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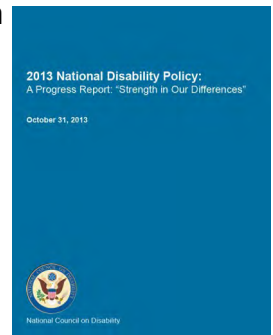
NCD Releases Annual Disability Policy Progress Report

The National Council on Disability (NCD) released its yearly report on the nation's progress in achieving equality of opportunity, independent living, full participation and economic self-sufficiency for an estimated 57 million Americans with disabilities. NCD offers this status check of disability policy in federally funded programs in the United States and abroad through a combination of insights gleaned by the experiences of individuals with disabilities interviewed for this report, combined with analysis of data indicators where available.

NCD's report highlights federal achievements from August 2012 to September 2013 and identifies areas where changes in public policy and additional steps are needed. In preparing the report, NCD sought a cross-section of views from the diverse disability community. NCD conducted outreach to different populations within the disability community including parents, those seeking to be parents, veterans, youth, and young adults with disabilities from diverse cultures, as well as family members and service providers. The report presents information under four broad subject areas:

- (1) Ratification of the Convention on Rights of Persons with Disabilities
- (2) Economic Empowerment;
- (3) Health Care and Access to Medical Treatment; and
- (4) Community Integration.

(NCD Report continues on page 4)



NASDDDS
National Association of State Directors of Developmental Disabilities Services

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Lewis Appointed Deputy Administrator at ACL and Senior Advisor to Secretary Sebelius



Sharon Lewis

Sharon Lewis has been appointed the Principal Deputy Administrator at the Administration for Community Living (ACL), as well as Secretary Sebelius' Senior Advisor on Disability Policy. Over the past year, she has served as ACL's Acting Principal Deputy while heading up the Administration on Intellectual and Developmental Disabilities (AIDD).

Lewis came to the U.S. Department of Health and Human Services (HHS) to lead AIDD in the spring of 2010. Prior to joining the Administration, she spent three years as Senior Disability Policy Advisor to Chairman George Miller of the U.S. House of Representatives Committee on Education and Labor. She also assisted President Obama's Transition Team as a member of the U.S. Department of Education Agency Review Team and, before that, served as a Kennedy Public Policy Fellow on the U.S. Senate Subcommittee on Children and Families with Chairman Chris Dodd.

Aaron Bishop will become AIDD's Acting Commissioner. For the past year, Bishop has served as AIDD's Deputy Commissioner. Before joining AIDD, Bishop was the Executive Director of the National Council on Disability. His previous experience includes a Kennedy Foundation Public Policy Fellowship to work on federal disability policy and legislation for the U.S. Senate Committee on Health, Education, Labor and Pensions. [↗](#)

NASDDDS

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Mathematica Data Brief Applies HCBS Taxonomy to MSIS Data

Mathematica Policy Research, Inc. has released an data brief examining the home and community-based services (HCBS) taxonomy. Although the taxonomy has not been officially released yet, Mathematica has been involved in its development, and has used the draft taxonomy to assist in its analysis of Medicaid Analytic eXtract (MAX) data. MAX is a set of annual, person-level data files on Medicaid eligibility, service utilization, and payments that are derived from state reporting of Medicaid eligibility and claims data into the Medicaid Statistical Information System (MSIS). Implementing the HCBS taxonomy in MAX data for 2010 provides the first opportunity for a more detailed analysis of HCBS spending and service use based on claims data. The brief describes the HCBS taxonomy, explains the construction of a crosswalk to map procedure codes to taxonomy categories, and then present descriptive statistics on state, service, and person-level HCBS expenditures based on 28 states whose 2010 MAX data files had been approved by June 1, 2013.



Mathematica describes the taxonomy as organized by 18 categories, including an "unknown" category, and over 60 specific services. The services within a category provide more distinctive classifications; for example, the "supported employment" category is broken out into "job development," "ongoing supported employment — individual," "ongoing supported employment — group," and "career planning." For calendar year 2010, the 28 states included in the analysis spent almost \$23.6 billion on HCBS for people in waiver programs. Applying the HCBS taxonomy increased the percentage of categorized claims making up this spending from 71 to 97 percent of 1915(c) waiver claims. The remaining 3 percent of expenditures were mapped to the "unknown" category, primarily because the procedure code on the claim was an unknown state-specific procedure code that was missing a description, or it was the national HCPCS code T2025, "waiver services; not otherwise specified."

Mathematica found that case management was the most commonly used taxonomy category, with 44 percent of all waiver service users receiving case management services. Home-based services — which include home health aides, personal care, homemaker, and chore services — were used by 42 percent of waiver service users. Services under the equipment, technology, and modifications category were provided to 28 percent of waiver service users. Few people utilized services that support rent and food expenses for live-in caregivers, community transitions, or participant direction. Out of the nearly \$23.6 billion spent on 1915(c) waivers, 3 of the 18 HCBS categories — round-the-clock, home-based, and day services — accounted for nearly 80 percent of all waiver expenditures. The largest HCBS expenditure category was round-the-clock services, which accounted for 46 percent of total HCBS waiver expenditures, or \$10.7 billion, although only 23 percent of users received this service. Round-the-clock services include "group living," "shared living," and "in-home residential habilitation."

In all 28 states, at least some waiver participants received equipment, technology, and modifications — a category that includes personal emergency response systems, home and vehicle accessibility adaptations, and supplies — as well as home-based services. All but one state reported waiver claims for caregiver support, day, round-the-clock, and case management services. Some services, including live-in caregiver, community transition, and supports for participant direction, were not commonly observed among states; Mathematica suggests that these services may be more difficult to identify in claims records because they may be bundled with other services.

CBO Releases Compendium of "Options for Reducing the Deficit," Including Medicaid Caps

The Congressional Budget Office (CBO) has issued the latest in a set of periodically issued compendiums of "policy options that would affect the federal budget." The volume presents 103 options that would decrease federal spending or increase revenues. CBO presents the options to assist Congress as it "confronts the dramatic increase in the federal government's debt over the past several years and the prospect of large annual budgets and further increases in that debt that are projected to occur in coming decades under current law." The report provides a budgetary context for its recommendations, a number of which could significantly impact service systems for individuals with I/DD.



"reducing the scope of covered services, eliminating eligibility categories, repealing the Medicaid expansion due to start in 2014, lowering the federal government's share of total Medicaid spending, or capping the amount that each state receives from the federal government to operate the program." CBS focuses on that last approach, weighing both its strengths and its weaknesses, as well as exploring "a wide variety of design specifications including "whether the caps would be set on an overall or a per-enrollee basis; what portions of Medicaid spending and what eligibility categories would be included in the spending limits; what year's spending the initial caps would be based on and what percentage rate (or growth factor) would be used to increase the caps over time; how much new flexibility states would be given to make changes to Medicaid; and whether the optional coverage expansion authorized by the Affordable Care Act (ACA) would be subject to the caps."

Perhaps the most significant set of recommendations to state I/DD service systems are the ones focused on Medicaid spending. CBO points suggests that "lawmakers could make various structural changes to Medicaid to decrease federal spending for the program," such as

FMI The report is available at www.cbo.gov/sites/default/files/cbofiles/attachments/44715-OptionsForReducingDeficit.pdf. ↗

(Budget Briefs continued from page 1)

Other topics addressed within these primary subject areas include employment, vocational rehabilitation, mental health care, education, housing, transportation, voting, and veteran-specific issues. Where available, data is included to inform and supplement the observations, discussion, and recommendations.

FMI The full report along with a comprehensive executive summary and overview of highlights is available on NCD's website at www.ncd.gov/progress_reports/10312013. ↗

(Data Brief continued from page 3)

The brief suggests that the "HCBS taxonomy has started to provide more detailed information on what home and community-based services entail, which services are widely used, and which services drive overall expenditures." Furthermore, Mathematica concludes, "the taxonomy makes it easier to assess and identify state-level variation for HCBS." Although it can be unclear whether variation represents differences in the prices states pay for a service, differences in how states define a specific service, or differences in how states report on services, the "finer detail provided by the taxonomy helps to pinpoint and explain the variation."

FMI The data brief is available at www.mathematica-mpr.com/publications/redirect_PubsDB.asp?strSite=PDFs/health/max_ib19.pdf. ↗

ANCOR Releases Companionship Exemption Rule Analysis

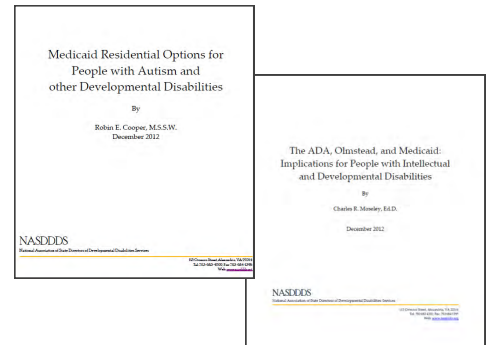


The American Network of Community Options and Resources (ANCOR) has released an in-depth analysis of the Companionship Exemption rule. In September 2013, the Department of Labor (DOL) issued a final rule which significantly narrows the use of the "companionship exemption" contained in the Fair Labor Standards Act (FLSA). ANCOR's in-depth analysis explains the changes in the rule, focusing on the impact it will have on various service delivery models. The brief highlights implications for third-party employers, shared living models, and paid family caregivers. The document is a downloadable Adobe PDF file available to non-ANCOR members for \$75.00.

FMI To purchase the analysis, go to www.ancor.org/resources/publications/ancor-analysis-dol-final-rule-rin-1235-aa05-application-fair-labor-standards. ↗

NASDDDS Releases Paper on Olmstead and Paper on ASD Services

The National Association of State Directors of Developmental Disabilities Services (NASDDDS) has released two papers addressing the intersection of autism spectrum disorder (ASD) services and the Olmstead Supreme Court decision, as part of a project spearheaded by the University of Minnesota. One paper provides an overview of the Olmstead decision and its implications for I/DD services; the other reviews Medicaid supports and services for individuals with autism in the context of Olmstead.



The first paper provides background on the Olmstead decision, which "established that the unnecessary segregation of people with disabilities in institutions is a form of discrimination under Title II of the Americans with Disabilities Act of 1990 (ADA) and set the responsibility of states to provide services to individuals with disabilities within "the most integrated setting" appropriate to their needs." The paper goes on to analyze the key provisions and implications of the decision and the conditions under which Olmstead applies, and provide an overview of enforcement activities.

The second paper describes "a wide-array of [Medicaid] programs, supports, and services that can assist individuals with ASD to have full and productive lives as members of their communities." The paper emphasizes that Medicaid is a financing vehicle, and is subject to the overarching requirements of the Olmstead decision. It assesses states' "considerable flexibility and latitude in designing...individualized and customized services [for] individuals with ASD, and points out that "guidance from CMS [the Centers for Medicare and Medicaid Services] clearly promotes community inclusion and integration as key elements of services to individuals with disabilities, making Medicaid a powerful tool in developing residential — and other services — for individuals with ASD."

Support for this product development came from a cooperative agreement from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education and a contract from the Minnesota Department of Human Services with the Research and Training Center on Community Living (RTC) at the Institute on Community Integration, University of Minnesota.

FMI The papers are available online at www.nasddds.org/pdf/ADA-Olmstead&Medicaid.pdf and www.nasddds.org/pdf/MedicaidResidentialOptionsPeopleWithAutism.pdf. ↗

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50 Years

of Leadership and Support to States

Building person-centered systems of services and supports for people with developmental disabilities and their families

Knowing Our History...

Federal I/DD Assistance before Medicaid

By Bob Gettings
Founding Executive Director of NASDDDS

Anyone who has entered the developmental disabilities (DD) field within the past 30 years has become conditioned to thinking of Medicaid and federal service dollars as synonymous terms — and rightfully so. In 2011, according to researchers at the University of Colorado's Coleman Institute for Cognitive Disabilities, 77 percent of all federal aid for specialized DD services was derived from Medicaid payments to the states (see U.S. profile: www.stateofthestates.org). Yet, during the late 1960s and through the 1970s, states relied on other federal assistance programs to foster the development and early expansion of community-based DD services. The most prominent of these programs were education aid to state-operated and supported schools for children with disabilities and social services payments under various titles of the Social Security Act.

Educational Aid to State-Operated and Supported Schools Only months after the passage of the landmark Elementary and Secondary Education Act in 1965 (P.L. 89-10), Congress approved an amendment to the Act authorizing a separate financial assistance program for children with disabilities who were receiving educational services through state-operated and supported schools. Sponsored by Senator Robert Kennedy (D-NY), language authorizing these additional benefits was tacked on as a rider to a disaster relief bill (P.L. 89-313). The add-on benefits were targeted primarily to children with severe disabilities residing in state-run institutions or who otherwise were excluded from public classrooms and enrolled in nonprofit day training centers that received subsidies from state and/or local governments.

P.L. 89-313 aid became available at a critical juncture in the development of community services for children with disabilities. Many youngsters — especially children with severe disabilities — were being denied access to educational services, typically on the grounds that they were not "educable." The enactment of P.L. 89-313 afforded states a reliable funding stream to support educational services for such children, whether they were residents of public institutions or living with their families and attending day developmental services program sponsored by local Arc chapters or other nonprofit organizations. By the mid-1970s, P.L. 89-313 expenditures on behalf of children with intellectual disabilities constituted over half (57.8% in FY 1977) of total program funds.ⁱ

(Assistance before Medicaid continues on page 7)

(Assistance before Medicaid continued from page 6)

The statutory authority for aid to state-operated and supported schools was amended on several occasions during the late 1960s and early 1970s. The most important amendments, enacted in 1967 (P.L. 90-247): (a) mandated "full funding" of P.L. 89-313 aid (i.e., the dollars required to provide per capita aid to all eligible children would "come off the top" of Title I, ESEA aid to the states); and (b) directed HEW's Office of Education to use either state or the national average per pupil expenditures for elementary education, whichever was higher, in calculating a state's 89-313 aid level.

In 1966 Congress added a Title VI to the Elementary and Secondary Act targeted to children with disabilities (P.L. 89-750). Title VI funding, however, remained far below authorization levels throughout the 1970s. A requirement that states offer all children access to a "free public education" was added to the Act in 1975 with the passage of the Education for All Handicapped Children's Act* (P.L. 94-142). Due to the shortfall in Part B appropriations, P.L. 88-313 aid remained a critical component of federal special education funding throughout the 1970s and 1980s. However, once local school districts developed the capacity to serve children with severe disabilities, the justification — both financially and philosophically — for serving such youngsters in segregated educational settings no longer existed. Within the developmental disabilities sector, this trend was accelerated by the states' growing emphasis on deinstitutionalizing children with disabilities, through a combination of freezing new admissions and assigning priority to out-placing institutionalized children. As a result of these efforts, the number of children residing in state mental retardation institutions plummeted from 91,592 in 1964 to 12,026 in 1987 and to 546 in 2008.ⁱⁱ

Congress in 1994 decided to fold funding for state-operated and supported schools into the basic state grant-in-aid program under the IDEA.ⁱⁱⁱ Today, state developmental disabilities agencies are no longer in the business of educating children with disabilities. With only rare exceptions, that responsibility rests with local public school systems, whether such services are furnished by public school personnel or by qualified educational agencies functioning under contracts with the public schools. But, viewed from a historic perspective, the federal educational aid made available through P.L. 89-313 helped to draw children with severe disabilities out of the shadows and jump start community developmental disabilities services across the nation. For most state mental retardation agencies, P.L. 89-313 aid was one of the principal sources of federal assistance from the late 1960s through the 1970s. It also helped to underwrite the cost of early intervention services for infants and toddlers with disabilities and developmental delays, years before Congress added Part H (later redesigned Part C) to the Education of the Handicapped Act* in 1986 (P.L. 99-457).^{iv}

Social Services Payments to the States In 1956, Congress amended the Social Security Act to authorize financial support for services provided to federally assisted welfare recipients, as long as such services were furnished by the staff of the designated state welfare agency.^v Congress increased the federal matching ratio for social services in 1962 from 50 percent to 75 percent. In addition, state welfare agencies were permitted to purchase services from other public agencies on behalf of both current welfare recipients and persons likely to become recipients. In 1967, federal financial participation was expanded to include a wide range of mandatory and optional social services available to needy individuals and families. In addition, for the first time, states were authorized to purchase services from private vendor agencies.^{vii}

During the latter half of the 1960s and the early 1970s, states discovered the advantages of using federal social services payments under titles IV-A, XIV and XVI of the Social Security Act to support community

* Renamed the Individuals with Disabilities Education Act in 1990 (IDEA; P.L. 101-476).

(Assistance before Medicaid continued from page 7)

services for individuals with mental retardation and related conditions. State mental retardation officials found the social services provisions of the Act particularly attractive because: (a) they afforded states access to an open-ended funding authority; (b) states qualified for a favorable federal matching ratio (75%); (c) services could be purchased through local community service agencies; and (d) both welfare recipients and individuals at-risk of needing cash assistance were eligible to receive services subsidized with federal dollars.

State claims for social services payments grew very rapidly during the early 1970s. Total federal outlays increased from approximately \$750 million in FY 1971, to \$1.7 billion in FY 1972 and were projected to skyrocket to \$4.7 billion in FY 1973 before Congress capped the amount of funding each state was entitled to receive.^{viii} Fearful that states would exacerbate the federal deficit by refinancing a virtually limitless range of social programs, Congress imposed a \$2.5 billion dollar ceiling on federal social services payments in 1972. The legislation also stipulated that states had to expend at least 90 percent of their social services allotment on applicants for, or recipients of, federal welfare payments. Services to persons with mental retardation along with certain other service categories, however, were exempted from the 90 percent requirement.

The Social Services Amendments of 1974 (P.L. 93-647) consolidated payments to the states under titles IV-A, X, XIV, and XVI under a new Title XX of the Social Security Act. P.L. 93-647 also established statutory social services goals, revised eligibility criteria, set forth program planning requirements and generally clarified procedures governing the expenditure of federal social services funds. The spending ceiling remained at \$2.5 billion under this 1974 legislation. Amendments to Title XX were enacted in 1976, 1978 and 1980 (P.L. 94-401; P.L. 95-171; P.L. 95-600; P.L. 96-272).

NACPMR worked in collaboration with many other organizations throughout this period to protect access to federal social services funding and also to ensure that states were granted broad latitude in utilizing such funds. The association was particularly instrumental in convincing Congress in 1974 to exempt services to persons with mental retardation from the requirement that 90 percent of social services expenditures be used on behalf of welfare applicants or recipients.

Congress lowered the funding cap by 25 percent and converted the Title XX program into a block grant authority in 1981 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA; P.L. 97-35). The overarching aim of COBRA was to rein in federal funding for health and human services programs. Once the Title XX program was converted to a closed-ended block grant authority with a reduced federal funding ceiling, it became evident that states would have to access other funding sources to fuel the growth of community-based I/DD services. Fortunately, the legislation also included an unheralded provision allowing states to claim broad-based federal financial participation in the cost of home and community-based services through their Medicaid programs (a topic to be covered in a future article in this series).

A handful of states continue to use a portion of their Title XX, SSBG allotments to support community-based I/DD services (e.g., California and Georgia). But, due to the ready availability of FFP through the Medicaid HCBS waiver authority, since the mid-1980s most states have elected to deploy their limited Title XX dollars for social services that do not qualify for federal Medicaid reimbursements. Nonetheless, during a critical period in the late 1960s through the mid-to-late 1970s — as many states began to substantially downsize large, public institutions and rapidly expand community services — federal social services payments played a crucial role in the process.

(Assistance before Medicaid continues on page 9)

(Assistance before Medicaid continued from page 8)

For additional information on the role of the federal government in supporting I/DD services prior to the emergence of Medicaid funding, see Chapter I of *Forging a Federal-State Partnership: A History of Federal Developmental Disabilities Policy* by Robert M. Gettings, 2011. Copies of the book can be ordered via the NASDDDS website (www.nasddds.org/Publications/special_pubs.shtml#PURCHASE).

ⁱ Testimony on the Elementary and Secondary Education Amendments of 1977 before the Subcommittee on Elementary, Secondary and Vocational Education, House Committee on Education and Labor, by John B. Cockshott, Ph.D. on behalf of the National Association of Coordinators of State Programs for the Mentally Retarded, October 4, 1977.

ⁱⁱ Breedlove, Lynn, Curtis Decker, K. Charlie Lakin, Robert Prouty and Kathryn Coucouvanis, "Placement of Children and Youth in State Institutions: 40 Years After the High Point, Its Time to Just Stop" in *Intellectual and Developmental Disabilities*, Vol. 43, Issue 3, June, 2005, pp. 235-238. The statistics contained in this article have been updated by drawing upon data contained in K.C. Lakin, S. Larson, P. Salmi, and N. Scott (Eds), *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2008*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration, 2009, p. 46.

ⁱⁱⁱ Bowe, Frank G., *Early Childhood Special Education: Birth to Eight*, 4th Edition, Delmar Cengage Learning, 2007, pp. 108-110.

^{iv} P.L. 99-457.

^v U.S. Department of Education, Office of Special Education and Rehabilitative Services, *Summary of Existing Legislation Affecting People with Disabilities*, Pub. No. ED/OSERS 92-8, June 1992, p. 148.

^{vi} Ibid.

^{vii} Ibid.

^{viii} Report by the Senate Finance Committee on the "Social Security Act Amendments of 1973" (H.R. 3133), November 1973, p. 28.

CMS Releases Guidance on Applying EQR Protocols to MLTSS

The Centers for Medicare and Medicaid Services (CMS) has issued a guidance document intended to provide guidance to states on how to apply the revised protocols for External Quality Review (EQR) of Medicaid managed care organizations, released in 2012, to managed long-term services and supports (MLTSS) programs. The document offers specific suggestions to make the protocols' application to long-term services and supports (LTSS) clearer and provides suggestions, examples and illustrations to enable state agencies to explicitly include LTSS within the scope of their EQR contracts.

The Balanced Budget Act of 1997 requires state Medicaid agencies that contract with MCOs to develop a state quality assessment and improvement strategy consistent with Department of Health and Human Services (HHS) standards. It also requires

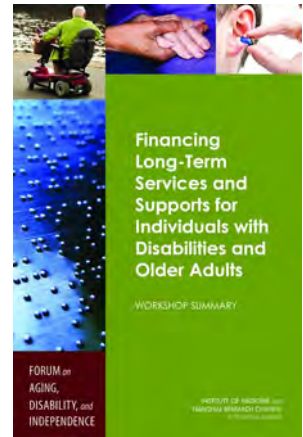
HHS to develop protocols for use by independent, external quality review organizations (EQRO) to evaluate and report on the quality, timeliness of, and access to, care and services provided by Medicaid MCOs and prepaid inpatient health plans (PIHPs). CMS points out that Managed Long-term Services and Support (MLTSS) organizations, whether stand-alone or part of MCOs delivering a larger more integrated benefit package, are subject to these same requirements. The document offers general guidance for applying the protocols to MLTSS, and then specific recommendations for each of the eight protocols.

FMI The guidance is available as www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/CMCS-EQR-Protocols.pdf.

IOM and NRC Release Report on Long-Term Services and Supports Financing

The Forum on Aging, Disability, and Independence of the Institute of Medicine (IOM) and the National Research Council (NRC) have released a summary of a workshop the organizations held on "the challenge posed by the financing of long-term services and supports." The workshop covered both older adults who acquire disabilities and younger adults with disabilities who may acquire additional impairments as they age. The workshop was undertaken "as part of the forum's mission to foster dialogue and confront issues of mutual interest and concern within the long-term services and supports system."

After an introductory chapter, Chapter 2 provides an overview of the challenge posed by the financing of long-term services and supports, including workforce needs, the use of technology, and personal preferences for care. Chapter 3 considers the role of individuals and families, both as caregivers and as purchasers of long-term services and supports. Chapter 4 looks at the role of government in paying for long-term services and supports, while Chapter 5 examines the role of the private sector in providing long-term care insurance and helping employees save for retirement. Chapter 6 concludes this summary of the workshop by offering reflections on several of the most prominent topics that arose during the day's presentations and discussions.



FMI The report can be downloaded from www.nap.edu/catalog.php?record_id=18538 (free sign-up required to view and/or download PDF). ↗

GAO Finds Autism Research Programs Duplicative

The Government Accountability Office (GAO) has released a report examining federal autism efforts to determine the extent to which federal agencies fund potentially duplicative autism research, and to assess the extent to which the Interagency Autism Coordinating Committee (IACC) and other agencies coordinate and monitor federal autism activities. GAO found that "eighty-four percent of the autism research projects funded by federal agencies had the potential to be duplicative."



Of the 1,206 autism research projects funded by federal agencies from fiscal years 2008 through 2012, 1,018 projects were "potentially duplicative," according to GAO, because the projects were categorized to the same objectives in the IACC strategic plan. For example, GAO found that five agencies awarded approximately \$15.2 million for

20 autism research projects related to one objective to test methods to improve dissemination, implementation, and sustainability of evidence-based interventions, services, and supports in diverse community settings.

GAO found that "the IACC's and federal agencies' efforts to coordinate and monitor federal autism activities were limited." The IACC, composed of federal and nonfederal members, met regularly and issued several reports, such as a strategic plan and portfolio analysis — a report that provides information on autism research projects, organized by the strategic plan objectives — with a companion database to its portfolio analysis. However, IACC members provided mixed views on the usefulness of the IACC's meetings, strategic plan, and portfolio analysis in aiding coordination and monitoring.

FMI The report is available at www.gao.gov/assets/660/659147.pdf. ↗

Mathematica Issues MFP Reports

Mathematica is conducting the national evaluation of the Money Follows the Person (MFP) demonstration program, and has released new resources including the evaluation's fourth annual report and executive summary.

In March 2007, CMS contracted with Mathematica to conduct a national evaluation of the MFP demonstration and the contract was renewed in 2012. The fourth annual report for the MFP demonstration covers the program from its inception through December 2012, describing the status of the program as of December 31, 2012, including how states are progressing on their transition and HCBS expenditure goals. The report presents analyses that include basic descriptive information about the program, MFP participants, and the services participants receive while in the program, as well as assessments of program outcomes at the individual level.

Mathematica has also released additional resources with the report, including an examination of the progress states have made with their MFP rebalancing program and how a subset of states are combining their MFP resources with those from the Balancing Incentive Program (BIP) to achieve system rebalancing. Key findings of that report include:

- States have spent MFP rebalancing funds on a wide-variety of initiatives, such as helping people access community-based services, financing the provision of services, and supporting provider workforce initiatives.
- States participating in both MFP and the Balancing Incentive Program are using resources from the latter to take rebalancing initiatives to the next level by building upon the infrastructure, innovations, and systems initiatives they started under MFP.
- MFP is associated with an increase in the proportion of total long-term care expenditures flowing to home and community-based services (HCBS); by 2010, the HCBS share of long-term expenditures was 2.5 percentage points higher on average in the initial 30 MFP states than it would have been if MFP was never implemented.

FMI The Annual Report is available at www.mathematica-mpr.com/publications/PDFs/health/MFP_2012_Annual.pdf?spMailingID=7380945&spUserID=MTU3ODMzNTQzMwS2&spJobID=98147638&spReportId=OTgxNDc2MzgS1, and the Executive Summary can be found at www.mathematica-mpr.com/publications/PDFs/health/MFP_2012_Annual_ES.pdf?spMailingID=7380945&spUserID=MTU3ODMzNTQzMwS2&spJobID=98147638&spReportId=OTgxNDc2MzgS1. The MFP and BIP report is online at www.mathematica-mpr.com/publications/PDFs/health/MFPfieldrpt13.pdf?spMailingID=7380945&spUserID=MTU3ODMzNTQzMwS2&spJobID=98147638&spReportId=OTgxNDc2MzgS1. ↗

SSA Announces Small Increase in Benefit Payments

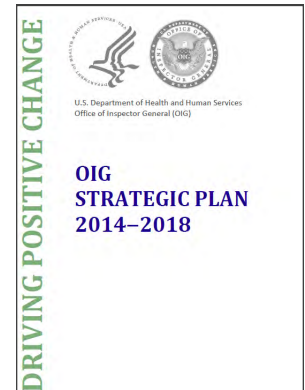
The Social Security Administration (SSA) has announced a 1.5 percent benefit cost-of-living adjustment (COLA) for 2014. This increase will have a modest impact on Social Security benefits for individuals with intellectual and developmental disabilities (I/DD) who receive benefits under the Social Security and Supplement Security Income (SSI) systems. The COLA means that the average monthly Social Security benefit will increase by about \$17, from roughly \$1,160 currently to about \$1,177.

FMI The SSA announcement is available at www.socialsecurity.gov/pressoffice/pr/2014cola-pr.html. ↗

HHS OIG Releases Strategic Plan

The Office of Inspector General (OIG), Department of Health and Human Services (HHS), has released its Strategic Plan for Fiscal Years 2014–2018. The plan focuses on four goals:

- Fight Fraud, Waste, and Abuse
- Promote Quality, Safety, and Value
- Secure the Future
- Advance Excellence and Innovation



Fighting fraud, waste, and abuse, unsurprisingly, is listed as a key priority for OIG, who says they intend to "build on successful enforcement models such as the Medicare Fraud Strike Force teams to enhance our enforcement results in other HHS programs," with key focus areas including Medicare and Medicaid program integrity. OIG also commits to "promoting quality of care and public safety in [HHS] programs and maximizing the value of Federal dollars invested." To accomplish this, OIG intends to expand their portfolio of work on quality of care, including efforts to "investigate and refer for prosecution cases involving abuse or grossly deficient care of Medicare or Medicaid patients." Key focus areas include: promoting quality of care in nursing facilities and home and community-based settings, access to and use of preventive care, and quality improvement programs.

FMI The Strategic Plan can be found at oig.hhs.gov/reports-and-publications/strategic-plan/files/OIG-Strategic-Plan-2014-2018.pdf.

OIG Issues Report on Medicaid Managed Care Credentialing Process

The Office of the Inspector General of the U.S. Department of Health and Human Service (OIG/HHS) has released a report concerning state and Centers for Medicare and Medicaid Services (CMS) oversight of the Medicaid Managed Care Credentialing Process. The report analyzed six states to determine whether or not states and Medicaid managed care enterprises were compliant with provider credentialing requirements.

CMS issued regulations requiring states to establish uniform provider credentialing policies and include general credentialing provisions in contracts with Medicaid Managed Care Entities (MCEs) and to monitor MCEs' compliance with these federal provisions and any additional state credentialing requirements in contracts. OIG sampled six states and 234 MCEs that included the three types of MCEs subject to the federal credentialing regulations to determine the extent to which states complied with the federal regulations.

According to the report, all six states' credentialing policies and MCE contract provisions met federal standards. However, five of six states did not monitor MCEs' compliance with the federal provider nondiscrimination contract provision, which requires that MCEs not discriminate against providers that serve high-risk populations or that specialize in conditions requiring costly treatment. Also, OIG found that CMS oversight to ensure the compliance of state contracts was inconsistent. The agency recommended that CMS issue guidance to states on monitoring MCE compliance with the Federal provider nondiscrimination contract provision, and that CMS regional office staff accurately complete the checklist to ensure state compliance with the federal credentialing provisions.

FMI The report is available at oig.hhs.gov/oei/reports/oei-09-10-00270.pdf.

ACL Grant to Expand the National Core Indicators to Include Aging and Disability Services



The Administration for Community Living (ACL) has awarded funding to the National Association of States United for Aging and Disability (NASUAD) to support the expansion of the National Core Indicators (NCI) Project to encompass a focus on aging and disability services. In conjunction with the expansion, NASUAD

announced that Kelsey Walter will assume the role of Director of the National Core Indicators-Aging and Disabilities (NCI-AD).

Since 2012, NASUAD has been working with the Human Research Services Institute (HSRI) and the National Association of Developmental Disabilities Directors (NASDDDD) to expand NCI to include a new focus on services for seniors and adults with physical disabilities. Currently, NASUAD and HSRI are working with the NCI-AD Steering Committee to redesign the adult consumer survey in preparation for its use in three pilot states: Georgia, Minnesota, and Ohio. ↗

NADD Releases Health Care Reform Position Paper

The National Association for the Dually Diagnosed (NADD) has adopted a position paper on health care reform entitled "Including Individuals with Intellectual/Developmental Disabilities and Co-Occurring Mental Illness: Challenges that Must Be Addressed in Health Care Reform." The paper was developed by the NADD U.S. Public Policy Committee and was spearheaded by its chairperson, Eileen Elias.



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The five-page paper opens with the statement, "The nation's response to the service needs of individuals of all ages with co-occurring intellectual/developmental disabilities (I/DD; e.g., autism) and mental illness (MI) is of concern" and concludes with eleven recommendations. In the coming months NADD will be sharing the position paper with advocacy groups, legislators, managed care companies, and other interested parties. NADD will be seeking endorsement and support for the recommendations contained in the position paper.

FMI The paper is available at thenadd.org/wp-content/uploads/2013/10/nadd-position-statement-10-8-13_lb.pdf. ↗

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