



VIRGINIA DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES

DIVISION FOR THE AGING



James A. Rothrock, Commissioner

## VDA WEEKLY E-MAILING

September 29, 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.nasud.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

**September 24, 2015**

### **Webinar - Meeting the evidence-based requirements of OAA Title IIID**

**Thursday, October 29, 2015, 2:00 PM - 3:30 PM EDT**

Is your state or AAA meeting the evidence-based program requirements of the Older Americans Act Title IIID? Plan to join ACL for a webinar about the requirements and how to meet them. The requirement to use Title IIID dollars for only the highest-level evidence based programs will go into effect nationally on October 1, 2016, though some states are implementing the change earlier.

Highest-level programs meet these criteria:

- Demonstrated through evaluation to be effective for improving 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-reviewed journal; and
- Fully translated in one or more community site(s); and
- Includes products for dissemination that are available to the public.

You will hear presentations from states and AAAs who are meeting the requirements, and learn strategies for overcoming common challenges. Additional technical assistance resources will be shared. The webinar will be recorded and made available on the [Title IIID webpage](#).

Click [here](#) to register for the webinar.



## UPDATES

**September 24, 2015**

### **ACL launches *What is Brain Health?* Campaign**

The Administration for Community Living has launched a campaign to provide information about how the brain changes over time, and steps you can take to help keep your brain sharp. The *What is Brain Health?* campaign also offers tips for talking with loved ones and health care practitioners about symptoms if they arise.

In a recent Roper survey, 71% of adults said they “worry most” about not being alert and experiencing memory loss as they get older.

“We all need to think about brain health the way we think about our hearts and joints. This means learning more and, ultimately, taking action – including talking to a health care provider with any questions or concerns,” said Kathy Greenlee, Assistant Secretary for Aging and Administrator of the Administration for Community Living.

The campaign is anchored by the [Brainhealth.gov](http://Brainhealth.gov) website, which has tips and tools for promoting brain health, educational videos, links to social media, testimonials from real people, and an interactive feature that shows how the brain changes with age. Academy-award winning actress Marcia Gay Harden taped a series of radio and television public service announcements which will be airing nationally. The PSAs can also be viewed anytime at [Brainhealth.gov](http://Brainhealth.gov).

Learn more by visiting [Brainhealth.gov](http://Brainhealth.gov) and [ACL's brain health webpage](#).



## UPDATES

September 25, 2015

### **Awardees Announced for 2015 Alzheimer's Disease Initiative: Specialized Supportive Services**

**\$10 million to fill gaps in dementia-capable, long-term  
services and supports  
in 10 states for the next 3 years**

About 5.2 million people in the United States live with Alzheimer's disease today, and we expect a 40% increase in the coming decade. Most long-term care is provided by unpaid caregivers, usually family members, who will benefit from this program.

The cooperative agreements announced today will fund:

- Improvements to services to people with dementia who live alone;
- Services for people with developmental and intellectual disabilities (and their caregivers);
- Assistance for people with moderate to severe impairment from dementia; and
- Behavior management training and expert consultations to caregivers.

ACL will distribute up to \$10,382,537 among these 11 organizations:

Alzheimer's Community Cares, Inc. (Florida)  
Alzheimer's Association of Michigan, Inc. (Michigan)  
Alzheimer's Association - San Diego Chapter (California)  
Delaware Department of Health and Social Services  
(Delaware)  
Florida Atlantic University (Florida)  
Greenville Health Systems (South Carolina)  
Orange County Department on Aging (North Carolina)



Seven Hills Rhode Island, Inc. (Rhode Island)  
United Way of Tarrant County (Texas)  
University of Hawaii (Hawaii)  
Virginia Department for Aging and Rehabilitative  
Services (Virginia)

Funds for these awards are provided by the 2015 Prevention and Public Health Fund, part of the Affordable Care Act. Read more [here](#).



## UPDATES

**September 28, 2015**

### **ACL Funds Chronic Disease Self-Management Education Programs**

Recently, AoA awarded a new round of two-year grants to eight grantees for chronic disease self-management education (CDSME) programs.

These programs provide older adults and adults with disabilities with education and tools to help them better manage chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS and depression.

The recipients of this round of CDSME grants are:

- Health Foundation of South Florida, Miami, FL
- AgeOptions, Inc, Oak Park, IL
- MAC Incorporated, Salisbury, MD
- Mississippi State Department of Health, Jackson, MS
- University of North Carolina at Asheville, Asheville, NC
- Health Promotion Council of Southeastern Pennsylvania, Inc., Philadelphia, PA
- South Dakota State University, Brookings, SD
- Community Council of Greater Dallas, Dallas, TX



Through these grants, ACL aims to:

- Reach about 35,000 older adults and adults with disabilities in underserved areas and populations who participate in evidence-based self-management programs to empower them to better manage their chronic conditions;
- Expand the types of evidence-based programs that we currently support to include HomeMeds (medication management), PEARLS (depression management), and EnhanceWellness (self-management); and
- Implement innovative funding arrangements (e.g., contracts with integrated health care systems) to support the CDSME programs beyond the grant period, while embedding the programs into an integrated, sustainable, evidence-based prevention program network.

AoA funding has supported nearly **250,000 participants since 2010** and about **281,000 participants since 2006**. Nearly 60% of the participants reported having more than one chronic condition, and 46% of participants report having a disability. These programs are financed by 2015 Public Health Prevention Fund, made possible by the Affordable Care Act.

Learn more about CDSME programs on [ACL's website](#).



### Webinar: Fall-Related TBIs Among Older Adults

Wednesday, September 30, 2015, 12:00-1:00 p.m. ET

The National Association of State Head Injury Administrators (NASHIA) is pleased to announce the webinar, "Fall-Related



TBIs Among Older Adults," to be held **September 30th**. You may register for this webinar [here](#). This webinar is being offered to both NASHIA members and non-members, free of charge, as space allows. NASHIA archives all webinars on its webpage for future viewing.

## **DARS Announces Receipt of Two Grant Awards**

*James A. Rothrock, Commissioner*

DARS is excited to announce the receipt of two grant awards that will bring significant resources to No Wrong Door. The first, *Transforming State LTSS Access Functions into a No Wrong Door System for All Populations and All Payers: Statewide Implementation*, will help Virginia continue statewide expansion of the NWD System and develop and implement “Best Practices” to promote systems interchange. Funding will help build capacity on the state and local levels and develop technology enhancements to strengthen interoperability. The second, *Enhancing Adult Protective Services*, will provide much needed resources to develop and pilot APS functionality in the NWD application. Together, these grants will go a long way in supporting Virginia’s efforts to provide a barrier-free, high-quality, sustainable, person-centered, single statewide NWD System of long-term services and supports for individuals of all ages and disabilities.

## **Health Management Associates: HMA Weekly Roundup**

*Tim Catherman, Director Aging Operations*



## **VIRGINIA PROVIDE UPDATES ON MLTSS PLANS**

### **Virginia MLTSS Update**

Virginia provided an updated fact sheet on September 15, 2015, with revised plans for its Medicaid MLTSS initiative. In the June 17, 2015, Weekly Roundup, we estimated that the Virginia MLTSS program could enroll close to 110,000 individuals, with annual Medicaid expenditures of more than \$2.1 billion.

### **Covered Populations**



Virginia's MLTSS populations will include all fully dual eligible individuals for Medicaid services only, as well as individuals receiving LTSS either in an institutional setting or in one of the state's six home and community-based services (HCBS) waivers.

This includes approximately 50,000 full-benefit dual eligibles not currently receiving any form of managed care, around 20,000 non-dual individuals receiving LTSS, and the roughly 30,000 dual eligibles enrolled in the Commonwealth Coordinated Care (CCC) capitated dual eligible demonstration. The state has also announced that rather than continue the CCC program beyond 2017, it will sunset on its original date, and CCC enrollees transitioned to the MLTSS program for Medicaid services. Medicare benefits will be provided to the duals population on a wrap-around basis.

### **Excluded Populations**

Individuals enrolled in the Day Support for Persons with Intellectual Disabilities (DS); Intellectual Disabilities (ID); and Individual and Family Developmental Disabilities Support (DD) waivers may be enrolled in managed care for their physical health benefits only, with LTSS services delivered through their existing waiver programs.

Additionally, individuals residing in an ICF-IID will be excluded from the MLTSS program until after it is implemented, at which time it will be determined if they will be included in MLTSS.

### **Service Carve-Outs**

The only services that are planned to be carved-out of the MLTSS program at this time are dental services, school health services, and the DS, ID, and DD PAGE 4 September 23, 2015 waiver services described in the section above. However, the updated fact sheet notes that additional service carve-outs may be considered.

### **Updates on RFP, Health Plan Participation**

MLTSS health plans will be selected through a competitive procurement process. To be eligible, plans must have achieved or be working toward NCQA accreditation and approval from CMS to operate as a dual eligible special needs plan (D-SNP).

The program will operate statewide with plans awarded on a regional basis according to a phased-in schedule. Each region will have at least two MLTSS health plan options.

### **Timing of MLTSS Implementation**

A target date for the MLTSS RFP is not set at this time but is expected in the Spring of 2016; however, the program is set to begin implementation in Spring of 2017. Enrollees in the CCC demonstration will not be transitioned until the end of 2017 when CCC sunsets, unless they opt out of the CCC once the MLTSS program is implemented.



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*Cecily Slasor, Administrative Assistant*

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