



VDA WEEKLY E-MAILING

February 24, 2015

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ACL News & Information

Here is a link to news & information from the Administration for Community Living (ACL):

<http://www.acl.gov/NewsRoom/NewsInfo/Index.aspx>

NASUAD Weekly Update

Here is a link to the weekly update from NASUAD:

<http://www.nasuad.org/newsroom/friday-update>

Note: The web links in this document may change over time. DARS-VDA does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

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DIVISION FOR THE AGING
VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



February 19, 2015

**Webinar: Intellectual and
Developmental Disabilities and
Dementia - Experiences of a Family
Advocate and Promising Practices**

Thursday, February 26, 2015, 3:00 p.m. -
4:00 p.m. ET

Sponsored by the National Alzheimer's
and Dementia Resource Center (formerly
the ADSSP National Resource Center),
this webinar will provide participants
with information on personal experiences,
advocacy efforts, and helpful practices for
people with intellectual and
developmental disabilities and dementia.
[Click here](#) for the agenda and to register.



February 23, 2015

**Conference Call: ONC Grant
Opportunity for Health IT in
Communities**

Tuesday, February 24, 2015, 3:00 p.m. -



4:00 p.m. ET

The Advance Interoperable Health Information Technology Services to Support Health Information Exchange Funding Opportunity Announcement (FOA) recently released by the Office of the National Coordinator for Health IT is part of an HHS-wide effort to achieve the safe and secure exchange and use of electronic health information. The goal of this effort is to improve health and transform care as outlined in the [*Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Version 1.0.*](#)

This FOA offers community-based aging and disability organizations an important opportunity to participate in health information exchange activities in their state. The recipients of the new awards will work to expand coordination of care efforts so providers all over the country can begin to modify their standards of care using health IT and health information exchange, enabling them to focus on the patients as the center of care. These investments will support interoperable exchange of health information and increase connectivity of a variety of data sources to improve care coordination, which will help us achieve the goal of better care, smarter spending, and healthier people. [Click here](#) for more information on this FOA and to register for the conference call.



DIVISION FOR THE AGING
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REMINDER: Commonwealth Council on Aging 2015 Best Practices Awards Applications Due March 2, 2015!

Amy Marschean, Senior Policy Analyst

The Commonwealth Council on Aging is sponsoring the 2015 Best Practices Award Program funded by Dominion Resources targeted to organizations serving older Virginians and their families. As we struggle to meet the challenges of serving a rapidly aging population during a time of budget cuts and growing demand, we need to share our best practices and applaud our successes. Instructions, nomination forms, and information on previous Best Practices Award Winners are on the Commonwealth Council on Aging's website

<http://vda.virginia.gov/council.asp>. Nominations for the 2015 Awards must be received by March 2, 2015.

This is the tenth year of the Best Practices Award Program and the Council is pleased to offer monetary awards to the top winners: The first place program will receive \$5,000; second place, \$3,000; and third place, \$2,000. The Council will also recognize three honorable mention programs.

The awards will be given to innovative programs and services that assist older adults to Age in the Community. This invites an opportunity to recognize creativity in services that foster "Livable Communities" and/or "Home and Community Based Supports" - from transportation to housing, from caregiver support to intergenerational programming. We believe the door is wide open for creative best practices.

Free Webinar: Improving Care Transitions: The Geriatric Emergency Department

Amy Marschean, Senior Policy Analyst



On **April 20 2015**, from 1:00 p.m. - 2:00 p.m., the Virginia Hospital Research & Education Foundation (VHREF), the Commonwealth Council on Aging, and the Virginia Department for Aging and Rehabilitative Services will host a **free** webinar, *"Improving Care Transitions: The Geriatric Emergency Department."*



Description:

This webinar will focus on the challenges associated with caring for geriatric patients in the Emergency Department (ED) and strategies to improve coordination of care and communication with elderly patients.

Program Topics

- The role that a geriatric assessment team can play in the ED to make the care transition safer for the geriatric patient by conducting an assessment before discharging the patient to identify any mental health issues, social barriers or other factors that could bring the patient back to the hospital.
- How to create a Geriatric Emergency Department. The geriatric emergency department features diurnal lighting, non-slip floors and hearing and vision aids. Care teams supporting geriatric EDs provide trained personnel who understand the unique needs of elderly patients. While most hospitals may not have the patient volume or the resources to create a dedicated Geriatric Emergency Department, hospitals can begin planning for changes to meet the community needs for the increasing numbers of elderly patients that present to the ED.
- Interdisciplinary educational programs for care providers in a geriatric appropriate ED.

Faculty:

Kevin Biese MD, MAT, Associate Professor in the Departments of Emergency Medicine and Internal Medicine at the University of North Carolina Chapel Hill

Dr. Biese also serves as the Emergency Medicine Residency Program Director, Geriatric Emergency Medicine Fellowship director, and president of the University of North Carolina Academy of Educators. He is published in the areas of education and system improvement with a focus on improving the care of older adults in the Emergency department. Dr. Biese also serves as a board member for the Society for Academic Emergency Medicine Academy of Geriatric Emergency Medicine.

Registration Information:

This webinar is being offered at no charge to participants. You will need a telephone (preferably a speaker phone) as well as Internet. Connection instructions and handout materials will be e-mailed to each participant prior to the day of the session. Registration deadline is April 18, 2015. Log-in begins at 12:45 p.m.; the program will be from 1:00 p.m. – 2:00 p.m. EST. Program details are available <http://www.vhha.com/documents.html?id=1293>. You can register for this program online [here](#).



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If you have questions or need additional information contact Jan Mangun at jmangun@vhha.com or Amy Marschean at Amy.Marschean@dars.virginia.gov.

CMS Strengthens Five Star Quality Rating System for Nursing Homes

Kathy Miller, Director of Programs, Division for the Aging



CMS NEWS

FOR IMMEDIATE RELEASE

February 20, 2015

Contact: CMS Media Relations (202) 690-6145 | press@cms.hhs.gov

CMS Strengthens *Five Star Quality Rating System* for Nursing Homes

The Centers for Medicare & Medicaid Services (CMS) today strengthened the *FiveStar Quality Rating System* for Nursing Homes on the *Nursing Home Compare* website to give families more precise and meaningful information on quality when they consider facilities for themselves or a loved one. Today's announcement also marks an important milestone to achieving the goal of implementing further improvements to the *Five Star* system in 2015, as the [Administration announced last October](#).

Star ratings allow users to see important differences in quality among nursing homes to help them make better care decisions. CMS rates nursing homes on three categories: results from onsite inspections by trained surveyors, performance on certain quality measures, and levels of staffing. CMS uses these three categories to offer an overall star rating, but consumers can see and focus on any of the three individual categories.

Beginning today, nursing home star ratings will:



- Include use of antipsychotics in calculation of the star ratings. These medications are often used for diagnoses that do not warrant them. The two existing quality measures – for short stay and long stay patients – will now be part of the calculation for the quality measures star rating.
- Have improved calculations for staffing levels. Research indicates that staffing is important to overall quality in a nursing home.
- Reflect higher standards for nursing homes to achieve a high rating on the quality measure dimension on the website.

“CMS is committed to improving *Nursing Home Compare* and the *FiveStar Quality Rating System* to ensure they are the most trusted and easy-to-use resources we can provide,” said Patrick Conway, M.D., CMS Deputy Administrator for Innovation and Quality and Chief Medical Officer for CMS. “Consumers can feel confident that Nursing Home Compare’s star ratings include measures that matter most to nursing home residents and their families and challenge nursing homes to continuously improve care.”

Since CMS standards for performance on quality measures are increasing, many nursing homes will see a decline in their quality measures star rating. By making this change, Nursing Home Compare will include more meaningful distinctions in performance for consumers and focus nursing homes on continuously improving care focused on residents, families, and their caregivers. About two thirds of nursing homes will see a decline in their quality measures rating and about one third of nursing homes will experience a decline in their Overall Five Star Rating.

For example, before the recalibration, about 80 percent of nursing homes received either a 4 or 5-star rating on their quality measures. Now, about 49 percent of nursing homes will receive a 4 or 5 stars on their quality measure rating. Also, the number of nursing homes receiving one star for their quality measures has increased from 8.5 percent to 13 percent after the recalibration.

CMS is also focusing changes in areas identified by consumers and other stakeholders as important. For example, by the end of 2013 nursing homes achieved a 15 percent reduction in the use of anti-psychotics compared to 2011 levels. As part of the National Partnership to Improve Dementia Care, CMS is working with the nursing home community, patients, families and other important stakeholders to achieve a 30 percent reduction by the end of CY2016.

The *Nursing Home Compare* website was launched in 1998, and CMS added the *FiveStar Quality Rating System* (“NH Compare 2.0”) in 2008. *Nursing Home Compare* gets approximately 1.4 million visits per year and users report high satisfaction with the site. More than 85 percent of users have



indicated that they found the information they were seeking. CMS recommends that consumers rely on multiple factors - including star ratings, visits and community reputation -- when selecting a nursing home.

To achieve better care, smarter spending and healthier people, the Department of Health and Human Services is focused on sharing information more broadly to providers, consumers, and others to support better decisions while enforcing patient privacy. The *Five Star Quality Rating System* for Nursing Homes is part of an administration-wide effort to increase the availability and accessibility of information on quality, utilization and costs for effective, informed decision-making by consumers.

To read a fact sheet on *Nursing Home Compare 3.0*, visit <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-02-12-2.html>.



2015 Poverty Guidelines

Tim Catherman, Director Aging Operations

On January 22, 2015, the US Department of Health and Human Services announced updated poverty guidelines for 2015. The chart below shows the current guidelines.

The 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family	Poverty guideline
1	\$11,770



2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890
For families with more than 8 persons, add \$4,160 for each additional person.	

The [Federal Poverty / VDA Sliding Fee Scale - Majority VA](#) and [Federal Poverty / VDA Sliding Fee Scale - Northern VA](#) charts will be updated effective March 2015.

If you have any questions about the reporting requirement, please contact Leonard Eshmont (804) 662-9800 or Tim Catherman (804) 662-9309.

General Assembly Budget Conferees Report

Tim Catherman, Director Aging Operations

The 2015 General Assembly Budget Conferees Report is available at:

<http://leg2.state.va.us/WebData/15amend.nsf/Conf+List/?OpenForm>. Although it just became available we are continuing to review the document. Attached is a listing of the important amendments noted as of this morning. (Attachment)

General Assembly Conference Report Amendments to HB1400 February 24, 2015

GF = General Fund

NGF = Non-General Fund (Federal or Private)

DARS Budget Items

Patron / Item	Agcy	Title / Program / Purpose Explanation	FY 14-15	FY 15-16
325 #1c	DARS	<p>Expand Funding for Brain Injury Services Explanation: This amendment adds \$750,000 the second year from the general fund to increase support for programs providing brain injury services through the Department for Aging and Rehabilitative Services.</p>	-0-	\$750,000 GF
325 #2c	DARS	<p>Vocational Rehabilitation Program Explanation: This amendment adds \$1.0 million the second year from the general fund for the Vocational Rehabilitation (VR) program that will be used to match \$3.7 million in additional federal funding. Language is modified to reflect the additional funding. The VR program assists individuals with disabilities get ready for, find, and keep jobs by providing training, placement, and job-coaching services along with workplace accommodations (i.e. assistive technology). As demand for services have exceeded available resources all service categories were closed on November 1, 2014, and waiting lists for services are growing.</p>	-0-	\$1,000,000 GF
325 #3c	DARS	<p>Adjust CILs Language for Restoration Explanation: This amendment adjusts budget language that specifies how much funding is appropriated to the Centers for Independent Living. The budget reduction in the introduced budget of \$580,800 from the general fund the second year is restored in Item 471.10.</p>	-0-	-0-
325 #4c	DARS	<p>Restore Didlake Language Explanation: This amendment restores the budget language directing \$200,000 per year to Didlake Inc. which provides employment support services to people with disabilities. The introduced budget eliminated the funding, which is restored in a companion amendment in Item 471.10.</p>	-0-	-0-
325 #5c	DARS	<p>Increase LTESS Funding Language: N. Out of this appropriation, \$500,000 the second year from the general fund is provided as additional funding for the Long Term Employment Support Services (LTESS) program. Explanation: This amendment provides \$500,000 the second year from the general fund for the Long Term Employment Support Services (LTESS) program. LTESS provides support services to persons with significant disabilities who become employed through extraordinary supervision and other supports necessary for these individuals to maintain employment.</p>	-0-	\$500,000 GF

General Assembly Conference Report Amendments to HB1400

325 #6c	DARS	<p>Review of Integrated Employment Opportunities Language: N. The Department for Aging and Rehabilitative Services shall undertake a review of employment support services programs and make recommendations on options that would advance the Commonwealth's progress toward facilitating the inclusion of people with the most significant disabilities in the workplace through community-based and integrated employment opportunities. As part of the review the department shall conduct stakeholder meetings and incorporate the feedback from those meetings into the process. The department shall report its recommendations to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2015. Explanation: This amendment directs the Department for Aging and Rehabilitative Services to review employment support services programs and make recommendations on options that would increase integrated employment opportunities for individuals with the most significant disabilities.</p>	-0-	\$0
326 #1c	DARS	<p>Pharmacy Connect Explanation: This amendment provides an additional \$34,500 the second year from the general fund to the Pharmacy Connect Program administered by Mountain Empire Older Citizens, Inc. A companion amendment in Item 471.10 eliminates the central account reduction of \$215,500 for this program in the second year. Together this funding will provide \$250,000 from the general fund in the second year for this program.</p>	-0-	\$34,500 GF
326 #2c	DARS	<p>Public Guardianship Program Explanation: This amendment provides \$500,000 from the general fund the second year for the Public Guardianship and Conservator Program. This funding would allow 100 individuals to be served across 16 counties not currently served. Public guardians are the guardians of last resort. Currently, there are 1,000 individuals in need of guardianship services statewide who are on waiting lists.</p>	-0-	\$500,000 GF

Other Budget Items

Patron / Item	Agcy	Title / Program / Purpose Explanation	FY 14-15	FY 15-16
301 7c	DMAS	<p>Personal and Respite Care Rate Increase Language: OOOO. The Department of Medical Assistance Services shall increase the rates for agency and consumer-directed personal and respite care services by two percent, effective July 1, 2015. Explanation: This amendment provides \$3.5 million from the general fund and \$3.5 million from nongeneral funds the second year to increase the rates for personal care and respite care services by two percent in fiscal year 2016. Currently, the rate for consumer-directed care is \$8.86 per hour in the rest of the state and \$11.47 per hour in Northern Virginia. For agency-directed, the rate is \$12.91 per hour in the rest of the state and \$15.20 per hour in Northern Virginia.</p>	-0-	\$3,459,081 GF \$3,459,081 NGF

General Assembly Conference Report Amendments to HB1400

301 #18c	DMAS	<p>Change Definition for Alzheimer's Waiver Language: OOOO. Notwithstanding 12VAC30-120-1600 et seq., a resident of a "safe, secure environment" as defined in 22VAC40-72-10 shall be deemed to have met the requirements of 12VAC30-120-1610 B for the purposes of the Alzheimer's Assisted Living Waiver. Explanation: This amendment modifies the definition of eligibility criteria for the Medicaid Alzheimer's Assisted Living waiver to more broadly define eligible individuals that may be served by the waiver program. Currently, eligibility criteria for the waiver set forth in the Virginia Administrative Code defines those eligible as individuals with a diagnosis of Alzheimer's or a related dementia, however, it does not recognize the similar needs of individuals with other types of dementia. This change would allow the waiver to include individuals with a serious cognitive impairment due to a primary psychiatric diagnosis of dementia, as defined in the Virginia Administrative Code within the Standards for Licensed Assisted Living Facilities.</p>	-0-	-0-
308 #7c	Grants to Locals	<p>Funding for Greater Prince William ARC for NVTC Transition Language: CC. Out of this appropriation, \$250,000 the second year from the general fund is provided to contract with the ARC of Greater Prince William for assistance with construction or acquisition of appropriate accessible housing and appropriate clinical services to support individuals transitioning out of the Northern Virginia Training Center into the community. This funding is one-time to provide necessary support until the transition to the new redesigned Intellectual and Developmental Disability waivers with more appropriate services and an improved rate structure is complete. The ARC of Greater Prince William shall report on the use of this funding to support needs of individuals transitioning from the Northern Virginia Training Center. The report shall be submitted to the Chairmen of the House Appropriations and Senate Finance Committees by September 1, 2015. Explanation: This amendment provides \$250,000 from the general fund the second year to the ARC of Greater Prince William for acquisition of accessible property and start-up for clinical services to support the transition of individuals from the Northern Virginia Training Center safely into the community. Language requires the organization to report on the use of this funding to support the transition of these individuals into the community. This is one-time funding to provide necessary support until the new waivers serving individuals with intellectual and developmental disabilities take effect with improved services and a better rate structure that will more appropriately fund the support needs of individuals transitioning from state training centers.</p>	-0-	\$250,000 GF
471.10 #24c	Central	<p>Pharmacy Connect Explanation: This amendment restores \$215,500 the second year from the general fund for the Pharmacy Connect program operated by Mountain Empire Older Citizens Inc., an area agency on aging in Southwest Virginia. The introduced budget included the elimination of funding for this program in the second year.</p>	-0-	\$215,500 GF