Arkansas

The Real Choice Systems Change Grant State Profile Tool provides an opportunity for Arkansas to assess its long-term care system. Data will be collected in the process of completing this Profile that will be used to inform policy and the programmatic decision-making of the State of Arkansas with regard to its long-term care (LTC) system. The Profile will assist with efforts to identify success that the state has made to date in rebalancing its LTC system and will be used to identify gaps that currently exist in the system. Completion of the Profile will further Arkansas's goal of providing a wide array of long-term care options that offer individual Arkansans increased choices regarding how and where they receive needed long term care services and supports.

The goals of this project are as follows:

(1) to collect data in order to better understand the current state of the LTC system;
(2) to enhance data systems capacity in order to develop a consistent and systematic way of measuring progress the state has made in achieving its rebalancing goals;
(3) identifying opportunities for expanding home and community based options;
(4) distributing the completed Profile to inform stakeholders and policymakers so that it will ultimately be used as a catalyst for driving policy in order to increase the availability of home and community based long-term care services.

The Profile will be used to improve home and community based services in Arkansas in two primary ways. First, by developing a thorough assessment of the LTC system, stakeholders and policymakers will have an increased understanding of the current state of the LTC system and the important role that home and community based services play in that system. Disseminating this information will result in increased community and legislative support for home and community based services. Secondly, by identifying gaps in the current system, the Profile will inform programmatic decision-making and will identify opportunities for expanded home and community based service offerings.

Arkansas is requesting $500,000 in funding for this grant project over the three year grant period.

IOWA

The Iowa Department of Elder Affairs (DEA) will serve as the lead agency during the course of the grant period. Direct responsibilities will include contract management, interface with stakeholder groups, administrative support for the Statewide Balancing Task Force, expenses for consumer members of the task force, coordination of site logistics for consumer focus groups, and fiscal accountability. The department will work in close partnership with the Department of Human Service, the state agency that operates the state Medicaid office (Iowa Medicaid Enterprise), the Division of Mental Health and Disability Services (the state Mental Health Authority), and children's services. A contract between the two agencies will establish each organization's duties and responsibilities. Through the RFP process, DEA will procure the services of an organization with experience in collecting the types of data required for this project and providing expertise in the development of quality indicators reflective of long term care balancing. Specific tasks of this contractor will include identifying data collection needs, data retrieval, analyzing information obtained, compiling information into a format that adheres to CMS guidelines and local stakeholder language to ensure longevity of the report findings, developing, testing, and implementing one-time state-wide measurement indicators, and working with the National Balancing Indicator Contractor. An important part of the data collection matrix will be maximizing opportunities for consumer input. The composition of the proposed consumer focus groups will be balanced to include a rural and urban mix as well as diversity across age and disability populations. Through enhancements to the department's website and concerted media engagement, the intent will be to receive consumer input in ways that currently are not in place and supplement guidance from consumers who are already participants of existing work groups. All of this work will be coordinated through the Statewide Balancing Task Force.

Goals of the project:

- Compile the necessary data elements to complete the State Profile Tool which will then help define and structure future balancing activity in Iowa.
- Actively engage existing task forces and workgroups to insure that the findings of the State Profile Tool will be folded into the strategic planning of these groups.
- Build the data infrastructure within Iowa to support on-going collection of state and federally-defined quality indicators.

Total Budget: $500,000 grant request plus $26,136 state match for a total budget of $526,136.

Description of how the grant will be used to develop or improve community-based services: The products generated as a result of this project will enable Iowa decision-makers to view the long term care landscape through a different lens – one that is shaper, more finely defined, and not shaped by outdated attitudes. The result will be a service network that solidly meets consumer needs now and in the future.

Kentucky

Kentucky Department for Aging and Independent Living (DAIL) is respectfully requesting $500,000 for the completion of the State Profile Tool with the commitment to actively engage with CMS and the National Balancing Indicator Contractor to develop national indicators and enhance Kentucky's system capacity.

Kentucky is making a concerted effort to rebalance its long-term care service system by reducing institutionalization and increasing opportunities for people to experience meaningful lives in the community. Historically, rebalancing efforts have occurred in an insular fashion. In an attempt to better coordinate these fragmented activities and to reduce the silo effect of the current system, Governor Ernie Fletcher signed an executive order in December of 2006 to create the DAIL the lead applicant for the SPT assessment. DAIL serves to enhance the independent living opportunities for Kentucky's elders and people with disabilities through the coordination of policy, services, and leadership including program management of the Consumer Directed Option for all Medicaid waiver services, and the implementation of the Money Follows the Person proposal.

In October, 2006, DAIL facilitated the first ever “Long term Living Summit” to allow all stakeholders to voice their concerns and to identify an action plan for rebalancing Kentucky's system of long term living services. Many of those recommendations are in place or in the beginning phase of their various projects, it is the goal of this project to find out if the changes the Cabinet has made are meaningful to consumers, providers, and advocates as well as effective in serving the needs of the federal and state funding sources.
Kentucky's SPT proposal includes the following approaches to improving its community based services:

- Identifying population and geographic areas in which improved coordination among long-term support programs and with other health and social services is needed;
- Acknowledging improvements that have occurred to allow for recognition, celebration, and replication of these successes;
- Highlighting gaps in the long-term cam service system, including nontraditional services such as housing, transportation, and labor;
- Generating information necessary to create a quality management agenda for Kentucky;
- Providing a framework for comparing Kentucky's rebalancing efforts with that of other states across the 8 system components associated with rebalancing (e.g., continuum of residential options, quality management, etc.)

Completion of this project will provide Kentucky's legislature, policymakers, program administrators, consumer, advocates, and other key stakeholders with a comprehensive and systematic assessment of the state's long-term care system to ensure that all stakeholders have a common knowledge base upon which to guide their decisions about long-term care policies, programs, and practices.

MASSACHUSETTS

Massachusetts' vision for its Community First (CF) policy is "for citizens to be empowered to live with dignity and independence in their communities through access to person centered, integrated systems, supports, and choices." This vision is aligned with CMS' vision for a person-centered long-term care system.

Over the past several years, the state has built momentum in redefining a system that demonstrates commitment to the Community First Policy. State administrative, legislative, and grant activity demonstrate a wide-spread commitment to achieving a balanced long-term supports system that emphasizes community options first. Examples of this commitment include the submission of a Community First 1115 Research and Demonstration Waiver application, several related regulatory changes, passage of An Act Relative to Choice of Long-Term Care, and a track-record of successful implementation of CMS grants. As a further complement to current Community First rebalancing activities, the Executive Office of Health and Human Services (EOHHS) and the Executive Office of Elder Affairs (EOEA), in collaboration with University of Massachusetts Medical School Center for Health Policy and Research are submitting an application for the 2007 RCSC Grant to complete the "State Profile Tool (SPT): Assessing a State's Long-Term Care System."

The goal of this 2007 RCSC Grant is to enable Massachusetts to describe its long-term care system in a standardized way; to acknowledge where successful transformations are occurring; and to provide to a wide variety of stakeholders, including consumers, advocates, providers and members of the legislature, a high-level view of the State's system of long-term care. Such a composite profile that provides descriptive and detailed information about services for and expenditures on elders and individuals of all ages with disabilities across agencies does not currently exist. The secondary goal will be to establish measures of how the state has moved to provide more community based long-term care options, i.e., balancing indicators, for the long-term supports system. This will be accomplished by a collaborative process of evaluation of SPT data and planning around how state and program specific data can be used to measure the scope of balancing from institutions to the community that has been achieved under Community First. Massachusetts is requesting $482,343 over three years to support a full-time staff member and related support to systematically collect and comprehensively document information about its long-term care system. The staff person will work under the direction of the Systems Transformation Grant Project Director whose time will be reallocated to oversee both grants.

Funds during Phase I will support the completion of the SPT, at which time information will be gathered from consumer focus groups and key interviews. Phase II will include focused collaboration with the National Balancing Indicator Contractor (NBIC) to establish appropriate balancing indicators to be used across the nation. Massachusetts is particularly enthusiastic about this opportunity to work with the CMS to define these measures. Grant funds will also support critical cross-agency planning around building the data infrastructure within the state to collect and report on rebalancing indicators to CMS in the future. The SPT will collect long-term supports systems profile information on: older adults; people with physical disabilities; people with mental retardation/developmental disabilities; people with mental illness; and children. Massachusetts will therefore be drawing on resources and data from all key Health and Human

Services agencies providing long-term supports to these populations. The system-wide collaboration that will result from the completion of the SPT will prove to be critically beneficial for all agencies, stakeholders, and audiences of this tool as CF policies expand access to and quality of community-based services in Massachusetts.

MAINE

Maine has long demonstrated a commitment to balancing its long term service system and continues to push its service system in that direction. With the 2004 merger of all long term support services and the state Medicaid agency within the Maine Department of Health and Human Services, we have an opportunity to develop a coherent, cross-systems approach to managing our long-term support services. Under this proposal, we will develop a cross-population assessment of our long term support services to assess progress, determine how much farther we have to go, and where we can best target limited resources and reform to sustain and further the progress already made. Specifically, Maine will use the State Profile Tool to:

- Answer key questions about the current balance between HCBS and institutional services across population groups. Have reform initiatives been effective? Have we lost ground in the face of service cutbacks? How do we compare with national benchmarks for shifting the balance? Can we do better?
- Foster a common, cross-systems understanding of the state of our long term support system, find a common vocabulary, and develop common indicators to measure progress.
- Work toward a more coherent service system by building on this common understanding, highlighting opportunities to simplify entry, expand consumer direction, or better control the supply of institutional (or residential) services.
- Support Department policy and budgetary decision makers and legislators.

The Office of Elder Services has already begun to take stock of its progress and plan for future resource needs, in collaboration with a broad stakeholder group of consumers, providers, and advocates, and in partnership with the Muskie School of Public Service at the University of Southern Maine. This grant will expand on that work to include a broader view of our services and partner with a broader array of stakeholders, including a more diverse group of consumers, advocates and providers, and other offices within the Department of Health and Human Services. The expanded assessment will include adults with mental retardation or autism, adults with serious mental illness, children, and a special focus on persons with brain injury. To reinforce the cross systems view, the Director of Integrated Services will serve as Project Director with day-to-day management of grant activities co-led by the Director of Quality Improvement and the Director of Policy, Planning and Resource Development within the Office of Elder Services The total budget for the project is $631,957, including $478,230 of grant support and $153,727 in contributions from the Department and its partners.

Michigan

Michigan's State Profile Tool Grant will build upon Michigan's current long-term care system transformation efforts, which have as a foundation the Governor's Long-Term Care Task Force recommendations. Those recommendations are being implemented through the state's single point of entry demonstration initiative, its Self-Determination in Long-Term Care Initiative, its CMS Systems Transformation Grant and other grants that all contribute to the state's direction for long-term care.

Developing Michigan's State Profile will be a unifying process that will produce a clear qualitative and quantitative picture of the long-term care system at a time of fundamental change. The Profile will help manage and assess those changes and describe them to our many highly invested and engaged stakeholders. The Profile will focus on Michigan's long-term care populations of the elderly and adults with physical disabilities, while including the systems that serve adults with developmental disabilities, adults with mental illness and children. The Profile will be useful in describing the interaction between systems, the relationship between populations, and the opportunities for closer coordination. The Profile will also include a special focus on the subgroup of individuals with dementia, as a group that receives services from more than one system and may benefit from a closer examination of the service options now available and outcomes experienced.

The second portion of the grant involves contributing to the development of national balancing indicators. Michigan currently has multiple initiatives that involve the development of management and evaluation data within the long-term care system, including single point of entry demonstrations, the MI Choice waiver quality initiatives, nursing facility transition services, and implementation of a pre-paid health plan model for long-term care. The work on national balancing indicators will help unify the department's various efforts to produce sound management information and reports, with the useful addition of common national measures that will allow comparisons across states. Michigan's contribution to this effort will be enhanced by our partnership with the University of Michigan's Institute of Gerontology, which is a national leader in the development and use of the Minimum Data Set for nursing facilities and home care and MDS-based quality indicators. Michigan also has a sophisticated data warehouse, which will be a vital partner in achieving the grant goals. The grant goals include:
(1) better integration of the planning and management of the state's long-term care systems change initiatives (2) development of integrated management reports on cost, utilization, quality and outcomes, (3) use of the State Profile and balancing indicators for describing the changing long-term care system to various stakeholder groups, (4) development of recommendations for strengthening services and outcomes for individuals with dementia, and (5) support for consumer participation in an on-going, data-based stakeholder dialog on long-term care balancing issues.

The grant partners will include the Michigan Public Health Institute, the Michigan Disability Rights Coalition and the University of Michigan Institute on Gerontology. The budget for the grant is $504,601 for the three-year grant period. The budget includes $479,371 in federal funds and $25,230 in the state's in-kind match.

MINNESOTA

The Minnesota Department of Human Services (DHS) requests $500,000 in funding to support completion of the Minnesota State Profile: Assessing Our Long-Term Care System. Minnesota's State Profile will include the following target populations and the State and Federally funded institutional and home and community-based services that support them:

- Older Adults,
- Adults with Physical Disabilities,
- Adults with Mental Retardation/Developmental Disabilities,
- Children and Adults with Mental Illness,
- Adults Living with HIV/AIDS Infections,
- Adults with Traumatic Brain Injuries, and
- Children with Special Needs.

Minnesota's goals for its long-term care system are to:

- Increase the proportion of individuals supported in the community and living as independently as possible;
- Decrease our reliance on institutional services; and
- Increase the person-centeredness of our long-term care system.

In particular, the state is committed to increasing the proportion of older adults and people with disabilities who receive long-term care services in home and community-based settings to 80 percent by 2009. Several exciting initiatives are underway within DHS, MN Department of Health and MN Board on Aging to develop a more balanced system of long-term care. These efforts provide a strong base of experience and data upon which to build our State Profile. One source of data related to these efforts are measures to ensure the quality of the services provided and to track consumer outcomes across all settings. Another critical source of data is related to the progress of these activities to create a more balanced system across all population groups. Initial efforts are underway to capture this progress and feed it back into our work in a timely manner.

Completion and analysis of the state profile tool for our state's long-term care system will build on previous and existing efforts to assess different components and processes within our system. The state profile will complement the information we are gathering on our program management and quality assurance processes. It will help us develop performance measures across community service programs, comparable to what we have in place for nursing homes. It will help us identify a more sophisticated method of capturing the entire community context of services and supports provided to our consumers/participants that are not funded through state and federal funding sources. In addition and most importantly, it will provide us with an opportunity – together with our external partners including consumers/participants and families – to conduct an assessment of our entire long-term care system and to provide us with the information needed to identify strategic changes that will bring us closer to achieving our balancing goals. We will receive invaluable external review and validation of previously internal performance measurement work, as well as external review and validation of the assessment results, thus developing a common knowledge base on which to continue forward with our systems change efforts.

Nevada

The Nevada Department of Health and Human Services' (DHHS) Division of Health Care Financing & Policy (DHCFP) is seeking a Real Choice Systems Change (RCSC) grant from the Centers for Medicare and Medicaid Services (CMS). Specifically, DHCFP is seeking to secure the State Profile Tool (SPT) grant. The purpose of the grant is to complete a Nevada SPT and then to utilize that information to develop balancing indicators. The scope of the SPT will focus on an assessment of home and community-based services. Need for a State Profile Tool Assessment and Balancing Indicators. In 2007, the Nevada Strategic Health Care State Plan echoed many of the recommendations found in the 2002 DHHS Strategic Plan for People with Disabilities (the Olmstead Plan). First and foremost of those recommendations is the expansion of 1915(c) waiver services to persons who need long term care supports and services. Nevada currently has five 1915(c) waiver programs with 3,683 persons receiving waiver services. Governor Gibbons in 2007 to expand 1915(c) waivers services to people with Autism and Traumatic Brain Injury. In order to proceed with specific action items related to increasing waiver slots and developing other strategies to increase home and community-based services, there must be a common understanding of the current long term care system in Nevada.

Therefore the goals of this grant are to:

- The SPT will be the organizing force to formulate achievable action items to implement the recommendations in the two strategic plans by providing a common baseline readiness assessment.
- Developing the balancing indicators for Nevada will be important for ongoing assessment and development of initiatives to increase home and community-based services.

The results of the SPT will provide Nevada's stakeholders with information related to the barriers to increasing home and community-based services. Action items will be developed to eliminate those barriers. Where successes are identified, strategies will be developed to replicate those successes in other areas of long term care. Populations to be Surveyed DHCFP proposes to survey the following populations: Older Adults, People with Physical Disabilities, People with mental Retardation/Developmental Disabilities/Related Conditions (including Autism), People with Mental Illness, and Children. In addition to these broad population cohorts, Nevada will also survey the People with Traumatic Brain Injury. Both of the two referenced strategic plans offer specific recommendations that focus on Persons with Traumatic Brain Injury and Children and Adolescents with Autism.

Grant Funding Request DHCFP requests $488,722.35 in grant funding.

VIRGINIA

It is anticipated Virginia's SPT will provide the following benefits:

- ***Acknowledge the successes of the Commonwealth's support system***.
  Successes will be highlighted in the SPT through the use of State level data and information, so key stakeholders are of positive improvements.
- ***Identify services gaps in the system***.
  This report will provide an unbiased view of service gaps and opportunities to discuss how Virginia is working to address them.
- ***Provide a framework for comparing rebalancing efforts across states***.
  Measurements that will be created in collaboration with the National Balancing Contractor will be incorporated into Virginia's SPT in order to successfully measure Virginia's state level success and enable comparison among other states. Measurements that have been developed for the STG and MFP Demonstration will also be incorporated into the SPT.
- ***Identify opportunities in the Commonwealth for improved coordination among long term support programs and other human service programs.***
  Virginia has significantly improved coordination among service agencies. Virginia's SPT will highlight the successful alliances and offer opportunities for improving coordination among populations.
- ***Provide consumers, families, and advocates, legislators, policymakers, provider organizations and other key stakeholders with a high-level "snapshot" of the Commonwealth's support system.***
  As previously mentioned, there is a great need to develop an objective "report card" that provides concise, relevant information about the long term support system across populations with supporting data. The SPT will be useful to assist individuals with developing a deeper understanding of Virginia's support system and to further evaluate the State's efforts to balancing its system.

Available Resources

Virginia is fortunate to have existing agency annual reports and assessments that contain critical data and information that will be used in the development of the SPT. An example includes the Biennial Assessment conducted by the Virginia Board for People with Disabilities (VBPD). The Biennial Assessment mirrors the proposed SPT format and will serve as an excellent starting point in the development of Virginia's SPT. The RCSC SPT was awarded to VA Department of Medical Assistance.