



Improving Aging-at-Home Services & Support for Culture Change Initiatives

Joint Commission on Health Care
September 1, 2009 Meeting

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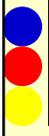
1



Purpose of Study

- 2008:
 - HJR 69 (Delegate Kenneth R. Plum) directed JCHC to study alternative solutions to long-term care needs.
 - The resolution was left in the House Committee on Rules but the study was agreed to by JCHC upon request by Delegate Phillip Hamilton.
 - SJR 102 (Senator Walter A. Stosch) directed JCHC “to study support services for family caregivers of the frail elderly and disabled and community-based caregiver support organizations.”
 - An identical resolution, HJR 238 (Delegate Stephen C. Shannon) was left in the House Committee on Rules.
 - The two studies were combined due to their overlapping subject matter and JCHC meeting time-constraints.

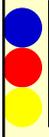
2



Purpose of Study

- Topics covered in 2008 study:
 - Culture Change Initiatives in LTC facilities
 - The Green House Project
 - Innovative Approaches for Aging-at-Home
 - Cash and Counseling Service Model
 - Intentional Communities
 - Support for Family Caregivers
 - National Family Caregiver Support Program
 - Virginia Caregivers Grant
 - Virginia Respite Care Initiative
 - Key components of Model Caregiver Programs

3



Purpose of Study

- Policy options adopted in 2008:
 - **Option 2:** Continue study for one additional year to research options for improving “aging at home” services and support for culture change initiatives in Virginia.
 - **Option 3:** Restore funding for Virginia Caregivers Grant when budget allows.
 - **Option 4:** Partner with local Chambers of Commerce to educate Virginia business owners about caregiver workforce issues and encourage owners to provide caregiver support programs.

4



2009 Second Year Study

5

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- ## Improving Aging-at-Home Services & Support for Culture Change Initiatives
- Taking Care of the Caregivers
 - Streamlining the System for Accessing Community Resources
 - Virginia's Department for the Aging 4 Year Plan
 - Increasing Eligibility for Community-Based Services
 - Strengthening Culture Change Initiatives for Virginia's Long-Term Care Facilities
- 6

7

Taking Care of the Caregivers



7

8

Utilizing Virginia's Existing Resources

- The Virginia Caregiver Coalition
- James Madison University's Caregivers Community Network
- The Virginia Center on Aging



8



The Virginia Caregiver Coalition

- Founded in 2004: 22 members from public, private, and non-profit sectors
- 2009: 85 members, bi-monthly meetings
- Primary focus on education, advocacy, and caregiver support
- Revised "Taking Care: A Resource Guide for Caregivers" developed by the Virginia Department for the Aging (VDA)
- Supported Research Projects
 - Abuse of Caregivers by Their Loved Ones (2005-2006)
 - AAA Self-Assessment Survey of the National Family Caregiver Support System (2005-2006)
 - Workshop on Nursing Home Residents' Rights Regarding Transfer/Discharge & Readmission from a Hospital (2006-2007)

Source: "The Virginia Caregiver Coalition." Conference presentation by Ellen Nau. March 18, 2009.

9



The Virginia Caregiver Coalition

- Received 2007 Grant from National Association of Caregivers
 - Held Caregiver Recognition Events in 2007
 - Conducted awareness campaign during the 2008 Virginia General Assembly Session
- Provided Caregiver Training: (8 Video Conference Sites)
 - Different Ways to Deal with Caregiver Stress
 - Family Dynamics and Involving the Whole Family in Caregiving
 - Caregivers of Persons with Hearing and Vision Loss
 - Respite for Caregivers: Resources and Aids

Source: "The Virginia Caregiver Coalition." Conference presentation by Ellen Nau. March 18, 2009.

10



The Virginia Caregiver Coalition

- Applied for 2009 Kinship Grant to develop Virginia Kinship Navigator Program
 - 25% match required
 - Collaborative effort of public, private, and non-profit groups to provide services to foster, adoptive, and kinship families caring for children and to the professionals who work with them
 - Provides competency training for professionals, a toolkit for kinship caregivers, a telephone accessed gateway to resources (including 2-1-1 Virginia), a legal and benefits kiosk, and a Virginia Kinship Navigator website (linked to Virginia Easy Access and SeniorNavigator)

11



The Virginia Caregiver Coalition

Future Plans:

- The Savvy Caregiver Training Program
 - Purchased program and partnered with local Alzheimer's Association to conduct training
- Revise the Caregiver Resource Guide
- Work with contact at The Centers for Medicare and Medicaid (CMS) to hold conference on issues affecting employed caregivers
- Recruit members of other caregiver populations
- Work with Veterans Administration

Source: Slide adapted from "The Virginia Caregiver Coalition." Conference presentation by Ellen Nau. March 18, 2009.

12



The Virginia Caregiver Coalition

- The coalition continues to engage in outreach and collaboration efforts to increase awareness of caregiver issues, educate professional and family caregivers, and provide support for caregivers.



Source: "The Virginia Caregiver Coalition." Conference presentation by Ellen Nau. March 18, 2009.

13



James Madison University's Caregivers Community Network

- Offers the following services for all frail elders and their family caregivers in Augusta, Rockingham, Page and Shenandoah counties:
 - Personalized in-home companion care on a regular basis
 - Educational workshops and support services
 - Telephone consultation to supply caregivers with support, caregivers tips and resources
 - Partnership with community service and faith based organizations to provide a well coordinated referral system
 - Errand running, such as picking up prescriptions, groceries or dry-cleaning to aid the caregiver
 - 2-4 hours of respite care for caregivers weekly/biweekly

Source: <http://www.socwork.jmu.edu/Caregivers>

14



James Madison University's Caregivers Community Network

- Coordinated by the James Madison University Institute for Health and Human Services
- Utilizes trained students and volunteers
 - Students (Can fulfill internship requirement)
 - Members of the community
- Serves approximately 150 frail elders and their family caregivers each year
- Services provided on a sliding fee scale
- July 2009: 1 of 6 organizations nationwide to receive The National Alliance for Caregiving and MetLife Foundation Honor: Innovators Making a Difference in the Lives of Caregivers

Source: <http://www.socwork.jmu.edu/Caregivers>

15



The Virginia Center on Aging

- Statewide agency created by the Virginia General Assembly in 1978, located at Virginia Commonwealth University in the School of Allied Health Professions
- Four primary objectives:
 - Training, Education, and Lifelong Learning
 - Alzheimer's Research and Education
 - Expanding the Community's Capacity to Provide Caregiving
 - Serving as a Statewide Resource Center

16



The Virginia Center on Aging

- Workforce Partners for Eldercare Program
 - Educates and assists central Virginia employers interested in helping their employees who are family caregivers
 - Funded by Richmond Memorial Health Foundation (in 2008, received second grant of \$50,000 from the foundation)
 - Partnership between the Virginia Center on Aging and Senior Connections (the Capitol AAA)
 - Currently working with approximately 25 employers in central Virginia

Source: 2008 Annual Report of the Virginia Center on Aging and phone interview with Ed Ansello, VCoA Director

17



The Virginia Center on Aging

- Workforce Partners for Eldercare Program
 - In 2008, began conducting an evaluation of the program
 - Has agreed to work "with local Chambers of Commerce to educate Virginia business owners about caregiver workforce issues and encourage owners to provide caregiver support programs." (Option #4 of last year's JCHC study)

18



Utilizing Virginia's Existing Resources

- The Virginia Caregiver Coalition, the Virginia Center on Aging, and James Madison University's Caregivers Community Network already possess
 - A collaborative relationship with each other and many other agencies and organizations interested in aging and/or caregiver issues
 - An extensive network of professionals and volunteers
- James Madison University's Caregivers Community Network offers an award-winning model that could be replicated throughout the Commonwealth

19



Utilizing Virginia's Existing Resources

- Given Virginia's reliance on family caregivers to provide unpaid services to the elderly, strengthening caregiver support organizations may be a prudent investment in Virginia's future.
 - Caregivers, and the organizations that support them, enable elders to live at home longer and prevent or delay the use of Medicaid for the provision of LTC services for a significant segment of the elderly population.

20



Utilizing Virginia's Existing Resources

- Taking care of Virginia's caregivers is a vital part of improving aging at home services for the elderly.



21



Streamlining the System for Accessing Community Resources

22

In the past, Virginia LTC recipients and family caregivers struggled to find the information and resources they needed...

Information on respite care is here somewhere!

...plus I need help with Mom's medications

...and managing her finances

23

**No Wrong Door:
A Significant Improvement to the System**

- Public Access to Information and Resources:
 - Virginia Easy Access
 - VirginiaNavigator: Web-based interface
 - 2-1-1 Virginia: Telephone interface
- Provider Access to Resources & Service Coordination:
 - Coordinates a once fragmented system of services for the aging and disabled via a computer network system
 - Area Agencies on Aging (AAAs) serve as Aging and Disability Resource Centers (ADRCs)
 - A physical location where LTC recipients and caregivers can go to get information, personal counseling to determine a care plan tailored to their specific needs and access to public programs for which they may eligible

Sources: "No Wrong Door." Presentation by Debbie Burcham, Virginia Department for the Aging and <http://www.vda.virginia.gov/nowrongdoor.asp>

24



No Wrong Door: A Significant Improvement to the System

- The PeerPlace software links service providers, enabling them to share client information and coordinate services:
 - Information & Referral
 - Uniform Assessment Instrument
 - Case Management
 - Enrollment/Service Unit Tracking
 - Reporting
 - On-line Medicaid Application

Sources: "No Wrong Door." Presentation by Debbie Burcham, Virginia Department for the Aging and <http://www.vda.virginia.gov/nowrongdoor.asp>

25



No Wrong Door: Current Status

- Currently 11 of 25 AAAs have received funding to implement the provider access and coordination of services component of No Wrong Door
 - The Virginia Department for the Aging has applied for grants to expand No Wrong Door to 4 additional AAAs

26



No Wrong Door: Current Status

- VDA is currently working with a few local health departments, case managers at the Department of Rehabilitative Services, and Centers for Independent Living (CILs) to bring them into the provider computer network system.
- SeniorNavigator is marketing the PeerPlace software to private providers (hospitals, home health care companies, etc.)
 - Currently training 12 private providers

27



No Wrong Door: Challenges

- Public access component of No Wrong Door may need greater public awareness
 - No Wrong Door - Virginia Easy Access – 2-1-1
Virginia – SeniorNavigator – VirginiaNavigator
 - Multiple names and platforms may be confusing to LTC recipients and caregivers
- No Wrong Door has not yet reached the “critical mass” of public and private providers needed for it to be a truly effective integrated system.

28

No Wrong Door: Challenges

- However, with its emphasis on easy access to information/resources and individualized, coordinated care; the No Wrong Door system is representative of the best practices model being advocated nationwide today.
- More time and funding is needed to reach the goal of improving access to community-based services...

29

The Goal



30



Virginia's Department for the Aging 4 Year Plan

31

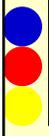


Virginia's Department for the Aging 4 Year Plan for Aging Services

- Code § 2.2-703.1 – VDA shall develop a 4 year plan for aging services in the Commonwealth -- Shall Include:
 - Other agencies and stakeholders
 - Description and impact of aging population
 - Issues related to providing services at state and local level
 - Factors that may determine need for additional funding
 - Information on growing diversity, unmet needs, impact on state agencies, changes in federal and state funding, etc.
- 1st plan due to Governor & General Assembly 11/30/2009
 - Annual updates required & new plan submitted every 4 yrs
- Other mandates
 - Annual report of Impact of Aging Population on State Agencies
 - HHR Secretary to develop Blueprint for aging - for active, daily life in our communities (2009 budget language)

Slide provided by Linda Nablo, VDA Commissioner

32

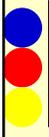


Virginia's 1st 4 Year Plan

- Broad stakeholder group assembled
- Scope of plan broader than mandate
- Intent is to:
 - Examine individual, community and state responsibilities
 - Report on current situation in Virginia (housing, transportation, facilities, community based services, caregivers, health care – including mental & cognitive health, employment, civic engagement, education, & more)
 - Coalesce recent studies and plans from various sectors into a comprehensive approach
 - Establish ongoing planning process to help prepare the Commonwealth
 - Establish and track benchmarks to measure progress

Slide provided by Linda Nablo, VDA Commissioner

33



Increasing Eligibility for Community-Based Services

34



The Home and Community-Based Services State Plan Option

- During last year's presentation, the strict requirements to be eligible for the Elderly and Disabled with Consumer Direction (EDCD) waiver were discussed.
 - Must meet requirements for nursing home eligibility including needing assistance with 4 out of 5 ADLs
- Considered the possibility of reducing the nursing home eligibility requirement to 3 out of 5 ADLs
 - Too costly due to more individuals qualifying for EDCCD waiver *and* nursing home care

35

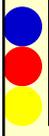


The HCBS State Plan Option

- Another possibility is Medicaid's HCBS State Plan Option
- Section 6086(a) of the 2005 DRA adds a new Section 1915(i), or the State Plan Home and Community Based Services Benefit, which is modeled on the Home and Community Based Services Waiver 1915 (c) program
- Provides states the option to offer a variety of home and community-based services to individuals who do not qualify for the HCBS waiver

Source: www.thenationalcouncil.org. Summary of CMS Proposed Rule on the State Plan HCBS Benefit

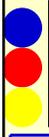
36



The HCBS State Plan Option

	State Plan Option 1915(i)	Waiver Option 1915(c)
Level of Care Requirement	None (for example, Virginia can choose 3 of 5 ADLs)	Includes requirements (Virginia requires 4 of 5 ADLs)
Comparability	Can limit the number of participants & create waiting lists, but cannot waive comparability	Can waive comparability. Can create waiting lists
Eligibility Restrictions	Income can't exceed 150% FPL, can't expand eligibility	Can waive income limits and change eligibility criteria
Needs-based Criteria	State must establish needs-based criteria, but must be less stringent than for institutional-level care	Does not include this requirement
Reporting of Projected Participation	State must submit to CMS the projected # of indivs. to receive HCBS under state plan option	State must submit the # of participants expected to be served under waiver

Source: Summary chart of National Association of State Medicaid Directors 37



The HCBS State Plan Option

	State Plan Option 1915(i)	Waiver Option 1915(c)
Cost Neutrality	Does not include this requirement. State plan must describe method used for calculating the budget & define process for making adjustments	Must be cost-neutral
Required Services	State discretion, but must choose from limited list authorized by Section 1915(c)(4)(b) of Social Security Act	States may provide any or all of: case management, homemaker/home health aide, personal care, adult day health, habilitation, respite care. Can approve more to prevent institutionalization
Modification of Needs-based Criteria	Can modify without CMS prior approval if enrollment exceeds projected capacity	N/A

Source: Summary chart of National Association of State Medicaid Directors 38



The HCBS State Plan Option

- Individuals meeting standards of waiver and plan must be offered a choice.
- Iowa and Nevada received CMS approval of their state plans. To date, only Iowa has implemented the plan.
- Empowered at Home Act of 2009 (in committee) would
 - Replace 150% FPL income limit with 300%
 - Increase options of services provided
 - Eliminate state discretion to cap the number of individuals or limit services to one area of state
 - Allow HCBS state plan benefit recipients affected by changes in standards to be screened under prior standards.

Source: "Medicaid's New Home and Community-Based Services State Plan Benefit." Presentation by Gene Coffey, Staff Attorney, National Senior Citizens Law Center. 2009.

39



The HCBS State Plan Option

- Concerns:
 - May be considered an entitlement
 - Would require providing services to everyone who qualifies and requests home and community-based services
 - Possible litigation from individuals on waiting list
 - Unknown whether Virginia's increased cost of providing services to currently ineligible individuals would be offset by preventing or delaying their need for Medicaid funded nursing home care
 - Many states are still waiting for further clarification of the state plan option regulations, or are not interested in implementing the state plan.

40



The HCBS State Plan Option

- Possible courses of action:
 - Delay any action until the outcome of the Empowered at Home Act of 2009 or other up-coming health care reform legislation is known
 - Monitor states adopting the state plan option
 - Request JLARC study to investigate the costs and benefits of implementing the HCBS state plan option
 - Place efforts elsewhere, such as encouraging more individuals to participate in Virginia's LTC Insurance Partnership to pay for home and community-based services
 - May need to create a PSA campaign to raise public awareness

41



Strengthening Culture Change Initiatives

42



The Virginia Culture Change Coalition

- Mission: "To promote and foster improved and meaningful quality of life for Virginia's elders in multiple care settings."
 - The coalition has identified long-term care as its initial focus in order to support the national and statewide nursing home quality initiatives (NHQI).
- A statewide multi-agency organization based solely on volunteers
- Currently an informal organization; working toward the development of a formal structure with a governing body
- No formal funding source

Source: <http://www.vcu.edu/vcoa/vaculture.htm>

43



The Virginia Culture Change Coalition

- The Office of the State LTC Ombudsman, which has played a key leadership role since the Coalition's inception, submitted a proposal on behalf of the Coalition to the Virginia Center on Aging and obtained \$12,000 grant to create several initiatives:
 - 2005: "Lighting the Flame" Culture Change Workshop. A statewide conference for staff of LTC facilities to introduce them to the idea of culture change and show practical applications

44



The Virginia Culture Change Coalition

- 2008: "Open Road to Culture Change." A statewide conference to educate nursing home surveyors and LTC providers about CMS's strong support of culture change initiatives and the lack of regulatory barriers to change
 - Moved the process of culture change implementation forward by correcting inaccurate assumptions concerning incompatibility of culture change with regulatory compliance

45



The Virginia Culture Change Coalition

- 2009: "The Why and How of Workforce Stability: It's the Bottom Line in Long Term Care"
 - Training workshops held in Virginia Beach, Manassas, Richmond, Charlottesville and Roanoke
 - For nursing home administrators, directors of nursing, and community advocates
 - One day workforce stabilization training on strategies for hiring and keeping good staff and maximizing organizational performance
 - A follow-up is planned to increase interest among providers and consumers in culture change initiatives

46



The Virginia Culture Change Coalition

- 2009: "Developing a Strategic Plan for Culture Change." A multi-agency forum to develop an ongoing structure and goals for VCCC in order to move culture change forward in Virginia
- Also, in 2007, in coordination with the VCCC, the Northern Virginia LTC Ombudsman office held "CMS and Culture Change: A Marriage Made in OBRA '87."

47



The Virginia Culture Change Coalition

- State LTC Ombudsman Program (co-founding partner organization in VCCC) was integrally involved in the development of the Nursing Facility Quality Improvement Program (QIP)
 - Utilizes accumulated Civil Monetary Penalty Funds to develop a voluntary incentive-driven program to promote culture change
 - Virginia Gold Grant: Creating supportive workplaces and reducing staff turnover in nursing facilities
 - August 2009: Awarded \$50,000/year grants to 5 facilities for a maximum of 2 years

Sources: 1) "Virginia Quality Improvement Program" Presentation to JCHC, October 17, 2007. Terry Smith, DMAS Division Director. 2) DMAS 2009 Request for Applications for Virginia Gold grant.

48



The Virginia Culture Change Coalition

- Currently working on the creation of regional culture change coalitions
- Funding needed for a part-time coordinator
- "Culture change initiatives offer the most promising opportunity for significant and sustainable changes that benefit long-term care recipients." (State LTC Ombudsman, co-founder of VCCC Steering Committee)

49



Conclusion

- Improving aging-at-home services involves:
 - Providing support for family caregivers via the organizations committed to providing information, training, support and other resources:
 - May be one of the least expensive methods to enable more individuals to age-at-home for a longer period of time
 - Making information, resources and services easily accessible to the elderly and caregivers
 - The No Wrong Door initiative and VDA's 4 year plan appear to be moving Virginia toward the achievement of this goal
 - Enabling more elders to utilize home and community-based services *before* they need institutionalized care

50



Conclusion

- As society transitions to a more community-based long-term care system, it is important to remember that the need for nursing homes and assisted living facilities will continue.
 - As a result, improving the quality of life in LTC facilities through culture change initiatives may be equal in importance to improving aging-at-home services

51



Policy Options

- Option 1: Take no action.
- Option 2: Introduce a joint resolution requesting that JLARC study the costs and benefits of implementing the Home and Community-Based Services state plan option.
- Option 3: Introduce a budget amendment (language and funding) during the 2012 session to increase the general funds appropriated for the Virginia Department for the Aging to be allocated to the Virginia Caregiver Coalition.
- Option 4: Include on the JCHC 2009 workplan a staff study of the feasibility of replicating James Madison University's Caregivers Community Network in other areas of the Commonwealth.

52



Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on September 29, 2009. Comments may be submitted via:
 - E-mail: sreid@jchc.virginia.gov
 - Facsimile: 804/786-5538 or
 - Mail to: Joint Commission on Health Care
P.O. Box 1322
Richmond, Virginia 23218

- Comments will be summarized and presented during the JCHC meeting on October 7th.