



**STATE
DEPARTMENT ON
AGING**

– Growing Older Together –

**ACL Grant to SDA
VD-HCBS & VA CHOICE**

State Department on Aging & Veteran's Administration
Long Term Planning Committee Meeting - December 6, 2016

Goals

- ▶ Review of No Wrong Door

- ▶ Overview:
 - ▶ ACL funding to State Department on Aging (SDA) for NWD
 - ▶ NCOA Pilot – Hard-to-Reach Medicare beneficiaries being released from incarceration

- ▶ Overview of VD-HCBS
 - ▶ VA CHOICE



NWD Vision

Create a single, statewide system for supporting access to long term services and support options

Designed for:

- Any person
- Any age
- Any type of need
- Regardless of funding source

Leverages the state's strengths



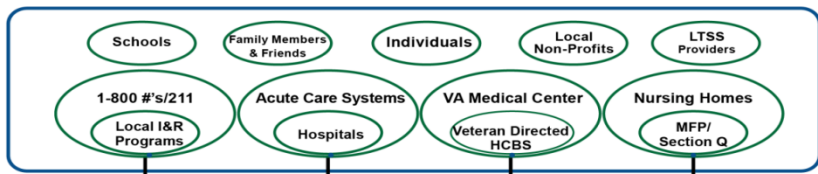
NWD System Vision

Public Outreach and Coordination with Key Referral Sources

Person Centered Counseling

Streamlined Eligibility to Public Programs

State Governance and Administration



Person Centered Counseling Process

Assists with any immediate LTSS needs, conducts conversation to confirm who should be part of process, and identifies goals, strengths and preferences

Comprehensive review of private resources and informal supports

Facilitates informed choice of available options and the development of the Person Centered Plan

Facilitates implementation of the plan by linking individuals to private pay resources, and if applicable, in applying for public LTSS programs and follow-up.

As needed, facilitates diversion from nursing homes, transition from nursing home to home, transition from hospital to home, and transition from post-secondary school to post-secondary life.

Improving the Efficiency and Effectiveness of LTSS Eligibility Process Across Multiple Public Programs:

Leverages Person Centered Counseling staff to use information from the person centered plan to help individuals complete applications for public LTSS program(s) and to help them through the entire eligibility process

Continually identifies ways to improve the efficiency and effectiveness of the eligibility determination processes across the multiple LTSS programs administered by the state, while also creating a more expeditious and seamless process for consumers and their families

State Leadership, Management and Oversight

Must include support from the Governor and involvement from State Medicaid Agency, State Agencies Administering programs for Aging, Intellectual and Developmental Disabilities, Physical Disabilities and Mental/Behavioral Health

Must involve input from external stakeholders, including consumers and their families, on the design, implementation, and operation of the system


Responsible for designating the agencies and organizations that will play a formal role in carrying out the NWD system

Will use NWD System as a vehicle for making its overall LTSS System more consumer-driven and cost-effective

NWD Funding

CMS  DSS

- ▶ Public Outreach & Coordination: (BIP) NWD Website-My Place CT & CFC
- ▶ Streamline Process
 - ▶ Improved communications between systems – (TEFT) personal health records
 - ▶ Standardized Functional Assessment
 - ▶ Pre-screening tool
- ▶ Rebalancing T19

ACL  SDA

- ▶ Person Centered Counseling (PCC)
- ▶ State & Governance & Administration: NWD Management Tool
- ▶ Collaborate with CT-Tech Act
- ▶ Continue the work of the NWD



SDA & DSS

▶ Working together on common NWD goals



- ▶ Assist in the development of My Place CT & provide feedback on content & messaging. Encourage use of one database, 211.
- ▶ Expanding capacity of local partners to provide person centered counseling/assistance to individuals seeking LTSS
 - ▶ Exploring models of sustainability
- ▶ Improve efficiencies in and among state, local municipalities, not-for-profit agencies, contractors for better outcomes
- ▶ Evaluate progress – NWD Governance Tool (AARP Scorecard)



Many agencies serve many NWD
functions

ADRC to No Wrong Door

- ▶ Fully Functional Aging & Disability Resource Center (ADRC)
 - ▶ Single-Entry-Point for LTSS –
 - ▶ one primary operating organization with a network of organizations serving as the “no wrong door”.
 - ▶ Partnership between 5 AAA, 5 CIL, CCCI (Eastern & North Central)
 - ▶ Sustainability of this model has been challenging
 - ▶ AAAs & CILs perform work of ADRC under the umbrella of CHOICES & the NWD even if the agency is not receiving funding as an ADRC
 - ▶ As a result, need to expand capacity for local partners to assist with NWD person centered counseling/assistance.
-



Public Act No. 15-19 – eff 7/1/15

- ▶ Commissioner on Aging shall develop & Administer a program to provide a single, coordinated system of information & access for individuals seeking long-term support, including in-home, community-based & institutional services. The program shall be the state **Aging and Disability Resource Center Program** in accordance with the federal Older American’s Act Amendments of 2006, P.L. 109-365 and shall be administered as **part of the Department on Aging’s CHOICES program** in accordance with subdivision (l) of subsection (a) of section 17a-314. Consumers serviced by the program shall include, but not be limited to, those 60 years of age or older & those eighteen years of age or older with disabilities and caregivers.
-



Area Agencies on Aging & Center for Independent Living



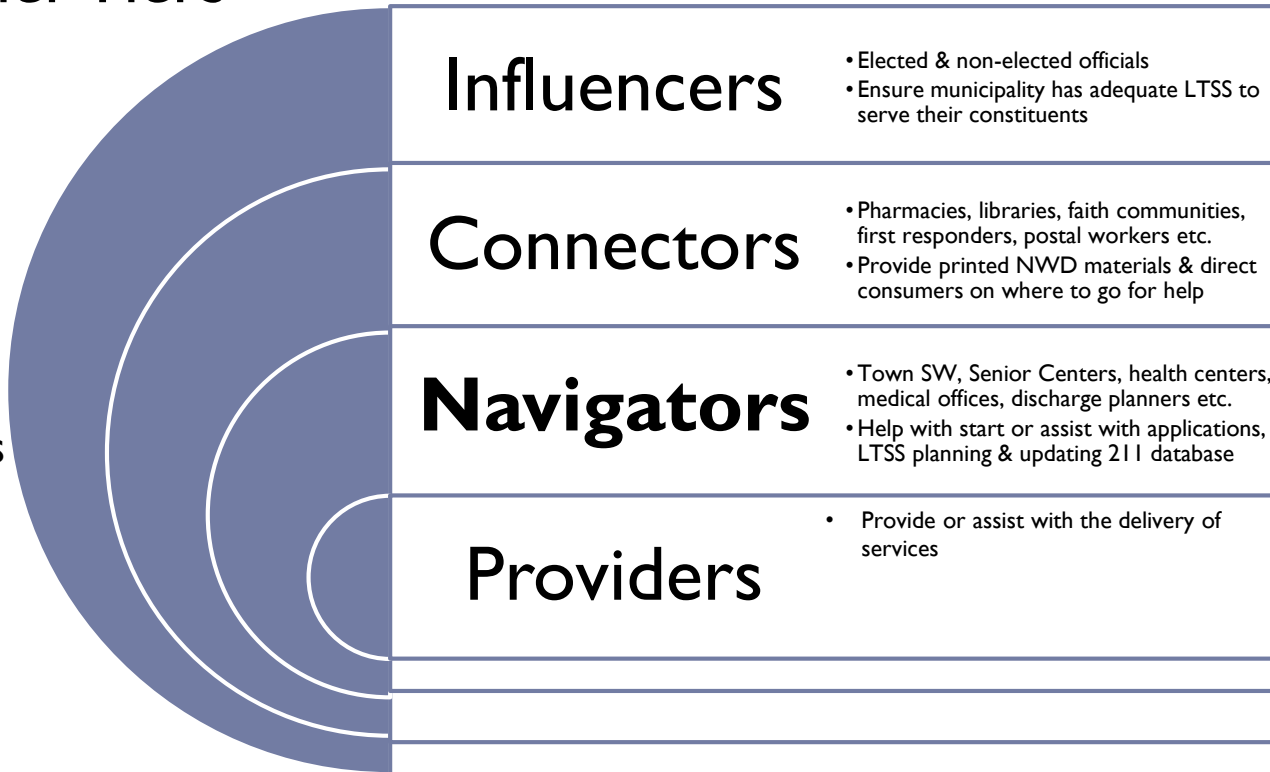
- ▶ VD-HCBS (AAA)
 - ▶ Access Agency for Medicaid Programs (3 AAA)
 - ▶ Transition Coordinator's for MFP (AAA & CIL) & care transition as part of core services (CIL)
 - ▶ Alzheimer's Caregiver Respite Program (AAA)
 - ▶ National Caregiver Respite Program (AAA)
 - ▶ Older American's Act (AAA) – (some key services)
 - ▶ Nutrition
 - ▶ Transportation
 - ▶ Chore/Shopping/Companion
 - ▶ I&R
-



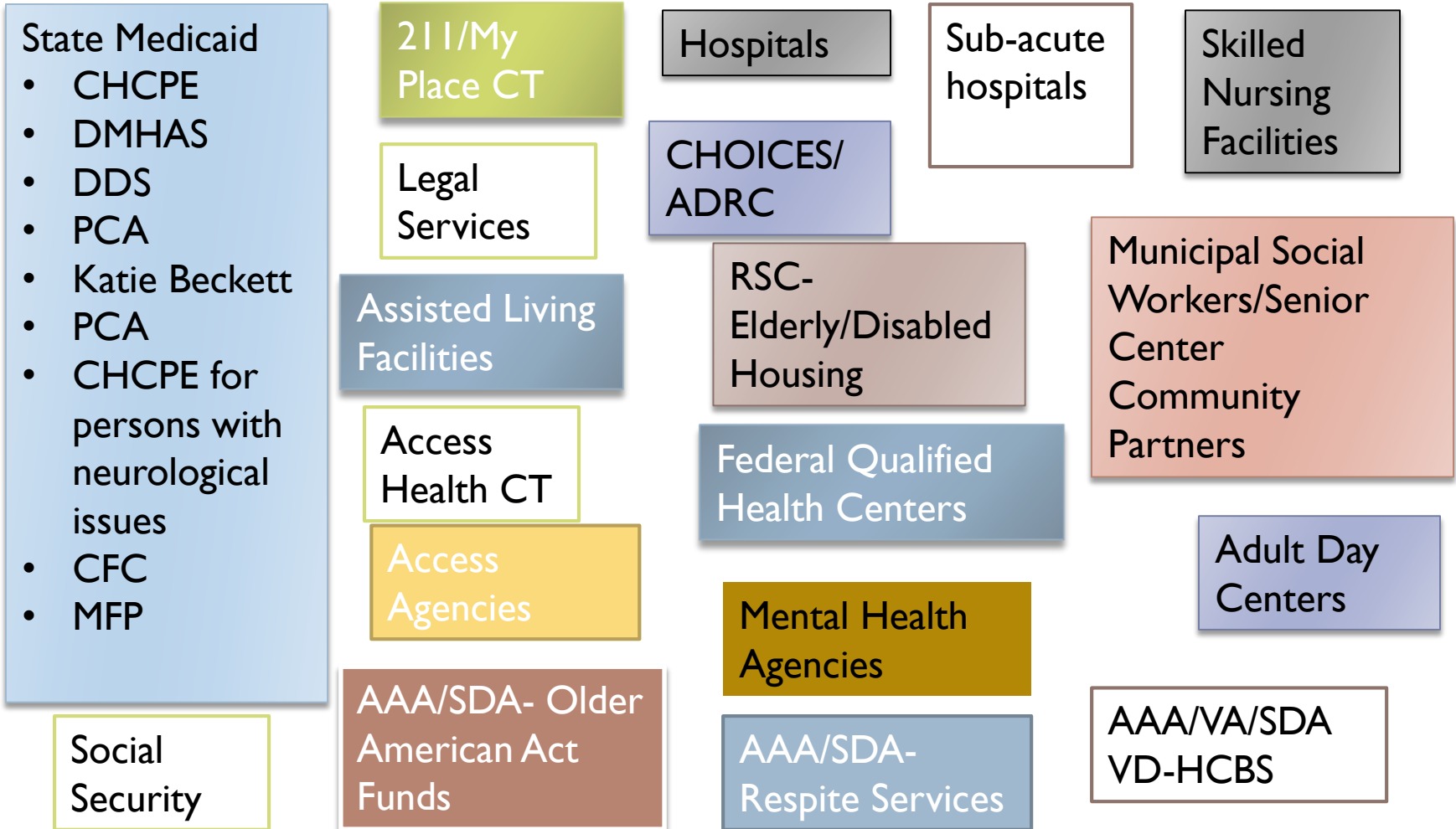
▶ Partner Tiers

My Place CT

Connect people to services & supports that help individuals maintain & achieve personal goals

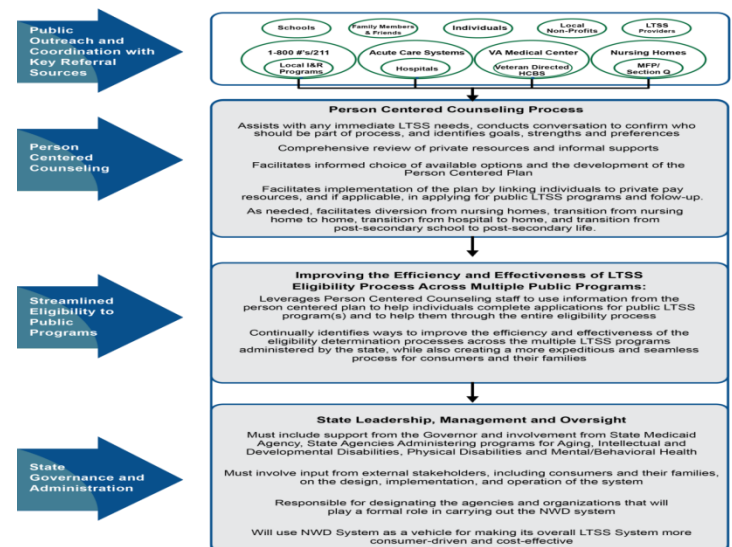


CT's NWD Partners



Person Centered Counseling

- ▶ Consistent, person-centered support as people navigate long term services and supports (including non-Medicaid LTSS)
- ▶ Developing relationships & listening to the person
- ▶ Allowing people to make informed choices about what is right for them
- ▶ Improve quality of life
- ▶ Efficient utilization of resources



Streamlined Eligibility

- ▶ Based on a set of core values that support choice, direction & control of the person
- ▶ Creates a single statewide system of delivery
 - ▶ Regardless of entry - connection occurs
 - ▶ Coordination among and between agencies/services
 - ▶ Elimination of unnecessary collection of information
 - ▶ Provide meaningful support
 - ▶ Person-centered counseling centered on strengths, preferences & goals of the individual

Sustainability



Expand Capacity of NWD

- ▶ Offer education to community partners
 - ▶ PCC for up to 500 people this year, 200 next year
 - ▶ Additional CHOICES training FY 2017 (Northeast) & FY 2018 (Northwest)
 - ▶ Eliminating in-kind fee barrier for partners interested in Medicaid certification
 - ▶ Encourage AIRS certification: Offer training for exam, offering certification through proctoring the exam and pay AIRS fee for those becoming Medicaid certified
 - ▶ Online options counseling through University of Mass CADER

Partners sign MOU with DSS/SDA

Mechanism for feedback on NWD system



Public Outreach and Coordination

- ▶ Increase awareness of the NWD system & available resources
- ▶ Trusted & well known source for information
- ▶ Develop formal & informal partnerships between crucial parts of the system
 - ▶ Veterans Affairs Medical Centers
 - ▶ Information & Referral Entities
 - ▶ Nursing Homes
 - ▶ Hospitals
 - ▶ Acute Care Systems



Streamlined Access to Public LTSS

- ▶ Reduces the time to apply for services
- ▶ Supports individuals through the process
- ▶ Improves efficiency by reducing repetition

- ▶ Requires:
 - ▶ Coordination
 - ▶ Setting up systems for information to be shared more easily
 - ▶ Setting up protocols, training staff for consistency & competency across the state



Leadership, Management & Oversight

- ▶ Need for the state & federal government to provide oversight, direction and guidance to ensure the system works together
- ▶ CMS, ACL & VA - and CT
- ▶ Developing tools for state's to evaluate progress
 - ▶ AARP Scorecard
 - ▶ NWD Management Tool (ACL piloted)



Other Initiatives

- ▶ Produce and distribute CT Tech Act brochure to skilled nursing facilities through LTC Ombudsmen
 - ▶ Provide information on adaptive equipment available to them
- ▶ Examining NWD for access to Older American Act Funding to adults 60 years of age – can we improve efficiencies & connections statewide?

Non-Medicaid Screening Tool (SDA)

- ▶ FY 2018 ACL NWD Grant FY 2018
 - ▶ Benefits Check Up or comparable product – pre-filling applications for non-Medicaid programs
-



Medicare eligible recipients leaving incarceration

- ▶ Pilot 12/1/16 – 9/29/17
- ▶ Benefits enrollment center targeting older adults aged 65 and younger persons with disability eligible for Medicare
- ▶ Issues – connection with Medicare benefits upon release



Screening Tool

- ▶ **Medicaid Pre-Screening Tool (DSS) on My Place CT**
 - ▶ Doesn't have the capacity to pre-fill Medicaid applications

Non-Medicaid Screening Tool (SDA)

- ▶ Is funded FY 2018 ACL NWD Grant
- ▶ Benefits Check Up or comparable product – pre-filling applications



VD-HCBS

▶ **2008 - ACL, CMS and VHA Partnership**

- ▶ Expanded the availability of participant-directed services, through the ADRC/NWD system.
- ▶ **Purpose:** To serve veterans of all ages who met nursing home level of care
 - ▶ Originally offered as an expanded opportunity under ACL's Nursing Home Diversion (NHD) Grant Program
 - ▶ State proposals to develop participant-directed services to serve Veterans required support from their Veterans Integrated Service Network (VISN) and VA Medical Center (VAMC)



What is VD-HCBS?

- ▶ Veterans-Directed Home & Community Based Services (VD-HCBS) Program
- ▶ Based on the Cash & Counseling Demonstration evidenced-based model
- ▶ Provides Veterans with choice and control over their services
- ▶ VA Medical Centers (VAMCs) purchase VD-HCBS as a package from the Aging & Disability Networks specifically AAAs, ADRCs, CILs, SUAs.



VD-HCBS in CT

- ▶ **Statewide**

- ▶ All 5 Area Agencies on Aging (AAA) have Person Centered Counselor for VD-HCBS

- ▶ 2 AAAs have agreements with the VA & handle billing for all 5 AAAs

- ▶ Individuals exercise control over their care

- ▶ Flexibility to hire family



Role of Person Centered Counselor

- ▶ Develop a spending plan using person centered approaches
- ▶ Educating & supporting the Veteran in the role of employer
- ▶ Engaging in on-going monitoring of Veteran's receipt of services & wellbeing
- ▶ Billing the VA timely & accurately
- ▶ Developing & submitting quarterly detailed expense reports to the VD-HCBS Coordinator



Budget based on functional needs

ADL Item	Not Dependent Scores	Dependent Scores	Veteran Scores
Dressing (Q.1)	0-1	2-4	
Grooming (Q.2)	0-1	2-4	
Bathing (Q.3)	0-3	4-5	
Eating (Q.4)	0-1	2-4	
Bed Mobility (Positioning)* (Q.5)	0-1	2-3	
Transferring (mobility)* (Q.6)	0-1	2-4	
Walking (Q.7)	0-1	2-4	
Toileting* (Q.14)	0-0	1-6	

The number of ADL dependencies is first calculated
0 to 3 Dependencies is the “Low ADL” category
4 to 6 Dependencies is the “Medium ADL” category
7 or 8 Dependencies is the “High ADL” Category

Then a review of other factors: Special nursing needed, ie. tube feedings or behavioral issues (VA Minnesota Case Mix & Budget Model)

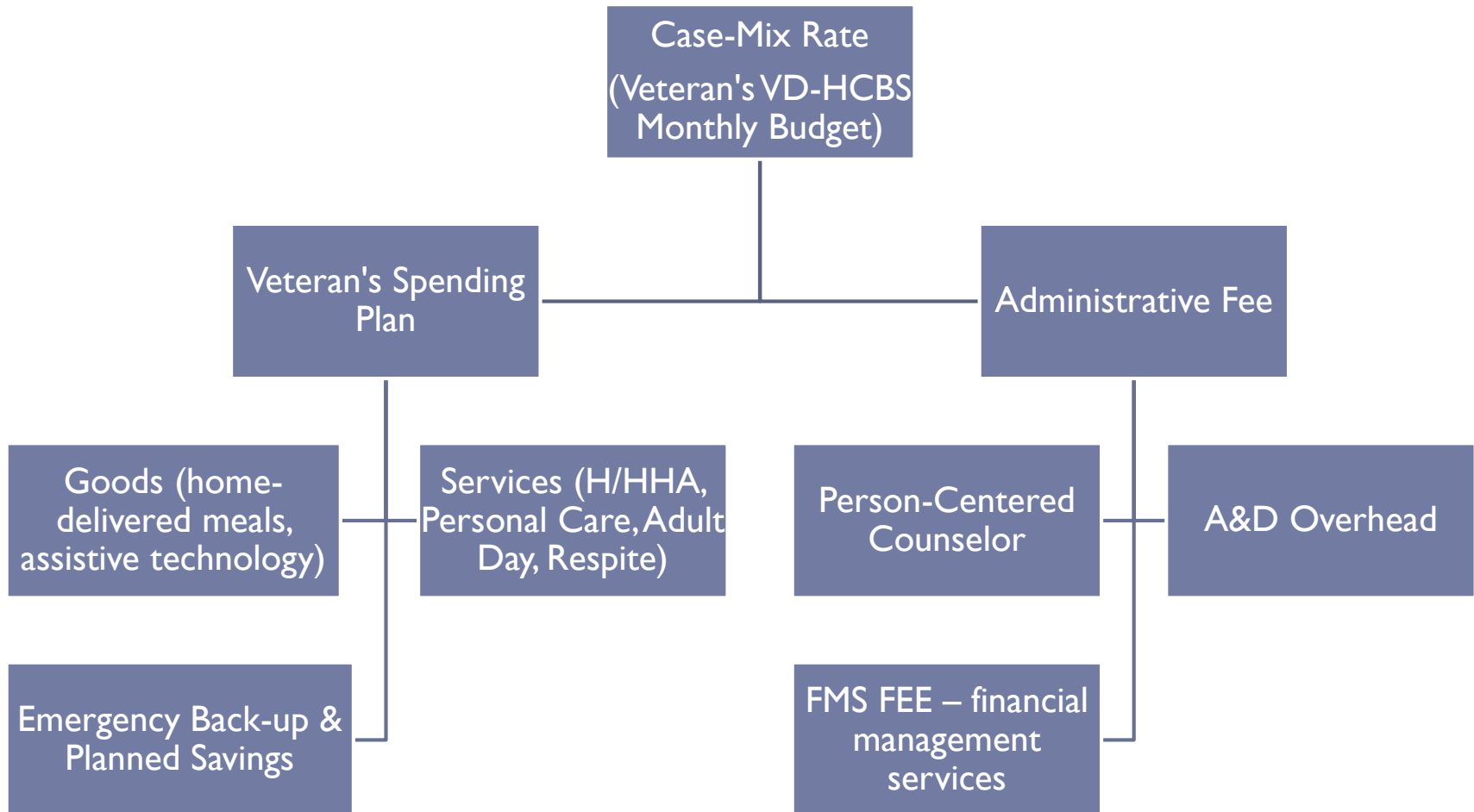


Needs determine case mix level

Case Mix Level	ADL Dependencies (Q.1-Q.7 and Q.14)	Eating Assistance (Item Q.4)	Behavioral Score (Item Q.13)	Special Nursing Criteria ("B" above)
L	0-2, does not include any critical ADLs (bed mobility, transferring or toileting)	0-4	0-1	No
A	0-3, may include critical ADLs	0-4	0-1	No
B	0-3, may include critical ADLs	0-4	2-4	No
C	0-3, may include critical ADLs	0-4	0-4	Yes
D	4-6	0-4	0-1	No
E	4-6	0-4	2-4	No
F	4-6	0-4	0-4	Yes
G	7-8	0-2	0-1	No
H	7-8	0-2	2-4	No
I	7-8	3-4	0-2	No
J	7-8	3-4	3-4 or Neurodiagnosis as listed above	No
K	7-8	0-4	0-4 or Neurodiagnosis	Yes



Veteran's Monthly Budget



VD-HCBS – Numbers of veteran's served

AAA	Fed FY 2016	Currently
Area Agency on Aging of South Central CT	27	24
North Central Area Agency on Aging	10	7
Senior Resources	13	9
Southwestern CT Agency on Aging	14	13
Western CT Area Agency on Aging	7	7

Current Age Demographic:

23 veterans age 40-60 years

37 veterans age 70-90 years



Medical outcomes improve with VD-HCBS

- ▶ West Haven VAMC documents cost savings totaling \$600,000.
 - ▶ 80% of Veterans in VD-HCBS with ALS, mental illness, spinal cord injuries, Parkinson's or Multiple Sclerosis successfully stayed in the community who were nursing home level of care

Health Care Outcomes (as compared with 6 months before enrollment into VD-HCBS):

- ▶ Emergency Room visits decreased by 17%
- ▶ Length stay in an inpatient acute care decreased 42%
- ▶ Inpatient admissions decreased by 44%



VA Choice Program (VCP)

- The VA Choice Program (VCP) allows Veterans to receive care outside of VA Medical Centers (VAMCs) under certain criteria:
 - ▶ Driving distance to the nearest VAMC or delays in access to care
- Under VA Choice, Congress has expanded the use of VA Provider Agreements to VA Homemaker/Home Health Aide Services and VD-HCBS
- Under VCP, VA will be able to purchase long-term services and supports, including VD-HCBS

Expanded Opportunity

▶ S.739 - Veterans Access to Extended Care Act of 2015

- ▶ Expands eligible providers to enter into VA Provider Agreements

▶ VA Interim Final Rule - 80 FR 74991

- ▶ Paragraph (e)(2) will make certain providers of extended care services eligible, namely an Aging and Disability Resource Center, an area agency on aging, or a State agency (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)), or a center for independent living (as defined in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a)).
- ▶ <https://www.federalregister.gov/articles/2015/12/01/2015-29865/expanded-access-to-non-va-care-through-the-veterans-choice-program#h-8>

CT AAAs have been approved as VA CHOICE providers



Referring to VD-HCBS

- ▶ Registered veterans with the VA can discuss a referral with their nurse care manager/social worker or VA primary care provider
- ▶ Those unregistered should call:
- ▶ VA Eligibility Enrollment Center: 203-932-5711 X 3131
 - ▶ Will need DD-214 (discharge paperwork)





Contact Information

Patricia Richardson – ADRC Program Coordinator, SDA
860-424-5698, patricia.richardson@ct.gov

Susan Gill, RN – VD-HCBS Program Coordinator
203-932-5711 X 3203, susan.gill2@va.gov