



Community Living Event

Wednesday, September 5, 2012 • 9:00 AM – 12:00 PM

Welcome

Mark Childress

Assistant to the President, Deputy Chief of Staff, White House

Panel Discussion: The Affordable Care Act— Supporting Community Living

Liz Fowler—Moderator

Special Assistant to the President for Healthcare and Economic Policy, White House

Barbara Coulter Edwards

Director for the Disabled and Elderly Health Programs Group, Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services

Susan C. Reinhard

Senior Vice-President, AARP Public Policy Institute

James Hester

Acting Director, Population Health Models Group, Center for Medicare & Medicaid Innovations, Centers for Medicare & Medicaid Services

Moderated Q & A

Break

Panel Discussion: The Administration for Community Living— Partnerships for Success

Kathy Greenlee—Moderator

Administrator and Assistant Secretary for Aging, Administration for Community Living

Estelle Richman

Senior Advisor to the Secretary, Department of Housing and Urban Development

Henry Claypool

Principal Deputy Administrator, Administration for Community Living, Senior Advisor to the Secretary for Disability Policy

Edwin Walker

Deputy Assistant Secretary for Aging, Administration on Aging, Administration for Community Living

Sharon Lewis

Commissioner of the Administration on Intellectual and Developmental Disabilities, Administration for Community Living

Moderated Q & A

Closing Remarks

Cindy Mann

Deputy Administrator and Director for the Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services

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Affordable Care Act Supports Community Living

All Americans – including older Americans and people with disabilities – should have the choice to live at home with the supports they need rather than having to enter an institution to access support services. The Affordable Care Act, the health care law signed by President Obama on March 23, 2010, brings us closer to making this a reality. The law includes new options to help older Americans and individuals with disabilities stay in their homes, receive care in the settings of their choosing, and retain control over their own decision-making. The Affordable Care Act also makes health care more accessible and affordable, a key element of healthy, stable life in the community.

Thanks to the Affordable Care Act:

- 12 additional States have joined the *Money Follows the Person Program* to help older Americans and individuals with disabilities transition back to their communities from long-term care institutions.
- 8 States are participating in the new *Balancing Incentives Program*, which gives States new incentives to make home and community-based services more accessible to older Americans and people with disabilities.
- 47 community-based organizations are partnering with hospitals around the country through the new *Community-Based Care Transition Program* to help Medicare beneficiaries as they leave the hospital so they can successfully transition back to their home or the setting that best suits their needs.
- 15 physician practices and three consortia of additional physician practices are participating in the *Independence at Home Demonstration*, which provides primary care services in Medicare beneficiaries' homes to individuals with complex health needs.
- 6 States have approved *Health Home* State Plan Amendments to integrate and coordinate primary, acute, behavioral health and long term services and supports.

And, additional new State options are available to increase community living opportunities, such as the Community First Choice Option, which gives States an increase of six percentage points in their federal Medicaid matching rate for providing community-based attendant services and supports as an alternative to nursing home care.

Thanks to the Affordable Care Act, more seniors and individuals with disabilities will be able to transition from institutional settings back into their homes and communities:

Money Follows the Person: Too often, older Americans and individuals with disabilities living in long-term care institutions would like to return to their communities but simply don't know how or need help to make the transition. Their homes may need modifications to make them accessible. They may need in-home assistance to complete Activities of Daily Living, such as preparing meals and getting dressed. The Affordable Care Act extends and enhances the successful "Money Follows the Person" Rebalancing Demonstration Program, which connects individuals in institutions to transition coordinators who can help resolve these barriers and arrange the necessary long-term supports in a community setting. *Money Follows the Person* has helped more than 19,000 older Americans and individuals with disabilities across 42 States and the District of Columbia transition back to their communities since 2008. The Affordable Care Act extends *Money Follows the Person* through 2016, broadens the definition of who is eligible to participate, and adds \$2.25 billion in funding, which has allowed 12 additional States to join the program since the law was enacted in 2010.

The Affordable Care Act also invests \$50 million in Aging and Disability Resource Centers (ADRC), which serve as trusted resources in communities across the country where people of all ages, incomes, and disabilities can get assistance navigating an often fragmented long-term care system. This new funding has supported 20 States in strengthening the ADRC Options Counseling and Assistance Programs for community-based health and long-term care services. Options counseling programs help people understand, evaluate, and manage the full range of services and supports available in their community.

The Affordable Care Act gives States new options to include home and community-based services as a Medicaid benefit:

Many times, the difference between seniors and individuals with disabilities being able to remain at home instead of going to an institution depends on the availability of home and community-based services. These services are often provided on a long-term basis, and can greatly improve a person's quality of life. Most home and community-based services are optional components of the Medicaid benefit package, so States need to proactively elect to offer them. The Affordable Care Act includes three new options for States to enhance their provision of community-based care, which, in some cases, can be less expensive than traditional institutional care.

Community First Choice: A new Medicaid State Plan option called Community First Choice gives States an increase of 6 percentage points in their federal matching rate for providing community-based attendant services and supports as an alternative to nursing home and other institutional services for people with Medicaid, including older adults and those with disabilities. States electing the Community First Choice option will make available home and community-based attendant services and supports to assist beneficiaries in accomplishing activities of daily living and health-related tasks. Community First Choice ensures that each beneficiary has a person-centered plan that allows the individual to determine how services are provided to achieve or maintain independence. Services may be self-directed under either an agency-provider model or a traditional self-directed model with a

service budget. States may also choose to provide coverage for transition costs to assist Medicaid beneficiaries who are leaving institutions and transitioning to the community.

Balancing Incentives: The Affordable Care Act created the Balancing Incentive Program. This program is a \$3 billion investment in enhanced Medicaid matching funds made available to States that have historically spent less than 50 percent of their total Medicaid long-term care medical assistance dollars on home and community-based settings. The program gives States new incentives to make home and community-based services accessible and easy to understand. For example, States participating in the Balancing Incentive Program will have a “no wrong door” single-point of entry system, meaning that no matter where an older American or individual with disabilities turns for help, she will be able to learn about all of her options and choices. As of September 2012, New Hampshire, Maryland, Georgia, Mississippi, Missouri and Iowa are participating in the Balancing Incentive Program, and Texas and Indiana have been approved to begin on October 1.

1915(i) State Plan Home and Community-Based Services: The Affordable Care Act gives States the option to create a new Medicaid eligibility category for individuals who receive home and community based services, even if they do not meet the requirements for institutional level care. This provision, known as 1915(i) State Plan Home and Community-Based Services, offers States the flexibility to design and tailor Medicaid services to accommodate the needs of individuals in the community, before they need a nursing-home level of care.

The Affordable Care Act helps make sure older Americans and individuals with disabilities get the health care that best meets their needs, including home visits by primary care doctors and help transitioning from the hospital back home:

Community-Based Care Transition Program: For older Americans and individuals with disabilities who have complex health needs, transitions in care settings – such as out of the hospital – can be prone to error and often result in adverse events, such as readmissions. The Affordable Care Act invests \$500 million in the *Community-Based Care Transition Program* so that Medicare beneficiaries with complex health needs get the help they need as they leave the hospital and can stay healthy in the setting that best suits their needs. There are currently 47 community-based organizations partnering with acute-care hospitals around the country to provide these supports.

Independence at Home: For many seniors and people with disabilities, getting to doctors appointments can be challenging. Difficulty with transportation to medical care is often a reason that people find it necessary to leave their homes for a long-term care facility. The Affordable Care Act created the *Independence at Home* demonstration to test a care model in which physicians provide primary care services to Medicare beneficiaries with complex health needs in their homes. These home visits aim to not only improve health outcomes, but to make the difference in keeping these older Americans and individuals with disabilities in their communities. There are currently 15 independent practices and three consortia of additional practices participating in *Independence at Home*.

Health Homes: The Affordable Care Act enhances the primary care and care coordination services provided in the doctor’s office as well. The law provides States with a new Medicaid State Plan Option

to support Health Homes. For individuals with chronic illness, many of whom are older Americans or individuals living with disabilities, Health Homes will integrate and coordinate all primary, acute, behavioral health (mental health and substance use) and long term services and supports to treat the person across the lifespan. Through this program, patients may receive comprehensive care management, health promotion education, comprehensive transitional care and follow-up, family support, and referrals to community and social support services. As of August 1, 2012, six States (Missouri, Rhode Island, New York, Oregon, North Carolina and Iowa) have approved Health Home State Plan Amendments.

Meet Hattie, a Community-Based Care Transitions Program Success

When Hattie, a 71-year-old woman from El Paso, Texas was admitted to a local hospital, she was suffering from Chronic Obstructive Pulmonary Disease (COPD). During her hospital stay, Hattie's hospital team noted many complications that would make it difficult for her to safely recover and that put her at risk for a readmission. She'd had several prior readmissions and complicated medication needs.

The hospital team referred Hattie to El Paso's Care Transitions PATH, a local Community-based Care Transitions Program site funded by the Affordable Care Act. This program improves transitions for Medicare beneficiaries from the inpatient hospital setting to other care settings and improves quality of care for beneficiaries at high-risk for hospital readmissions.

After returning home from the hospital, the Care Transition PATH coach noted other concerns from Hattie and her husband, who struggled to maintain Hattie's medication routine and nutrition needs. Their home needed maintenance and the rails to Hattie's hospital bed were broken. Together they worked with a local medical supply store to obtain a new hospital bed that same day. The coach followed-up with a local home health care agency and the Area Agency on Aging to obtain in home services including cooking and cleaning, transportation and home delivered meals.

"It had been my granddaughter and I lifting my wife up from her wheelchair to the truck and it is difficult," said Hattie's husband. "Now we have contacted the transportation department which will pick her up and take her to and from her medical appointments. That is great help."

The Affordable Care Act strengthens Medicare for seniors and individuals with disabilities and makes reliable, affordable health coverage a reality for all Americans:

Being able to live and thrive in the community requires having access to quality, affordable health care and health insurance you can rely on. Historically, people with disabilities have been severely disadvantaged in accessing private health insurance because of pre-existing condition exclusions, benefit limits, and risk of losing coverage on short notice. The Affordable Care Act changes that.

Under the new law, insurance companies are already banned from denying coverage to children because of a pre-existing condition. Today, the Pre-Existing Condition Insurance Plan in every State offers an option to people who have been locked out of the insurance market because of a pre-existing condition, including a disability. Already, 77,877 Americans who were uninsured due to a pre-existing condition have accessed affordable coverage through the Pre-Existing Condition Insurance Plan. When the law is fully implemented, insurance companies will no longer be able to deny coverage to any American due to pre-existing conditions, such as a disability.

The Affordable Care Act also bans insurance companies from imposing lifetime dollar limits on health benefits – which particularly affect people with disabilities who have life-long health care needs and older Americans with chronic conditions. Already, 105 million Americans are free from worrying about lifetime limits on coverage thanks to the new health care law. The new law also restricts the use of annual dollar limits, and bans them completely in 2014.

Many older Americans and people with disabilities depend on Medicare for their health coverage. Thanks to the Affordable Care Act, Medicare is stronger than ever and beneficiaries have to pay less out of pocket for their health care services. The new law makes prescription drugs more affordable for Medicare beneficiaries by closing the gap in Part D coverage – known as the “donut hole” – over time. Already seniors and individuals with disabilities who reach the donut hole in their coverage receive a 50 percent discount on name brand drugs and a 14 percent discount on generic drugs. These discounts increase each year until the gap in prescription coverage is closed completely.

The Affordable Care Act also guarantees that Medicare beneficiaries can receive recommended preventive services without having to pay a copayment or deductible. And, the new law creates a new benefit for an Annual Wellness Visit, which is also covered without any cost-sharing.

The Affordable Care Act Strengthens Medicare: By the Numbers

\$4.1 Billion: The amount of money that nearly 5.4 million seniors and people with disabilities have saved on prescription drugs since the law was passed.

18 Million: The number of people with original Medicare who have received at least one preventive service at no cost to them in the first seven months of 2012. In 2011, 32.5 million Medicare beneficiaries received at least one free preventive service.

\$4,200: The average amount of money a person with original Medicare will save between 2011 and 2021 because of the Affordable Care Act. Beneficiaries with high prescription drug costs will save much more: nearly \$16,000 over the same time period.

An Ongoing Commitment to Community Living

The Obama Administration's commitment to supporting community living did not begin – and does not end – with the passage of the Affordable Care Act. President Obama declared 2009 the Year of Community Living. This initiative affirmed the Administration's commitment to the civil rights for Americans with disabilities and sought to ensure the fullest inclusion of all people in the life of our nation. Specifically, the President directed the Department of Health and Human Services (HHS), the Department of Housing and Urban Development (HUD), and the Department of Justice to address one of the most significant barriers to living in integrated settings: accessible and affordable housing for those with disabilities who want to live in the community.

In 2011, the initial year of the partnership, HHS and HUD are working together to help nearly 1,000 people with disabilities leave nursing homes or other health care facilities and live independently in their community. Individuals received rental assistance from HUD while also participating in HHS's *Money Follows the Person Program* in coordination with State-sponsored human service agencies' programs to help them thrive in the community. Similar efforts to align federal resources will allow about 5,300 people with disabilities to find affordable housing on the private market. These additional efforts and federal partnership are continuing to be worked on today.

Recently, HHS also made \$5.5 million in Prevention and Public Health Fund resources available to test interventions for elder abuse prevention in States and tribal communities. These funds will support strategies to effectively prevent and detect instances of elder abuse, neglect and exploitation so individuals are better supported and able to safely remain and thrive in their own homes.

"For too long, too many Americans have faced the impossible choice between moving to an institution or living at home without the long-term services and supports they need. The goal of the new Administration for Community Living will be to help people with disabilities and older Americans live productive, satisfying lives."

- Secretary Kathleen Sebelius

Administration on Community Living: On April 16, 2012, HHS Secretary Sebelius announced the creation of the Administration for Community Living (ACL). The ACL combines the efforts and resources of the Administration on Aging, the Office on Disability and the Administration on Intellectual and Developmental Disabilities in a single agency.

The ACL was established to achieve several important objectives:

- Reduce the fragmentation that currently exists in Federal programs addressing the community living service and support needs of both the aging and disability populations
- Enhance access to quality health care and long-term services and supports for all individuals
- Promote consistency in community living policy across other areas of the Federal government
- Complement the community infrastructure, as supported by both Medicaid and other Federal programs, in order to better respond to the full spectrum of needs of seniors and persons with disabilities.