



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



DIVISION FOR THE AGING

James A. Rothrock, Commissioner

VDA WEEKLY E-MAILING

February 23, 2016

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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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UPDATES

February 18, 2016

Lessons from Colorado's Community Link

ACL Series Highlights Promising Practices in Integrated Employment

*ACL is highlighting examples of promising practices for employment benefits designed to meet the needs of individuals, promote integrated employment, and comply with requirements of the HCBS settings rule and the Supreme Court's *Olmstead v. L.C.* ruling.*

Twenty-five years ago Community Link in Colorado developed a strategic plan to convert their sheltered workshops to a more integrated employment support model. After gaining experience with congregate models, Community Link now offers more individualized approaches using Medicaid and vocational rehabilitation funding. Read more about Community Link's experience [here](#).

You can also read our first post in this series to learn about the [Arc of Washington's](#) efforts to transition youth into integrated employment.

ACL is interested in hearing from states, providers, and advocates working on integrated employment. Share your successes, challenges, and questions by e-mailing acinfo@acl.gov.



UPDATES

February 18, 2016

ACL Solicits Comments: Revised Funding Formula for the funding of State Councils on Developmental Disabilities and Protection & Advocacy Systems for People with Developmental Disabilities

Under authority of The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), the Administration on Intellectual and Developmental Disabilities (AIDD), within the Administration for Community Living (ACL) is seeking public comment on the revised funding formula for the funding of State Councils on Developmental Disabilities and Protection & Advocacy Systems for People with Developmental Disabilities.

AIDD is granted authority and flexibility to determine the formula for funding amount for the operation of State Councils on Developmental Disabilities and Protection & Advocacy Systems for People with Developmental Disabilities. The current formula was last revised in the late 1970s and undercounts the population of individuals with developmental disabilities. AIDD is proposing to update the formula to one that is clear, concise, transparent, and consistent with Congress' intent to provide funds to states based on greatest need.

AOD is soliciting comments from the public on the new funding formula. Please email your comments to AIDDformula@acl.hhs.gov

[View the Federal Registry Notice](#)



UPDATES

February 19, 2016

Two Funding Opportunities Open for Application: Chronic Disease Self-Management and Falls Prevention

The Administration on Aging's Office of Nutrition and Health Promotion recently published two new Funding Opportunity Announcements (FOA) – one for [Chronic Disease Self-Management Education](#) programs and the other for [Falls Prevention](#) programs.

The goals of these programs are to:

- significantly increase the number of older adults and adults with disabilities who participate in these evidence-based programs; and
- implement innovative funding arrangements (e.g. contracts with integrated health care systems) to support these programs beyond the grant period, while embedding the programs into an integrated, sustainable, evidence-based prevention program network.

The deadline to apply for each FOA is April 6, 2016.



UPDATES



February 19, 2016

Webinar: Writing Effective Proposals--Tips for a Strong Application

Thursday, March 3, 2016

3:00-4:00 p.m. ET

Join the National Alzheimer's and Dementia Resource Center for a webinar on writing proposals.

Participants will learn:

- to read a grant or contract announcement to identify the key requirements;
- to organize your proposal writing process;
- the key characteristics of a strong proposal; and
- what reviewers find important when evaluating proposals.

Learn more and register here: [Writing Effective Proposals: Tips for a Strong Application](#).

The National Alzheimer's and Dementia Resource Center is funded by ACL.

REMINDER: Commonwealth Council on Aging 2016 Best Practices Awards Due March 1, 2016

Amy Marschean, Senior Policy Analyst

The Commonwealth Council on Aging is sponsoring the 2016 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 2016 Awards must be received by March 1, 2016.

This is the tenth anniversary of the first Best Practices Award 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. The Council believes the door is wide open for creative best practices.

Governor’s Conference on Aging: Sponsorship and Registration Info

Martina James, Special Assistant to the Commissioner



Gov. Terry McAuliffe has called for the first Virginia Governor’s Conference on Aging since 2003. The day and a half conference will be held May 2-3, 2016 at the Richmond Hotel and Spa, Short Pump.

The conference theme is “Designing Our Future.” The three main topics to be addressed at the conference are: culture change in long term services and supports; safety and financial security; and livable communities. The conference is designed for professionals in the aging service network, including health care professionals, government, business, academia, non-profit sector, consumer advocates, program volunteers and others. The first day will be a full conference program of interactive plenary sessions, breakout sessions, networking opportunities, an exhibit hall and an evening reception. The second day is an optional, half-day, moderated session that will result in a number of state policy recommendations.

There are still opportunities to be a conference sponsor or exhibitor. The rate to be an exhibitor was recently reduced to only \$250; space is limited.

For more information, visit the conference website: <http://vgcoa.com/>

Older Virginians Mental Health Month: A Summary of September



2015 Activities

Kathy B. Miller, Director of Aging Programs

In 2009, HJ 674 sponsored by Delegate Robert Brink, co-sponsored by Delegate Vivian Watts, designated *September as Older Virginians Mental Health Month* to heighten public awareness of the mental health needs of older residents of the Commonwealth and to promote strategies to address them. In 2015, as in past years, the designation spurred multiple activities that highlight the critical needs for older people with major psychiatric illnesses and substance abuse problems.

VIRGINIA ABC/Alcohol and Aging Awareness Group (AAAG)

- Developed and shared social media messages that highlighted facts about older adults issues with alcohol related to physical changes; serious adverse effects of common over-the-counter and prescription medicines; signs and symptoms of alcohol misuse; and encouragement to seek help through a primary care physician, alcohol treatment center, their clergy, counselor or Alcoholic Anonymous (AA).

Community Services Boards

- Charlottesville Area. The Crozet Clubhouse brought to the attention of senior members, age related issues in mental health. Members met regularly to discuss new developments in the area of mental health and aging. Current journal articles as well as information taken from many other sources was introduced and discussed. Within a supportive group, participants were able to consider new information drawn from both popular and professional sources. It was an opportunity for senior members to inform themselves and discuss common concerns such as: dealing with everyday issues of depression and anxiety, dementia, serious functional illnesses and addiction, new developments in drug therapy, accessing general practice and the side effects of medications, general health issues as they appear in later life including hormonal changes, loss of function, chronic illness, substance abuse, psychological issues relating to changes in cognitive abilities, uncertainty, lower self esteem, grief and loss, modern rehabilitation programs, elders and the law and families and relatives.
- Mount Rogers. The Mount Rogers CSB completed education and trainings with their staff as well as completed posters in the agency and community. Also, completed extensive measures with prevention and mental health first aid.



- Prince William. Prince William CSB coordinated with Birmingham Green Health Care Center and ACTS (Action Through Community Services) Helpline to sponsor several programs during the month. General handouts on various mental health topics, community resources and giveaways were provided at several of these events.
 - “Suicide Prevention”, i.e. recognizing when a senior adult is at risk, warning signs and things they could do to help was provided by Vicki Graham, ACT/Helpline Director, a one-hour 10 minute presentation to nursing home/assisted living staff. Individuals were given an opportunity to ask questions and to share concerns and ideas about suicide in older adults. Community resources were provided. Twenty participants attended.
 - Emily Rieve, a CSB Mental Health Therapist, guided individuals in a relaxation chair yoga exercise. This exercise focused on pairing slow movements of the arms and head with “mindful” breathing. Ms. Rieve also facilitated a brief discussion about the benefits of yoga and ways of incorporating it into their daily lives. Twelve participants attended.
 - Holly Matto presented information on a study conducted by George Mason University on (MIM) “Music Imagery and Movement.” The event was open to both staff and residents. Approximately eleven participants were in attendance.
 - Vicki Graham, Director of ACTS/Helpline provided two mini-workshops. The first focused on the power of “Humor” and the benefits of improving mood. Nine participants attended. The second workshop focused on “Self-Care,” the importance of maintaining mental, physical, and overall health. Nine participants were in attendance.
 - Vicki Graham, Director of ACTS/Helpline conducted these two programs “Celebrate life” at the Woodbridge Senior Center and the Oaks at Wellington Senior Adult living community. These small group discussions focused on the value of independence, family and energy- “Aging Well.” Thirty-seven participants were in attendance.
- Alexandria. The City of Alexandria provided 5 community education events to Seniors and others in the community: Healthy Brain, Healthy Aging – “The Krunch Bunch” at Charles Huston Senior Center, Think Well Feel Well –



Savvy Seniors Group at the Mental Health Center, Healthy Brain, Healthy Aging – Savvy Seniors Group at West End, Think Well Feel Well at St. Martins Senior Center and Healthy Caregivers, Healthy Care at the Beatly Library. In addition, Awareness posters were hung at all six Dept. Community and Human Services (DCHS) sites. An educational journal article was provided to all DCHS staff on “Language and Dementia: Sociolinguistic Aspects.” A request was approved that the MHFA (Mental Health First Aid) for Older Adults version of the MHFA training could be provided.

- Virginia Beach. The Virginia Beach CSB developed two Recovery is Ageless flyers. One talked about Depression being the most prevalent health problem affecting older adults and the other that older adults respond to treatment for mental health and substance use issues just as successfully as younger adults do. The Virginia Beach CSB Administrative Supervisor, Senior Adult Services participated in television interviews on Older Adults mental health issues.
- Arlington. The Arlington CSB participated in a 55+ Arts and Crafts Exhibit; Art therapy Seminar; Second Half of Life Program; 55+ Biking Group (4 hour trip) and Northern Virginia Senior Olympics hosted by Arlington.
- Richmond Behavioral Health Authority. The Advocate for Mental Health created a table in the downstairs lobby on the first floor along with an array of brochures with a banner.

Agencies on Aging

- DBHDS and DARS. The Virginia Department of Behavioral Health and Development Services (DBHDS) and the Virginia Department For Aging and Rehabilitative Services (DARS) acknowledged their support of Older Virginians Mental Health Month and encouraged their awareness for the community diverse activities that have helped raise public and professional awareness of the mental health needs and resources for older adults in the Commonwealth.
- VAIRS Webinar “Mental Health Awareness” that included an overview of mental illnesses with tips on how to assist individuals with mental health issues presented by Christy Letsom, Training Specialist at The Planning Council, Norfolk Virginia.
- Loudoun County. The Loudoun County Agency on Aging sponsored events on an educational program presented by the Alzheimer’s Association, National Capital Area: Effective communication strategies and understanding



and responding to Dementia-related behavior and Chronic Disease Self-Management Program, a 6-week workshop developed by Stanford University to empower the individual to manage his/her own care and improve quality of life. The topics covered included dealing with difficult emotions. Also, there was participation in the Potomac Green Health Fair.

- Charlottesville. The Jefferson Area Board for Aging invited Tracy Elder from Mental Health America to attend a staff meeting on September 8. Tracy described her ability to consult with staff and to provide assessment and referral services for people with substance use and mental health disorders.
- On September 8, Dr. Lindsey Slaughter presented a 4-hour session entitled “Assisting Individuals with Severe Mental Illness” at the 8th Annual VICAP (Virginia Insurance Counseling and Assistance Program) Coordinators’ Conference. The conference was held at the Wyndham Virginia Crossings Hotel and Conference Center in Glen Allen, Virginia. Attendees included local VICAP coordinators and assistant coordinators from all 24 of the local VICAP programs, which are housed within the local Area Agencies on Aging. These coordinators provide free, unbiased, in-person and telephone counseling to Medicare beneficiaries.
- Five Senior Centers in Rappahannock, Madison, Fauquier, Orange and Culpeper conducted by Rappahannock Rapidan Community Services (AAA/CSB) dedicated some scheduled program time to administer an informal stress/anxiety survey and carry on a discussion facilitated by their County Support coordinators to identify local mental health resources.

Additional Activities

- The Riverside Center for Excellence in Aging and Lifelong Health(CEALH) In Williamsburg, Virginia. CEALH’s activities included:
 - (1) Awarded a 3-year grant from the Rosalyn Carter Institute and Johnson & Johnson to bring Operation Family Caregiver to Virginia.
 - (2) The Geriatric Assessment Clinic continued to offer comprehensive geriatric assessment for adults dealing with geriatric syndromes and chronic conditions, including dementia, depression, anxiety and substance use disorders.
 - (3) Bridges to Behavioral Health’s initiative in rural nursing homes delivered psychiatric services via tele-health. Bridges to Behavioral Health’s initiative in the Northern Neck CSB for over twelve weeks on working with persons with dementia. The Norfolk chapter of the



- Alzheimer's Association led the workshop conducted via telehealth equipment or software and evaluated for effectiveness.
- (4) Caring For You, Caring For Me, a 5-week caregiver program in Williamsburg and in Matthews County, helped families and professional caregivers to better advocate for themselves and the care receiver. This course addresses mental health issues faced by both the caregiver and the care receiver -- such as depression, anxiety, anger and frustration.
 - (5) In two workshops, the Chronic Disease Self-Management Program helped adults address concerns and anxiety around managing chronic conditions, through the Hampton Health Department and York Senior Center.
 - (6) EASE, the Early Alzheimer's Support and Education support group helped older adults who are newly diagnosed with Alzheimer's, as well as their care partner.
- VCU Department of Gerontology and Virginia Department of Social Services. The activities included training 92 direct care professionals working in assisted living and adult day communities across Virginia on the topic of Mood Disorders and Anxiety in Older Adults. These 6 hour trainings took place in Abingdon, Fairfax, Richmond's West End, Richmond's East End, Salem, Virginia Beach and Woodstock. During the Fall Semester, they also trained the same direct care professionals in topics from Individualized Services Plan to Navigating Loss & Aging. The mission of this training is to instruct direct care professionals on the latest in person-centered care topics.

Beverly Morgan, MSG, CRC
Acute Care Services Consultant
Virginia Department of Behavioral Health & Developmental Services

Disease Prevention-Health Promotion Service Standards

Nicole Keeney, RD, LDN, Nutrition Program Coordinator

Good Morning,



Attached is the final DP-HP draft. I have incorporated all staff feedback. I did not highlight the whole document although most of the document is changed from the 2012 version. **The highlighted sections are the revised since the last draft that went out to you all in December 2015.** Please review the document in its entirety.

I took out that DP-HP is provided through HDM programs as it no longer includes evidence-based **services**, or nutrition education/health fliers, which are most often the form of nutrition education for HDM.

I added the hyperlink to ACL's DP-HP page.

Please review and let me know of any additional changes by 2/25/16.

This will be the last revision review before being posted to the website. I will incorporate any additional revisions I receive this week into the final that is posted.

Thank you for your time on this and have a great weekend!

Nicole Keeney RD, LDN
Nutrition Program Coordinator

DISEASE PREVENTION & HEALTH PROMOTION
VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES
VIRGINIA DIVISION FOR THE AGING
SERVICE STANDARD

Definitions

I. Evidence-Based

A. All programs using Title III-D funds must meet the definition of evidence-based programming. The program must include all of the following to be considered evidence-based:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*



- Research results published in a peer-review journal; *and*
- Fully translated in one or more community site(s)*; *and*
- Includes developed dissemination products that are available to the public.

**For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real world community setting.*

- B. There are two ways to determine if a program meets the definition of evidence-based; either is acceptable.
- Document whether the program meets each of the 5 bullets in the definition. If it does, it can be supported with Title III-D funds; *or*
 - The program is considered to be evidence-based by any operating division of the U.S. Department of Health and Human Services (HHS).
 - HHS has [eleven operating divisions](#)
 - An HHS division has included the program on a registry of evidence-based programs, or has reviewed it and deemed it evidence-based.

For example, this would include programs listed on the Administration of Community Living (ACL), Aging and Disability Evidence-Based Programs and Practices; Centers for Disease Control and Prevention (CDC), Compendium of Effective Interventions; Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Evidence-Based Programs and Practices; and the National Institute of Health (NIH), Cancer Control Evidence-based Portal, etc.

There are numerous evidence-based programs that are administered throughout HHS. For a list of the HHS Family Agencies, visit <http://www.hhs.gov/about/foa/index.html>.

Additional information on Disease Prevention and Health Promotion Services, Older Americans Act (OAA) Title III-D, including Frequently Asked



Questions, can be found at

http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx

II. Evidence-based program versus evidence-based service/practice:

While the terms “evidence-based program” and “evidence-based service/practice” are often used interchangeably, they are not the same. Evidence-based services/practices can be part of an evidence-based program, but the reverse is not always true. Title III-D funds are required to be used on evidence-based programs.

- A. Evidence-based services/practices refer to strategies or activities utilized by evidence-based programs as part of their larger intervention. For example, evidence-based self-management programs (such as diabetes prevention programs or pain management programs) may incorporate similar evidence-based practices such as blood pressure screenings or glucose checks, even though the outcome goals of these programs may be very different.

- B. Evidence-based programs refer to organized and typically multi-component interventions with clearly identified linkages between core components of the program and expected outcomes for an identified target population. For example, an evidence-based falls prevention program could involve educational enrichment classes, as well as one or more evidence-based services (for example, strength and balance building exercises and/or a home environmental assessment component). Such programs must also have methods available to guide their dissemination in the community, such as materials and trainings.

Eligible Population

Disease Prevention and Health Promotion Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with special emphasis on low- income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.



Service Delivery Elements

Program Requirements

Disease prevention and health promotion services and information shall be provided at multipurpose senior centers and congregate meal sites, or at other appropriate community sites convenient and accessible to older individuals.

Assessment

- If the client does not already have an assessment in the Virginia Division for the Aging (VDA)-approved electronic client database, a Virginia Service – Quick Form or CRIA encounter is required for each person who participates in a program activity.
- The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.
- Any fee for service charge to the client shall be determined by a VDA approved sliding fee scale. The Federal Poverty/VDA form may be used.

Administrative Elements

Staff Qualifications

Staff conducting evidence-based programs shall meet the training and certification requirements set forth by the specific program.

Job Descriptions

For each paid position funded by Title III of the Older Americans Act, an Area Agency on Aging

must maintain:

- A current and complete job description which shall cover the scope of staff disease prevention and health promotion service duties and responsibilities; and
- A current description of the minimum entry-level standards of performance for each job.

Units of Service

Units of service must be reported in the VDA-approved client database for each client receiving the service. Service units can be reported by client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.



- Sessions – Service activities provided to a specific individual. Activities can be provided one-to-one or in a group setting. A unit is one (1) session. A session is one event that lasts a part of an hour up to one full day.
For example, a six-week Chronic Disease Self-Management Program (CDSMP) workshop would equal 6 sessions or 6 units. If a workshop consists of 6 topics presented in a day, this would equal 1 session or 1 unit.
- Persons served (unduplicated) - The number of persons who participate in a session.

Group Units – For this service, there are no group units; therefore, group units cannot be entered into the VDA-approved electronic client database.

Program Reports

- Aging Monthly Report (AMR) to VDA by the twelfth (12th) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- Client level data from the VDA-approved electronic database shall be transmitted to VDA by the last day of the following month.

Consumer Contributions/Program Income

There must be a written policy on handling of Client Program Income (CPI) and other voluntary contributions and fees.

Cost Sharing/Fee for Service: An Area Agency on Aging is permitted to implement cost sharing / fee for service for recipients of this service.

And/or

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive. Voluntary contributions shall be encouraged for individuals whose self-declared income is at or above 185% of the poverty line, at contribution levels based on the actual cost of services.

Quality Assurance

Staff Training



- At hiring, staff shall receive orientation on agency and departmental policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.
- Staff conducting evidence-based programs shall meet the training and certification requirements set forth by the specific program.

Supervision

Consultation and supervision shall be available to all staff providing the service.

Program Evaluation

The AAA shall conduct regular and systematic analysis of the persons served and the impact of the service, in accordance with the evidence-based program requirements. There shall be a written plan and a written report of findings. Evaluation may include client satisfaction surveys.

Client Records

The AAA or service provider must maintain specific client records in the approved VDA electronic database that include:

- Consent to Exchange Information, if information is shared with other agencies.
- Virginia Service - Quick Form or CRIA encounter. At a minimum, this information must be updated annually.
- The answer to the question "Is Client in Federal Poverty?" (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.

The AAA or service provider must maintain the following additional records:

- Documentation that the service took place.
- Cost Sharing (Fee for Service) calculations, if applicable. The Federal Poverty/VDA Sliding Fee Scale form may be used.

News from National Academy for State Health Policy (NASHP)

Tim Catherman, Director of Aging Operations

This appears to be a rescheduling of the webinar that was originally scheduled in January.

[Value-Based Payment Reform Academy](#)



Interested in developing value-based payment models for Federally Qualified Health Centers (FQHCs)?

NASHP is pleased to announce it is convening a Value-Based Payment Reform Academy to support states in developing and implementing value-based alternative payment methodologies (APMs) for federally qualified health centers (FQHCs) and rural health clinics (RHCs) that support their goals for transforming how care is paid for and delivered. NASHP will select up to 6 states through a competitive request for application (RFA) process. Stay tuned - the RFA will be released in NASHP's e-news on March 1st! To learn more about the Academy and the application process, [register for our informational webinar](#), which will be held on March 10, 2016 from 2:00-3:00pm EDT.

[Updated State Delivery Reform Map: Virginia](#)

Through the Medallion 3.0 Managed Care Contract, Virginia Managed Care Organizations are required to implement at least one Medallion Care System Partnership (MCSP) to address complex and chronic health conditions by identifying, monitoring, and assigning members with complex or chronic health conditions to a Health Care Home. All MCSPs are required to target pediatric populations with the option to also target adults. Eligible providers receive payment based on one of four payment models the MCO may adopt.

NASHP will continually update this [map](#) to include new PCMH and Health Home initiatives in states. Over time, NASHP will add information on other delivery and payment transformation initiatives underway in states stay tuned for more information on state DSRIP programs. We are grateful to the Commonwealth Fund for providing support for this [map](#).

HMA Weekly Roundup: CMS Report

Tim Catherman, Director of Aging Operations

HMA Weekly Roundup covers "CMS Release Report on Dual Eligible Financial Alignment Demonstrations". The report on demonstration enrollments in the nine active capitated demonstration states includes Virginia. The summary can be accessed at:



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<https://www.healthmanagement.com/assets/Weekly-Roundup/021716-HMA-Roundup.pdf>