemotherapy/radiation, etc.)
- 8.7% Non-medical rides (grocery shopping, church, etc.)
- 5.5% Long-distance or county-to-county transport
- 3.4% Special needs (disability, unusual medical situations)
- 1.9% Financial assistance for transportation/travel
- 3.0% Electric wheelchair and scooter requests; stretcher/ambulance transport; older driver safety information; or vehicle modification (financial assistance and programs)

Home and Community-Based Services



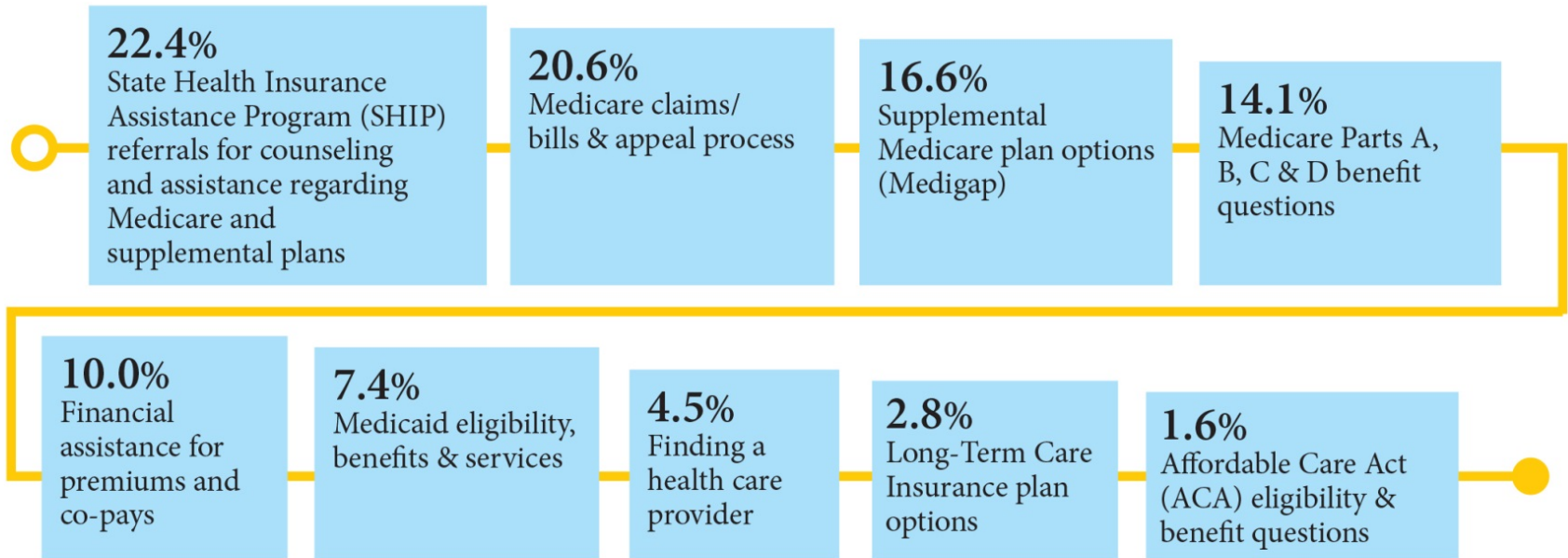
- **38.6%** Chores (housecleaning, cooking, running errands, etc.)
- **35.4%** Personal care (Activities of Daily Living (ADLs) like bathing, grooming and dressing)
- **11.8%** Case management services (assistance for getting in-home and other services)
- **11.6%** Home health care (medical service)
- **2.6%** Financial assistance for services

Home Improvements



- 51.3% Home repair services
- 42.0% Home modifications (grab bars, ramps, etc.)
- 6.7% Financial assistance for home improvements

Health Insurance



Current Issues

- Less money because of sequestration, other reductions in federal funding
- Rapidly growing demand (economic AND demographic)
- Quickly changing health care landscape
- Will boomers change services further?

n4a Resources

We Are Here to Help!



— Celebrating 20 Years —

Connecting You to Community Services



Aging and Disability Partnership

for Managed Long-Term Services and Supports

NCST

*National Center on
Senior Transportation*

Livable Communities Collaborative



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Questions?

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NATIONAL INFORMATION AND REFERRAL SUPPORT CENTER

I&R Center Update
August 31, 2015

Key Resources and Initiatives

2

- NASUAD.org
- HCBS.org
- NASUADiQ.org
- Friday Update
- Medicaid Integration Tracker
- National I&R Support Center
- National Core Indicators – Aging and Disabilities
- Managed Long-Term Services and Supports
- MIPPA Outreach

I&R Support Center



3

The I&R Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide.

- Technical Assistance Webinars
- Training: Online training; AIRS certification training; and train-the-trainer
- Distribution list for sharing information and resources (to sign up, visit <http://www.nasuad.org/community-opportunities/stay-informed>)
- Every other year survey of the Aging and Disability I&R/A Networks
- Coordinate the Aging and Disability Symposium at the annual AIRS Conference

<http://nasuad.org/initiatives/national-information-referral-support-center>

AIRS Certification Training

4

- Certification Training (CIRS-A/D) and Exam Preparation
 - ▣ Offered every year at one or more national conferences
 - 2015 NASUAD National Home and Community-Based Services conference; n4a 2015 Annual Conference; SE4A 2015 Conference
 - ▣ Offered in partnership with aging/disability agencies
 - In-person for groups of 15 or larger
 - Can include exam proctoring
- CIRS-A (now CIRS-A/D) Train-the-Trainer (T-t-T) Initiative
 - ▣ Working to build the capacity of agencies to train their staff
 - ▣ Offered at national conferences and over the phone to interested parties
- Online training through NASUADiQ

Online Training: NASUADiQ

5

Online training modules include courses on:

1. Disability for I&R Specialists (*new!*)
2. An Introduction to Elder Abuse (*new!*)
3. Adult Protective Services (*new!*)
4. The Role of MIPPA: Helping Older Adults and Individuals with Disabilities Afford Medicare (*new!*)
5. I&R/A Services and the Aging Network
6. Developing Cultural Competence to Serve a Diverse Aging Population
7. Essential Components of the Aging I&R/A Process
8. Key Programs and Services for Older Adults
9. Introduction to the Independent Living Movement

Visit <http://www.nasuadiq.org/>



NASUAD IQ Online Learning Center






Available courses

Affordable Housing for Older Adults and People with Disabilities

Affordable housing is a basic human need that many older adults and people with disabilities struggle to find and keep. This NASUAD curriculum is designed to give an overview of the types of affordable housing that are available to older adults and people with disabilities, and was written in association with Leading Age, an organization that focuses on advocacy, education and applied research for various services, supports and housing solutions for seniors, children and people with special needs.





CMS Medicaid Home and Community Based Services (HCBS)

EXPRESS





-  Create a Design
-  Manage Designs
-  Menus
-  Icon packs
-  Templates

NAVIGATION

Home

-  My home
-  Site pages
-  My profile
-  Courses

SETTINGS

-  Front page settings
 -  Turn editing on
 -  Edit settings
 -  Users

Monthly Webinars

Recent webinars:

- August 5, 2015: Future Planning (for persons with intellectual or developmental disabilities)
- July 8, 2015: Medicare Education
- April 29, 2015: Financial Security for Older Adults
- March 26, 2015: Education & Training for Older Workers
- February 4, 2015: Commit to Inclusion (on the Guidelines to Disability Inclusion in Physical Activity, Nutrition, and Obesity Programs and Policies)
- January 21, 2015: Virginia's No Wrong Door System
- November 2014: Medicaid Home and Community-Based Services Regulation
- August 2014: Person-Centered Planning

Visit <http://www.nasuad.org/initiatives/information-and-referralassistance/monthly-calls> for presentations and audio recordings.

New Directions: CIRS-A/D

8

Analysis

- Job task analysis with aging/disability professionals (2013)
- Findings validated based on a survey of CIRS-A certified specialists: overwhelming support for a single A/D credential

Development

- Development of new exams for the new credential (2014)
- Inclusion of chapter on serving people with disabilities in ABCs of I&R guide (2014)

Launch

- New CIRS-A/D credential went live on March 16, 2015
- New Disability Training for CIRS-A certificate holders

Grandfathering CIRS-A holders to new CIRS-A/D certification

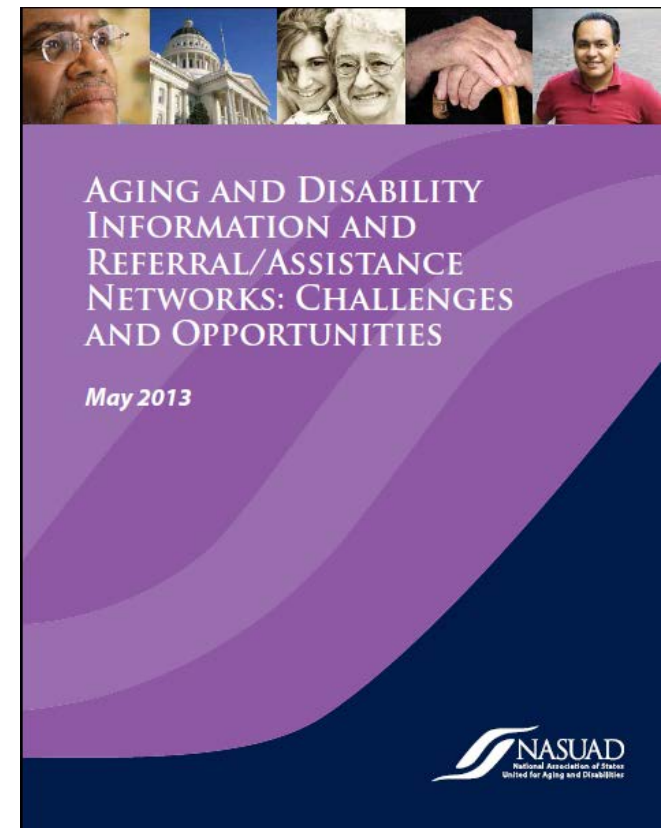
- In partnership with AIRS, NASUAD launched a free, online disability training module for all CIRS-A holders (and other I&R specialists) through NASUADiQ: *Disability for I&R Specialists*
- The training concludes with a self-administered, online quiz
- The course/quiz may be taken at any time until a CIRS-A holder's existing date of recertification
- Upon confirmation of course/quiz completion, a CIRS-A holder can use the designation of CIRS-A/D
- CIRS-A holders will receive their full CIRS-A/D Certificate from AIRS at recertification at their existing renewal date

I&R Network Survey

10

Survey of I&R Specialists in Aging and Disability Networks:

- Survey conducted every other year
- 2015 survey in the field from March 9 through April 10, 2015
- Coordinated with leads in each state to ensure participation across the U.S.
- Working with the National Council on Independent Living to encompass CIL perspective



Preliminary Themes from 2015 Survey

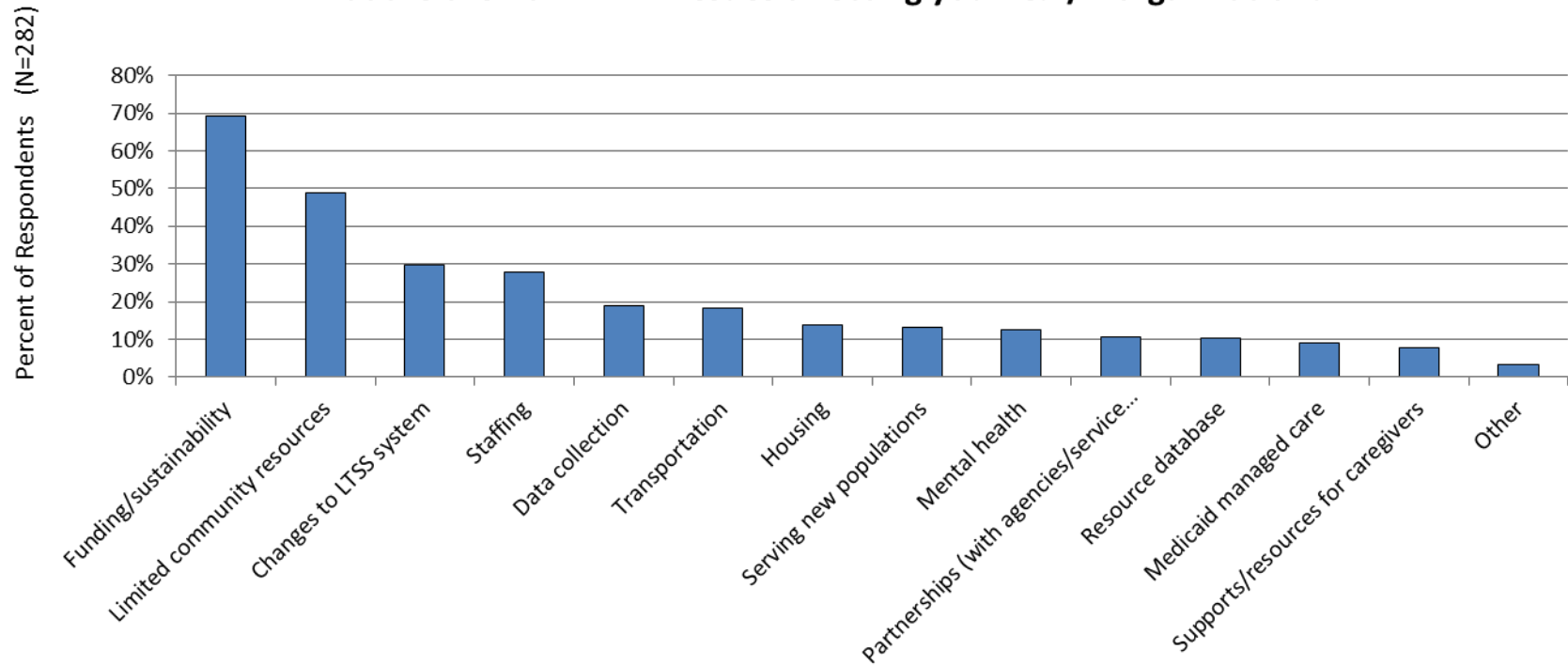
11

- Funding and sustainability are significant concerns, particularly with regards to ADRC efforts.
- Partnerships and networks continue to evolve to serve both older adults and individuals with disabilities.
- A changing environment and expanding roles provide new opportunities and challenges for I&R/A agencies.
- Quality matters to effective I&R/A service delivery.
- The use of technology in I&R/A service delivery has increased, but there remains room for growth.

2015 Survey Highlights: Top issues impacting I&R/A agencies

12

What are the TOP THREE issues affecting your I&R/A organization?



2015 Survey Highlights: Meeting the sustainability challenge

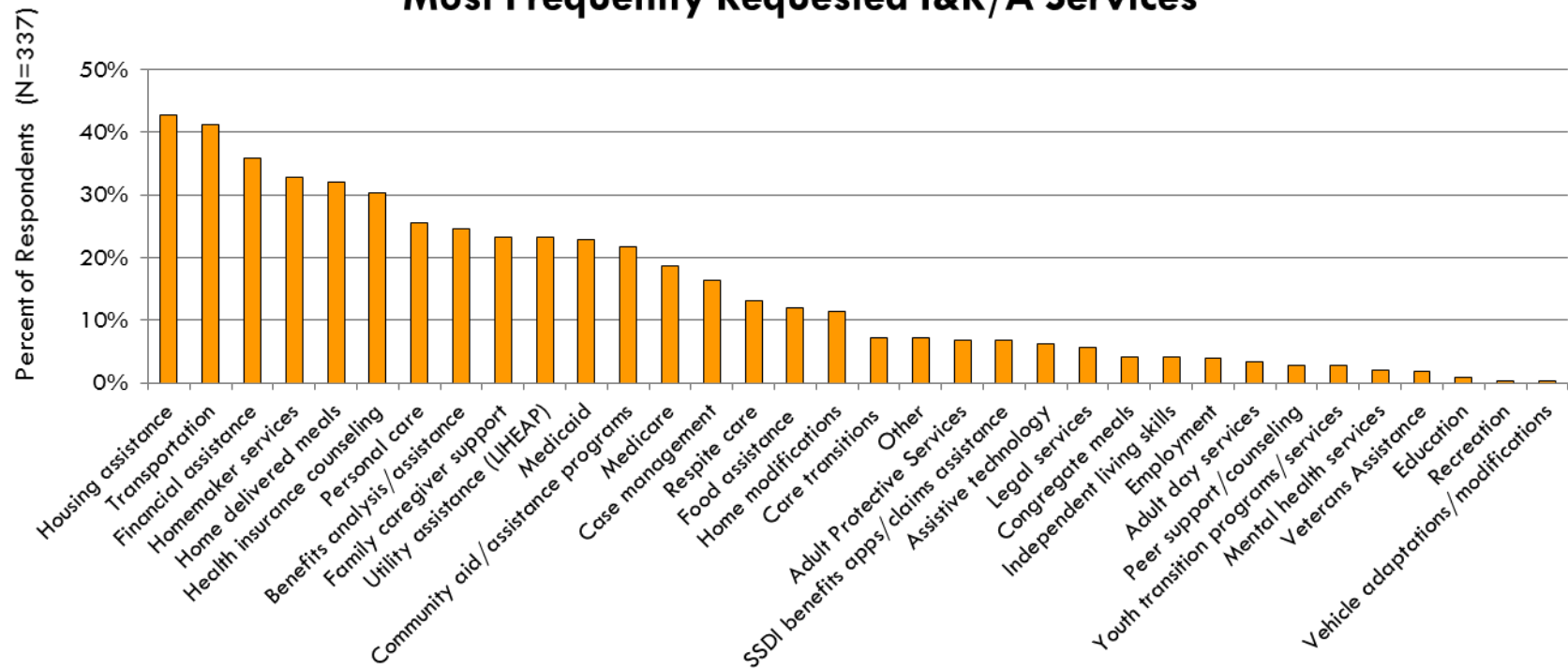
- Serving new populations (e.g. veterans, younger individuals with disabilities)
- Building new partnerships (e.g. for-profits, employers); leveraging existing ones
- Creating efficiencies in operations (e.g. sharing an I&R resource database)
- Using technology to modernize business practices (e.g. chat and text I&R)
- Diversifying sources of revenue (fee-for-service programs, grants, Medicaid billing)
- Contracting with managed care plans
- Providing services in “in-demand” areas (e.g. care transitions)
- System building (ADRC and No Wrong Door planning and implementation)
- Cross-training staff
- Rebranding; creating new organizational models (e.g. a 501c3, a LLC)
- Quality improvement

2015 Survey Highlights:

Most frequent service requests

14

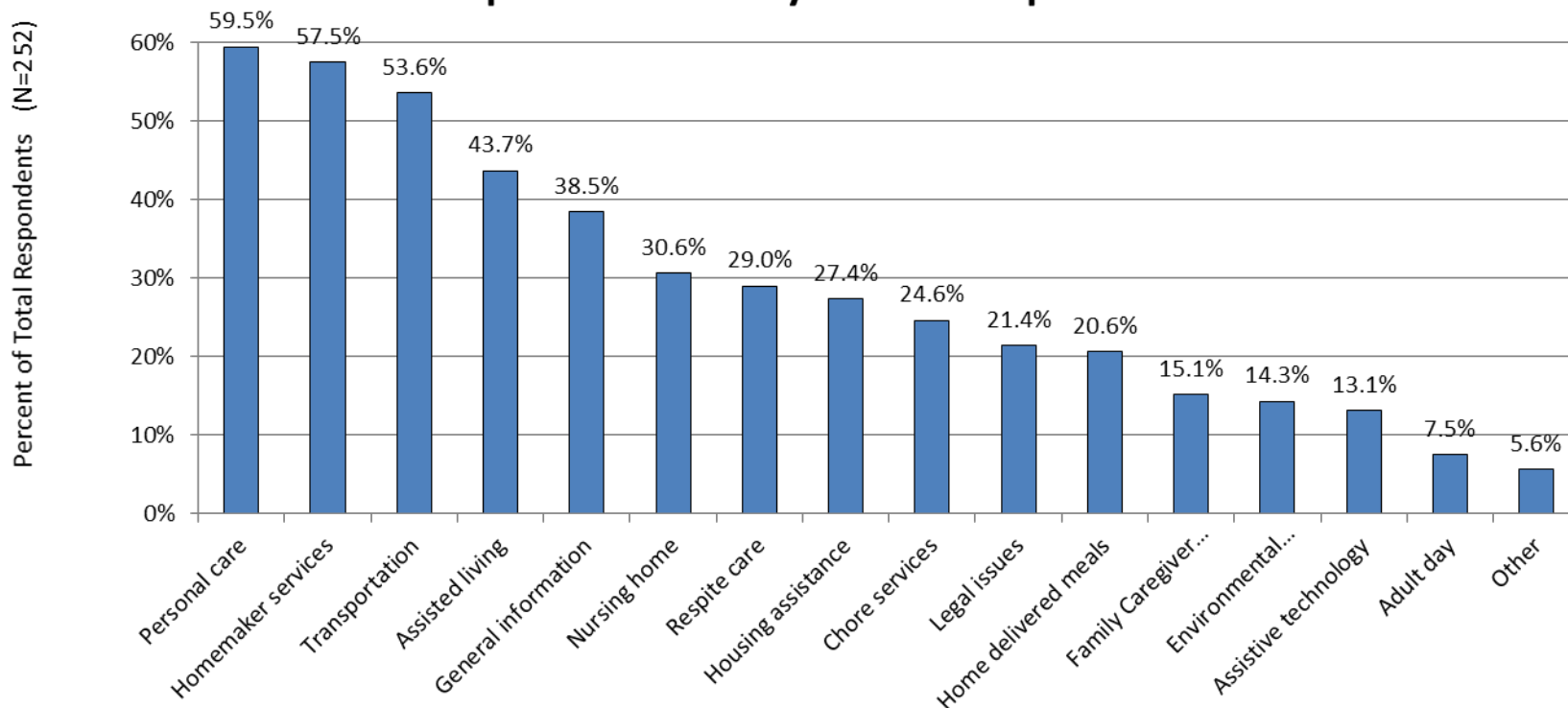
Most Frequently Requested I&R/A Services



2015 Survey Highlights: Private Pay Service Requests

15

Most Frequent Private Pay Service Requests

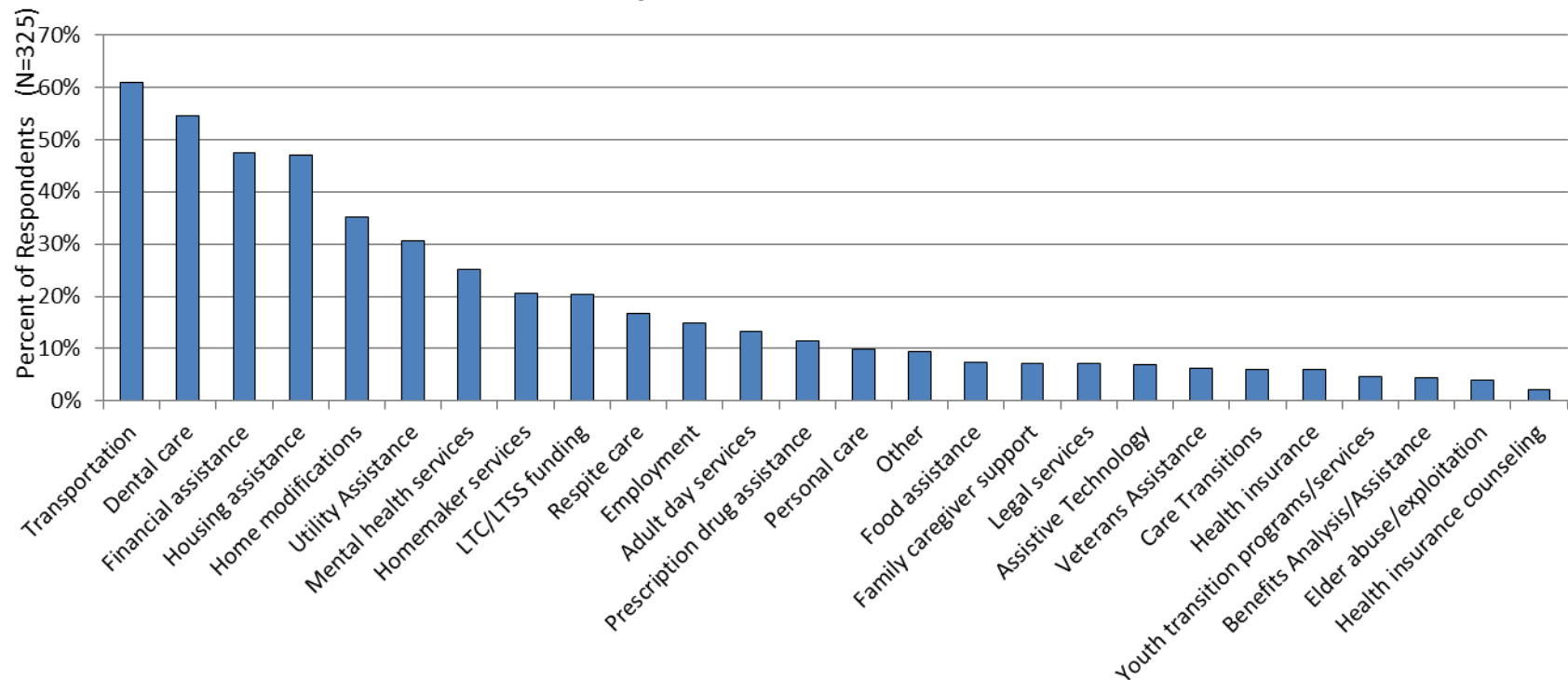


2015 Survey Highlights:

Most frequent unmet service needs

16

Most Frequent Unmet Service Needs



2015 Survey Highlights:

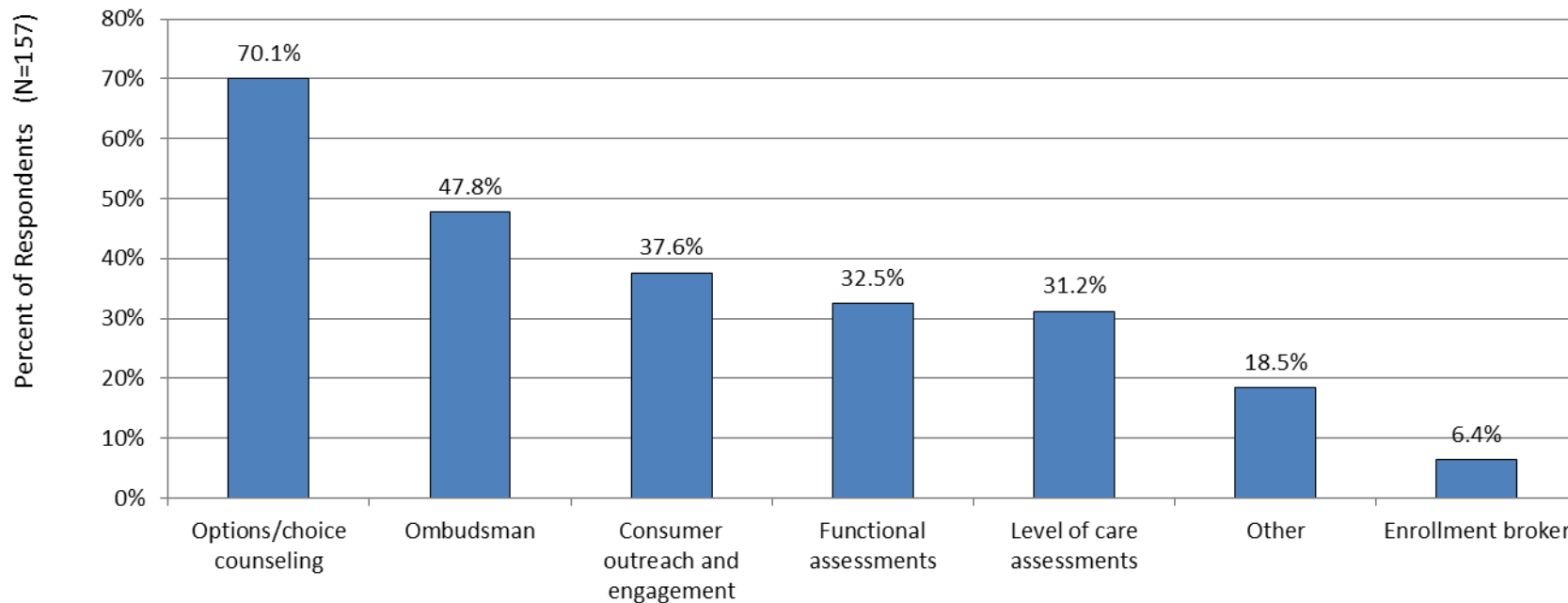
Changing caseload demographics

- More inquirers with disabilities under age 60
- Serving more individuals with disabilities of all ages
- More inquirers over age 60 (more baby boomers in need of assistance & services)
- More inquiries seeking services for individuals age 80+
- Increase in inquiries from individuals with mental health conditions
- More inquiries related to services for individuals with dementia
- Increase in caregivers seeking information
- More inquirers with complex (and multiple) conditions and needs
- More calls relating to in-home supports/long-term services and supports
- More inquirers needing financial assistance; needing help with housing
- Overall, the volume of inquiries has increased

2015 Survey Highlights: Expanding roles for I&R/A agencies

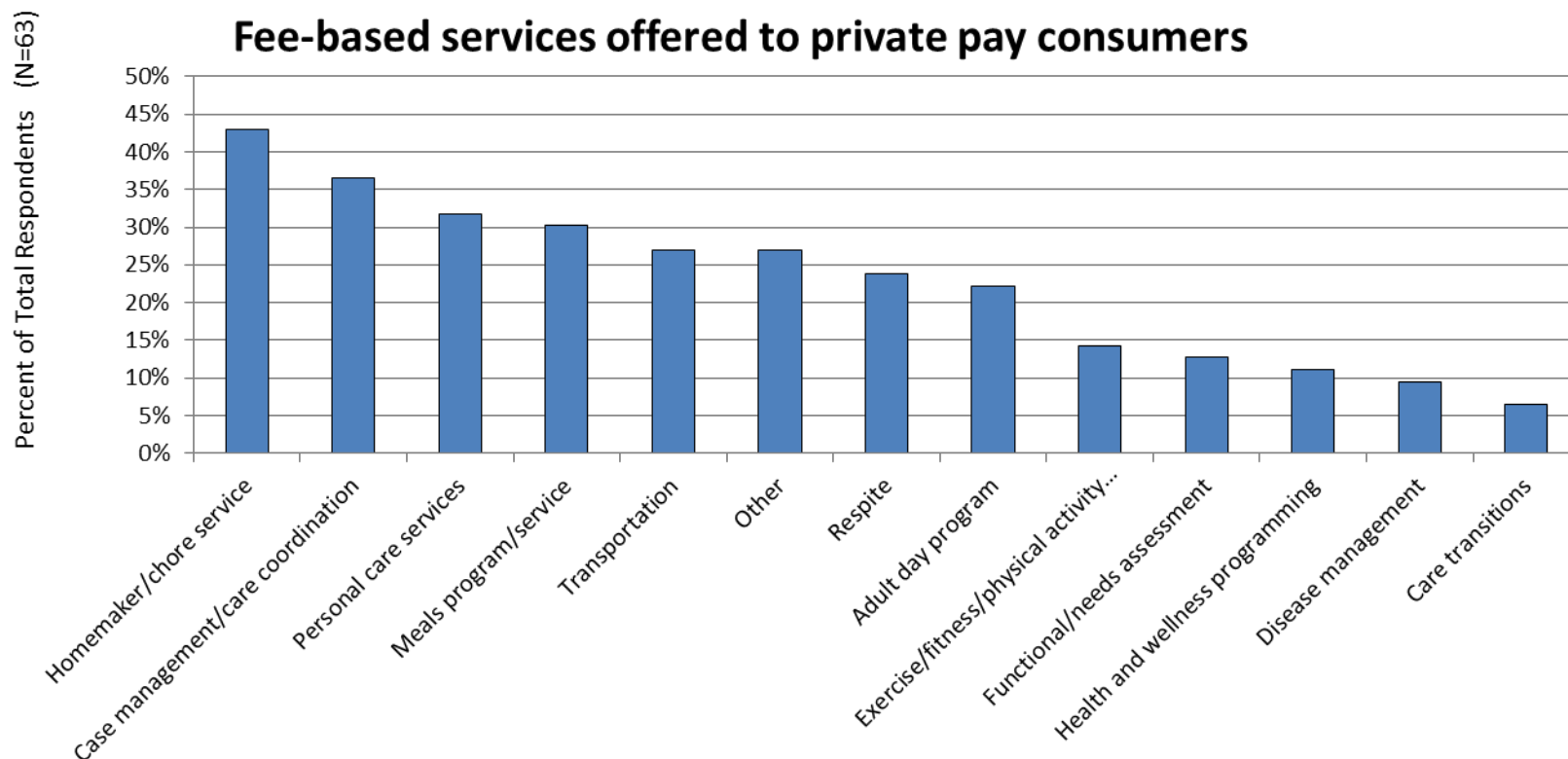
18

If your agency operates in a state that uses managed care to delivery Medicaid services: Does your agency provide any of the following roles for the state agency?



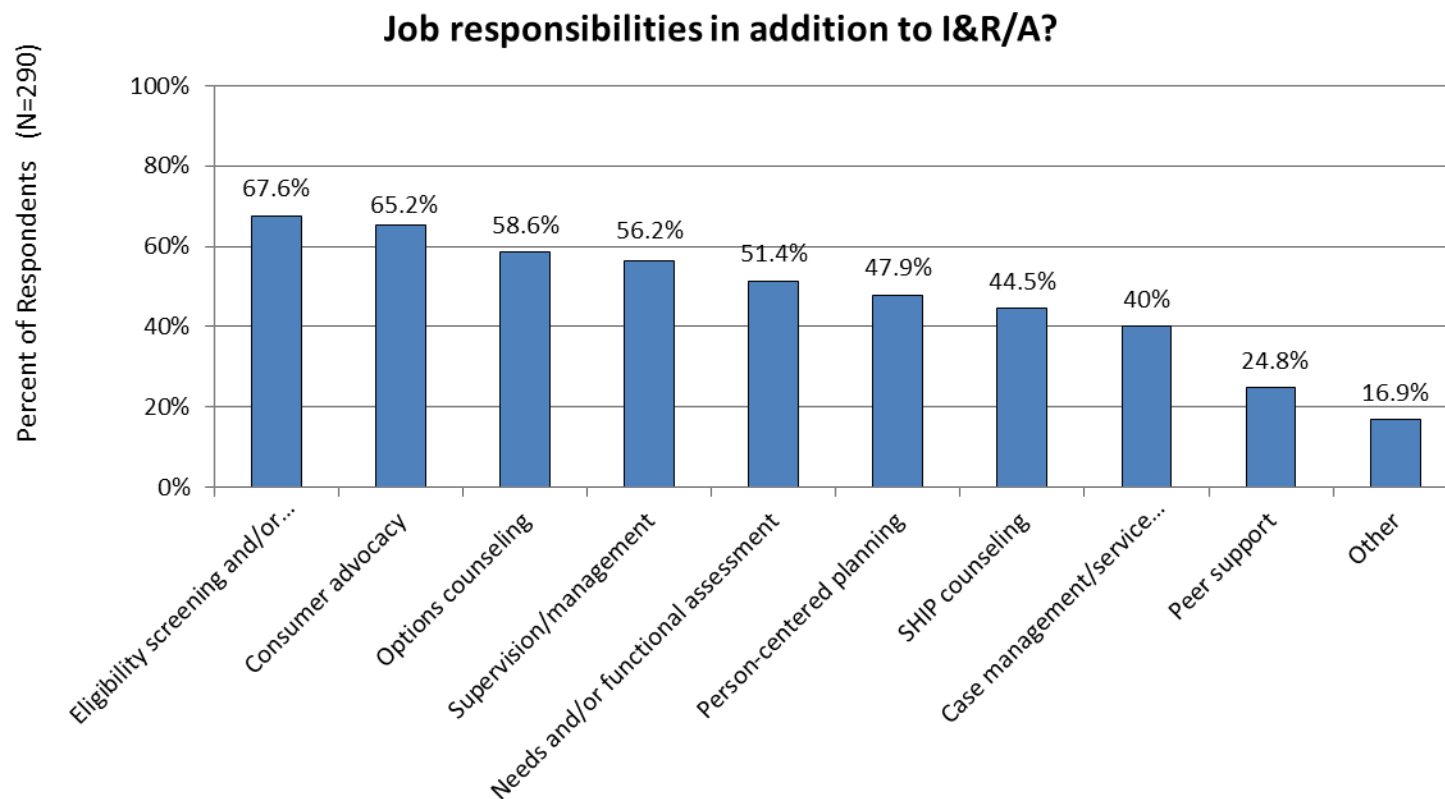
2015 Survey Highlights: Emerging roles for I&R/A agencies

19



2015 Survey Highlights: Specialists have complex roles

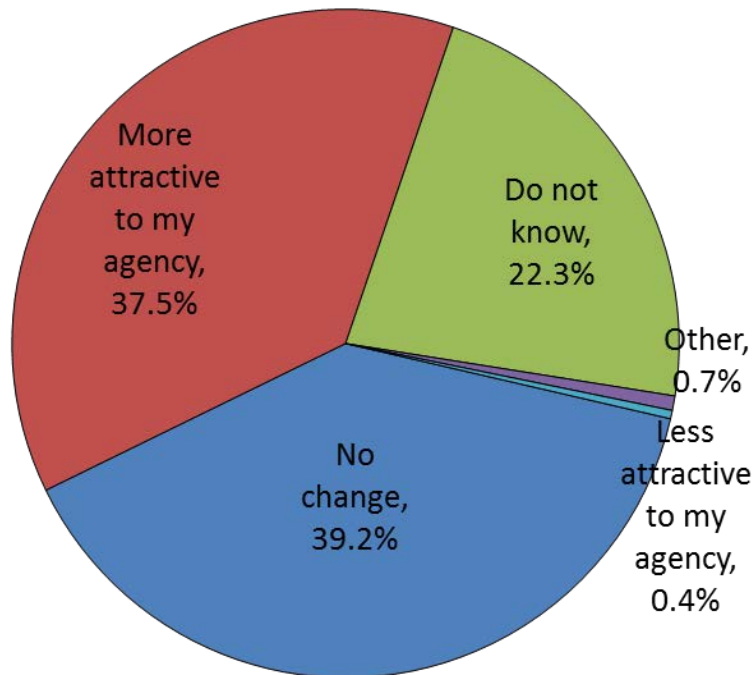
20



2015 Survey Highlights: New I&R certification in aging/disabilities

21

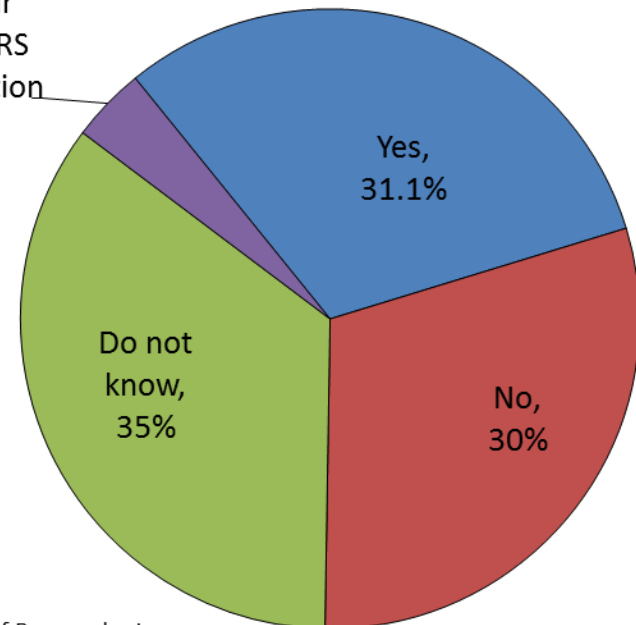
**The change from CIRS-A to CIRS-A/D
will make AIRS Certification:**



Percent of Respondents
N=283

**With the new CIRS-A/D credential, do
you think that your agency will
encourage or require additional staff to
become AIRS Certified?**

My agency
is not
familiar
with AIRS
certification
3.9%



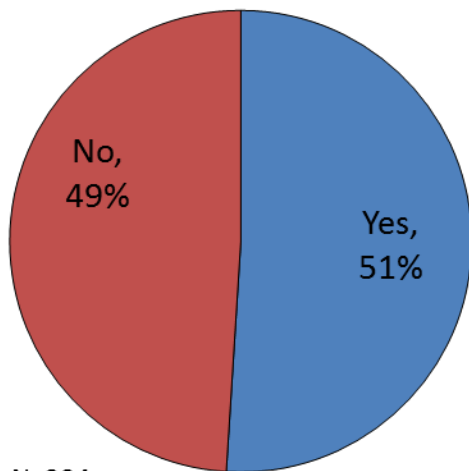
Percent of Respondents
N=280

2015 Survey Highlights: Social Media

22

**Does your organization use
social networking services to
connect with consumers, family
members, and caregivers?**

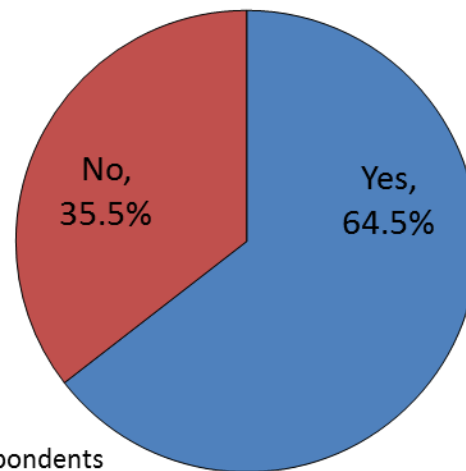
2012 survey



Percent of
Respondents N=294

**Does your organization use social
networking services to connect
with consumers, family members,
and caregivers?**

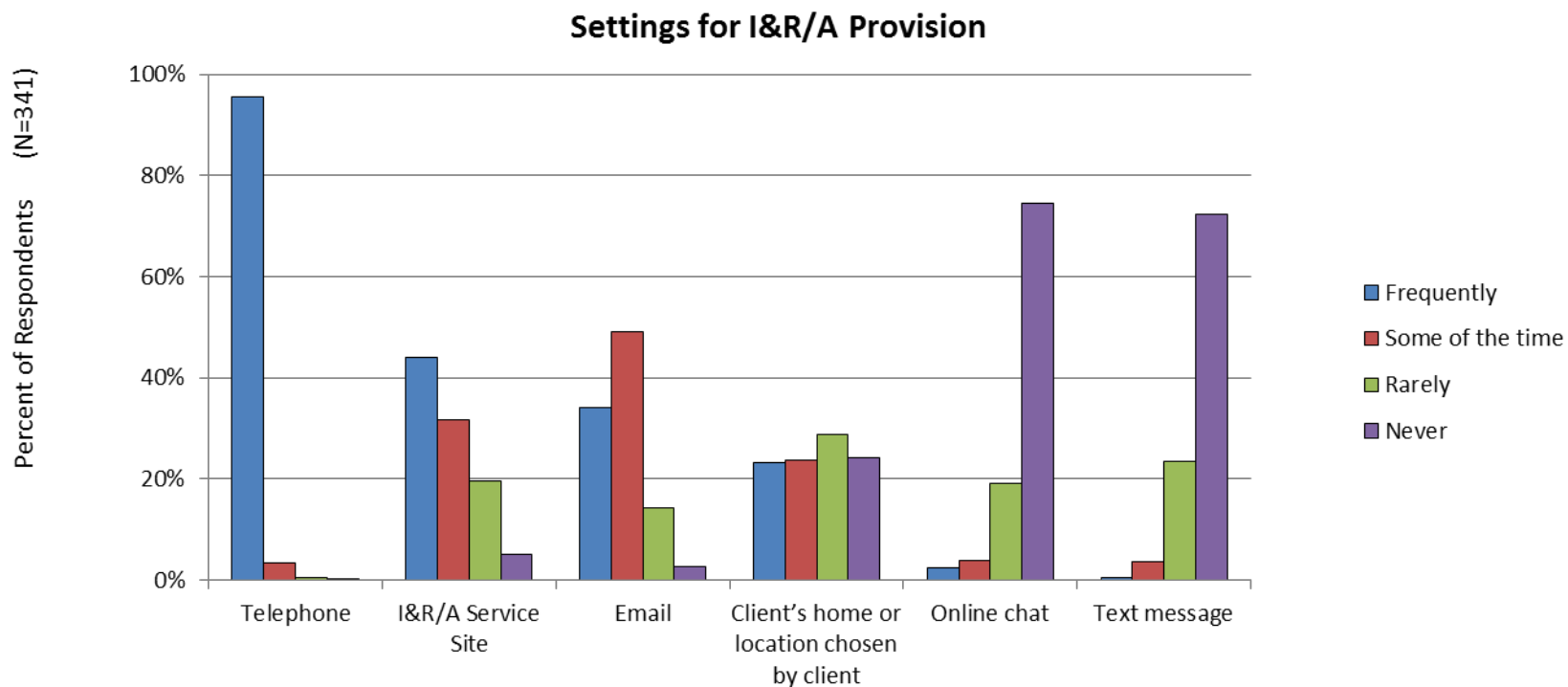
2015 survey



Percent of Respondents
N=324

2015 Survey Highlights: I&R service delivery modalities

23



FOR MORE INFORMATION

Nanette Relave, I&R Support Center director
nrelave@nasuad.org
202-898-2578

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Filling in the Gaps at the State Level: Assisting Beneficiaries with Transitions

Jennifer Goldberg, Directing
Attorney

National Home & Community Based Services
Conference
Information & Referral/Assistance Pre-Conference
Intensive
August 31, 2015

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national non-profit organization that fights senior poverty through law. We secure health and economic security for older adults of limited income and resources by preserving their access to the courts, advocating for laws that protect their rights, and training advocates around the country to serve the growing number of older Americans living in poverty.

Visit us at - justiceinaging.org

Transitioning from Medicaid Expansion or QHP Coverage

- Will the beneficiary qualify for traditional Medicaid?
 - Will they meet the income and resource limits?
 - Will the benefit package be as good as they had under Medicaid expansion or in the Marketplace?
- Will the beneficiary qualify for MSP and LIS?
 - Will they meet the income and resource limits?
 - Will cost-sharing and benefit package be as good as they had under Medicaid expansion or in the Marketplace?
- Or are they left with just Medicare coverage?

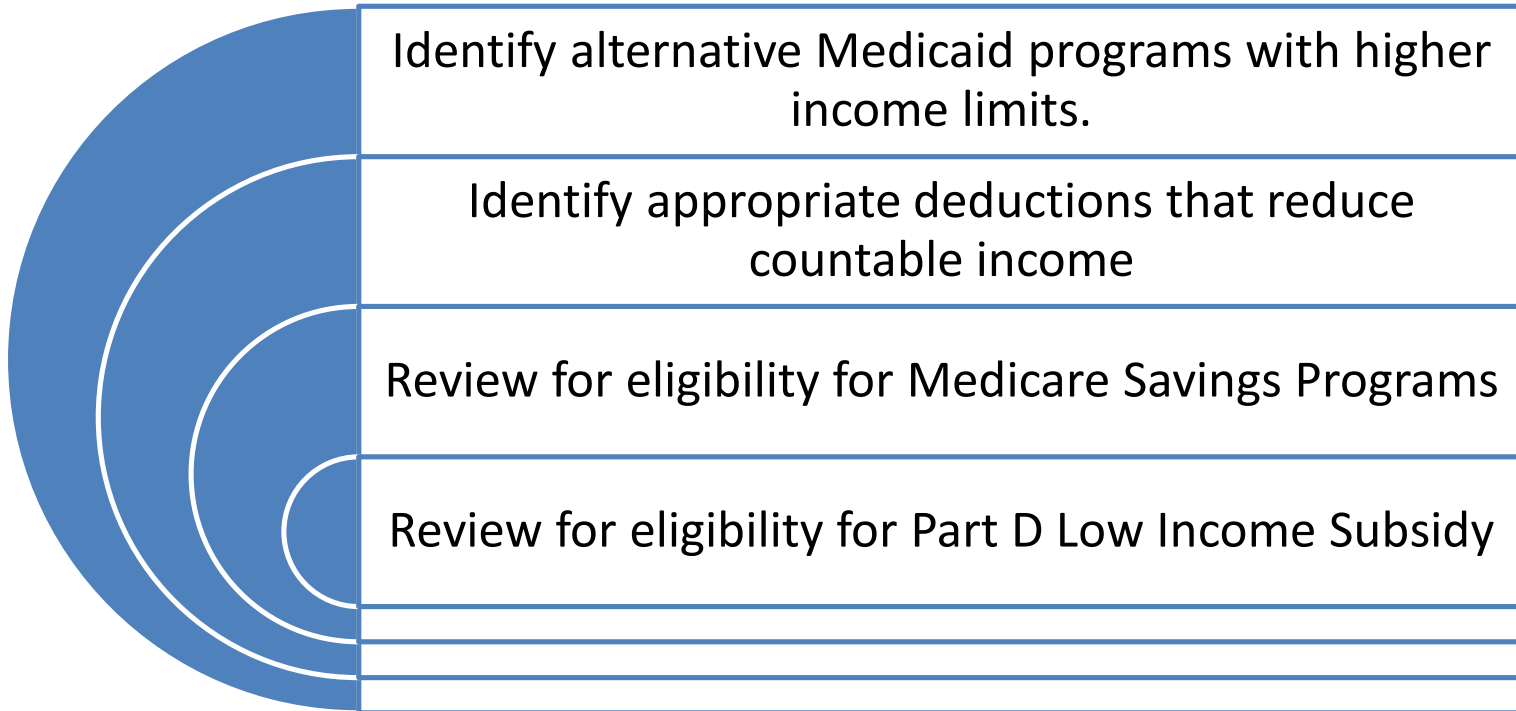
Coverage Transitions Example: Income Gap

Rule: To obtain traditional Medicaid coverage, a beneficiary must meet traditional Medicaid income guidelines.

Example: Ms. Garcia has a \$1300 pension. At 64, she qualifies for expansion Medicaid under MAGI rules. At 65, when she gets Medicare, her income is too high to qualify for traditional Medicaid.

Income Gap

Assistance: Ms. Garcia will need help to...



Income Gap

State Specific Long-Term Fixes

Increase Income Limit

California

- Introduced Bill to increase income limit to 138%

Change Counting Rules

Minnesota

- Increased income level by 5% for seniors and persons with disabilities
- Introduced Bill to use MAGI counting rules

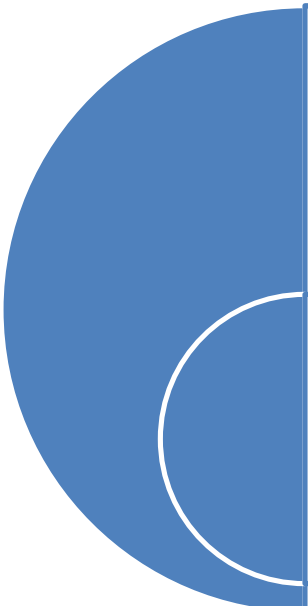
Coverage Transitions Example: Resource Gap

Rule: To obtain traditional Medicaid coverage, a beneficiary must meet traditional Medicaid asset/resource guidelines.

Example: Mr. Kim has expansion Medicaid under MAGI rules, but loses this coverage when he turns 65. Mr. Kim's Social Security retirement benefit is only \$945, but he has \$6500 in savings. Under traditional Medicaid rules, Mr. Kim is ineligible because his resources exceed \$2000.

Resource Gap

Assistance: Mr. Kim will need...



Adequate education & notice of what traditional Medicaid limits are and the rules on transfers of assets.

Low-cost counseling and legal advice so he does not inadvertently disqualify himself for Medicaid program.

Resource Gap

State Specific Long-Term Fixes

Increase or
Eliminate
Resource Limit

Minnesota

- Attempted to raise resource limit from \$3,000 to \$10,000

Resource Gap: For MSPs

Some states have eliminated the asset test or increased asset limits for Medicare Savings Programs (MSPs)

State with no asset test	States with more generous asset limits than federal limit
Arizona	Colorado
Connecticut	Maryland
Delaware	Minnesota
District of Columbia	New Mexico
New York	
Vermont	

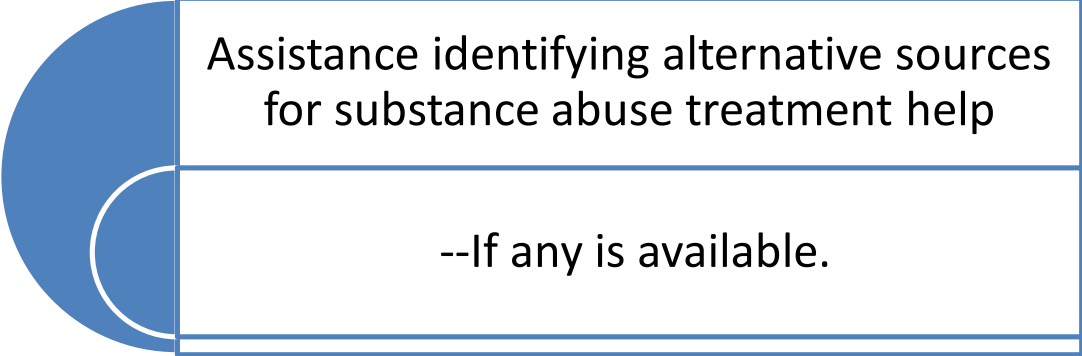
Source: AARP Public Policy Institute, Urban Institute,
<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000076-Transitioning-from-Medicaid-Expansion-Programs-to-Medicare.pdf>, Table 2

Coverage Transitions Example: Benefit Gap

Example: Mr. Jones has expansion Medicaid, but loses this coverage when he obtains Medicare. Mr. Jones qualifies for traditional Medicaid, but his coverage under the ABP included extensive substance use treatment – a benefit traditional Medicaid does not cover in his state.

Benefit Gap

Assistance: Mr. Jones will need...



Assistance identifying alternative sources
for substance abuse treatment help

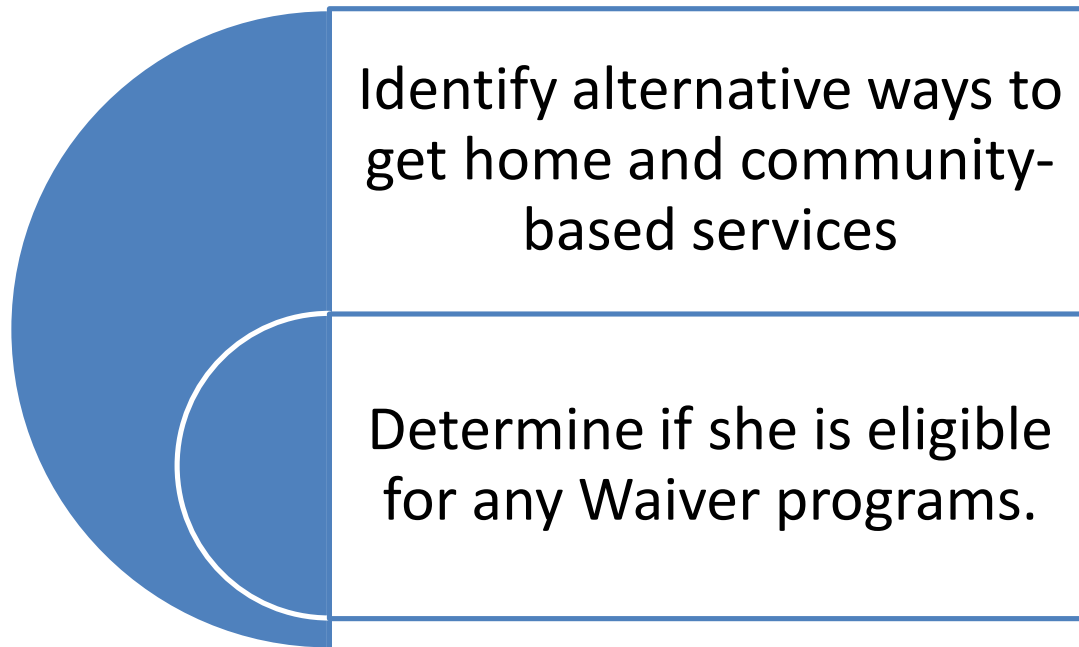
--If any is available.

Benefit Gap

Example: Mrs. Smith has expansion Medicaid and qualifies for HCBS through Community First Choice. When she gets Medicare, she qualifies for QMB, but her income is too high for traditional Medicaid. So, she no longer gets HCBS.

Benefit Gap

Assistance: Mrs. Smith will need help to...



Benefit Gap

State Specific Long-Term Fixes

Advocate for
identical benefit
packages

California

- Alternative benefit package = traditional benefit package

Summary of Fixes

Short Term

- Screening
- Education
- Counseling

Long Term

- Create parity between traditional Medicaid and expansion eligibility rules
- Raise MSP and LIS eligibility levels, especially QMB
- Promote parity between benefit packages

Resources

- Justice in Aging www.justiceinaging.org
 - Issue Brief: Medicaid Expansion in California: Opportunities and Challenges for Older Adults and People with Disabilities.
- AARP Public Policy Institute www.aarp.org/ppi
 - Issue Brief: Transitioning from Medicaid Expansion Programs to Medicare Making Sure Low-Income Medicare Beneficiaries Get Financial Help
- Medicare Rights Center www.medicarerights.org
- Center for Medicare Advocacy www.medicareadvocacy.org
- National Health Law Program www.healthlaw.org
- Centers for Budget and Policy Priorities www.cbpp.org
- Kaiser Family Foundation <http://kff.org/health-reform/>
- HealthCare.gov

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW



Questions?

Jennifer Goldberg
Directing Attorney

jgoldberg@justiceinaging.org

Visit us at - justiceinaging.org



DISABILITY AND AGING PERSPECTIVES ON PROGRESS WITHIN NO WRONG DOOR (NWD) SYSTEMS

PRESENTED BY THE NATIONAL COUNCIL FOR
INDEPENDENT LIVING'S AGING AND DISABILITY
RESOURCE CENTER TASKFORCE

PURPOSE/OBJECTIVES

- **To provide a forum for discussing ADRCs and No Wrong Door systems around the country.**
- **Discussion of experiences with ADRCs/NWD systems**
 - Progress in States and communities
 - Stories from individual(s) with disabilities who benefitted from the No Wrong Door Model
 - Successes and promising practices
 - ADRC/NWD development
 - Partnership building between aging and disability organizations
 - Serving consumers
 - Sustainability

COMMONALITIES AND DIFFERENCES

CILs

AAAs

Five Core Services

- I&R
- IL Skills Training
- Independent/ Systems Advocacy
- Peer Support
- Transition

- Supportive Services
- Nutrition
- Caregiver Support
- Health and Wellness
- Elder Rights

Common Non-Core Services

- Vocational Assistance
- Personal Care Attendant Management
- Community Events/Education

- Evidence-Based Health Promotion Services
- Insurance Counseling
- Case Management

COMMONALITIES AND DIFFERENCES

CILs

AAAs

Traditional
population served

Anyone with a
disability

Individuals 60+

Identification/ Label
of Person Served

Consumer, Participant

Client, Patient,
Resident

Organizational
Structure

Consumer-controlled
and directed

Professional-directed

Agency Service
Providers

IL specialists and peer
counselors, often other
people with disabilities

Case managers,
healthcare
professional staff



COMMONALITIES AND DIFFERENCES

CILs

AAAs

Service Plans

IL Plans are established by each consumer, unless they choose to waive a plan

A case manager establishes the plan of case, often with input from the client.

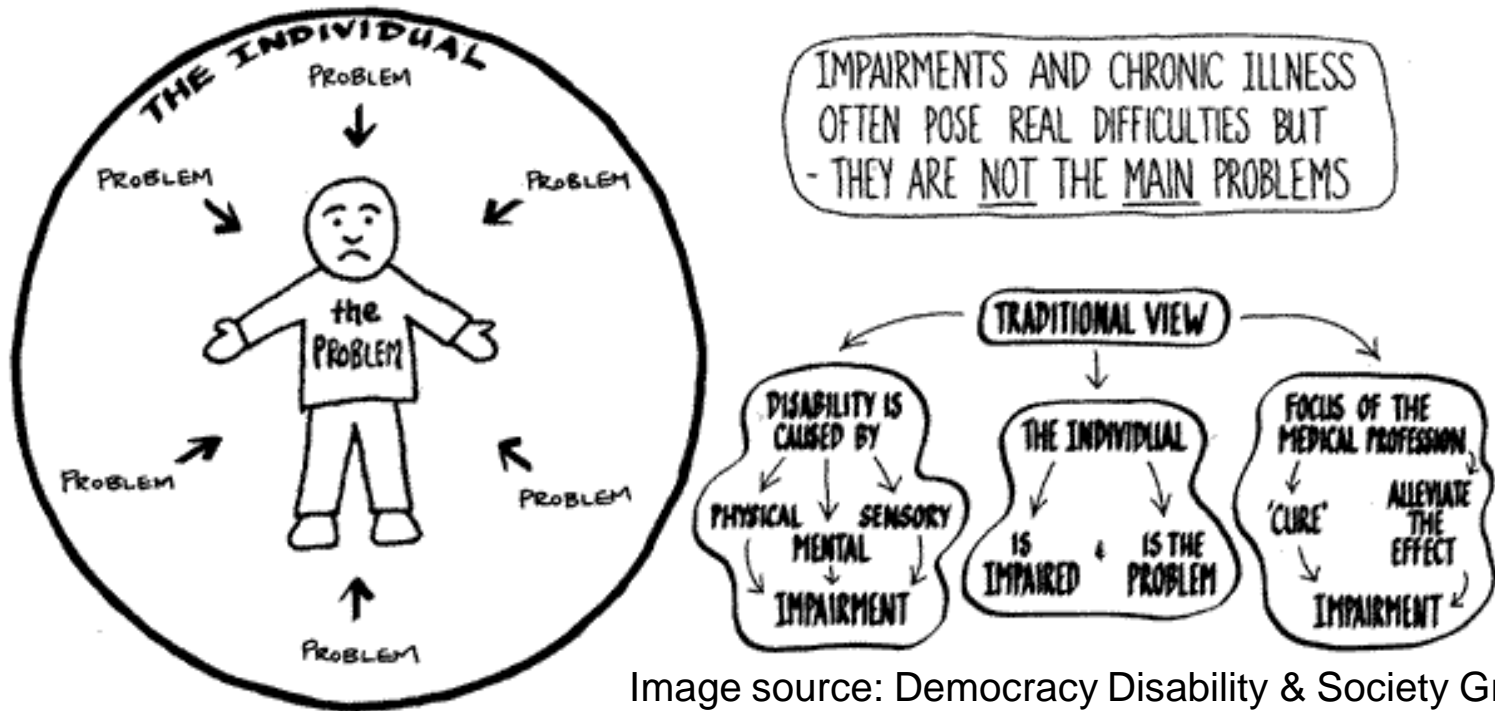
Traditional Perceptions of Person with Support Needs

Needs result from structural and attitudinal barriers that restrict participation; services get around or remove barriers.

Needs result from functional loss or impairment that restrict participation; services rehabilitate individual or assist them to get around impairment.

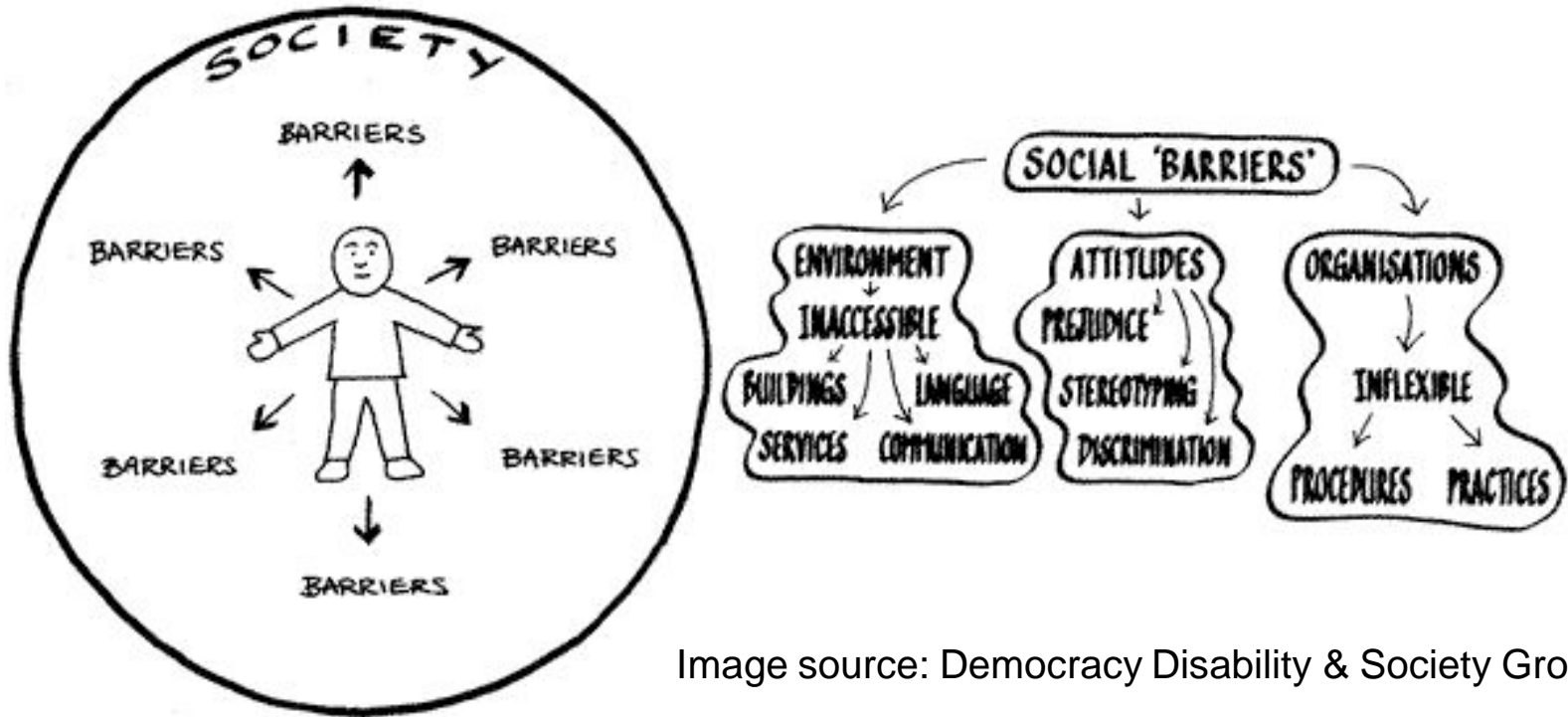
MEDICAL MODEL VS. SOCIAL/IL MODEL

THE MEDICAL MODEL OF DISABILITY



MEDICAL MODEL VS. SOCIAL/IL MODEL

THE SOCIAL MODEL OF DISABILITY



IL VALUES/PARADIGM


- **Choice**
- **Control**
- **Self-direction**
- **Dignity of Risk**
- **Self - Determination**

AGING VALUES


- **Protection**
 - **Health**
 - **Education**
 - **Aging in Place**
 - **Supporting Families**
 - **Quality of Life improvement**
 - **Networks**
- 

OVERLAP/COMMONALITIES

Opportunities for collaboration

- Consumer Choice/Consumer Directed Approach
 - Options Counseling
 - Access to services, addressing barriers
 - Housing, transportation, personal assistance, assistive technology, income supports
 - Accessibility/home modifications
 - Peer Support
 - Caregiver support
 - Cross Training
 - Systems Advocacy
 - Smooth Transitions
- 

NWD SUCSESSES

- **Single Point of Entry/Trusted Points of Entry**
 - **Common questionnaire, algorithms**
 - **Options Counseling Program**
 - **Disability Navigation**
 - **Resource Database**
 - **Common New Staff Orientation**
 - **Relationships with Medical Systems (delivery system, payment systems)**
 - **Increased Recruitment Pool for AAA's**
 - **Enhanced Partnerships**
- 

DIALOGUE

- **Vignettes**
- **Comments**

NEXT STEPS:

- **Person Centered vs. Consumer Driven**
 - <https://m.youtube.com/watch?v=c18bi7V0G90>
- **Where do we go from here?**



CONTACT US

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Mary Margaret Moore

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After the Affordable Care Act— Solutions to Ease Medicare Transitions

National Home & Community Based Services Conference
Information & Referral/Assistance Pre-Conference Intensive
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Federal Policy Director

Transitioning to Medicare

Affordable Care Act—a new landscape

- ❖ An already complicated transition
- ❖ Newly eligible must make many choices—
 - Original Medicare + Medigap (?)
 - Medicare Advantage (?)
 - Prescription drug plan (Part D) (?)
 - Access to low-income benefits (?)

Transitioning to Medicare

Enrolling in Part A

- Premium free for most = smooth transition
- Too few work quarters complicates enrollment

Enrolling in Part B

- 2015 Part B premium: **\$104.90 per month**
- Decision to enroll hinges on coordination of benefits
- Coordination dependent on: type of insurance; why person is eligible for Medicare; and employer size

Transitioning to Medicare

Seamless transitions are critical—

A poorly managed transition can result in:

- Gaps in coverage due to limited enrollment periods
- Part B premium penalty
- Part D premium penalty
- Higher health care costs
- Delayed access to needed care

Transitioning to Medicare

Medicare transitions in a post-ACA world—

- ❖ QHP → Medicare
- ❖ SHOP plan → Medicare
- ❖ Medicaid → Medicare only
- ❖ Medicaid → Medicare/Medicaid
- ❖ Medicaid → Medicare + MSP + Extra Help

QHP → Medicare

Beneficiary Considerations—

- ❖ No premium tax credits or cost sharing subsidies
 - Automatic termination upon becoming Part A eligible
- ❖ Must consider benefit coordination
- ❖ Must actively disenroll from QHP
 - Plans must receive 14 days for “reasonable notice”
- ❖ Consequences of delaying Medicare

QHP → Medicare

Policy Considerations—

- ❖ Newly eligible must receive adequate education
- ❖ Benefit coordination rules must be clear
- ❖ QHPs may be leveraged to educate
- ❖ Marketing by QHPs must be considered

SHOP → Medicare

Beneficiary Considerations—

- ❖ Determine need to enroll in Medicare
 - Based on employer size and basis for Medicare
 - Age 65+ and coverage from company with 20+ employees may consider delay
- ❖ Determine eligibility for Part B SEP
- ❖ Determine if prescription coverage is creditable

SHOP → Medicare

Policy Considerations—

- ❖ Newly eligible must receive adequate education
- ❖ Employers may be leveraged to educate
- ❖ Access to Special Enrollment Period (SEP)
- ❖ Access to creditable Part D coverage

Marketplace → Medicare

Federal Policy Solutions:

- ❖ Notify and educate those new-to-Medicare
 - Ideally—*provide notice to all transitioning*
 - Consider specific notice for Marketplace transitions
 - Leverage and educate employers
- ❖ Rationalize Part B enrollment system
 - Challenges persist across all coverage types

Expansion Medicaid → Medicare

Federal Policy Solutions:

- ❖ Align income and asset tests
 - Increase MSP income threshold to at least 138% FPL
 - Eliminate or increase the MSP asset test
 - At a minimum, align MSP and Extra Help asset tests
- ❖ Require facilitated data sharing across agencies
- ❖ Invest in consumer counseling (SHIPs)

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