

Community Living Program

Final Report

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Executive Summary

The Virginia Department for the Aging (VDA) second Community Living Program (CLP2) grant began September 30, 2009. Two no cost extensions were granted with the project ending on March 31, 2013. On July 1, 2012, the VDA became a division of a new agency, The Department for Aging and Rehabilitative Services (DARS-VDA.)

VDA, in partnership with ten Area Agencies on Aging (AAAs/ADRCs), utilized the grant to significantly enhance the modernization of Virginia's system of long term care for seniors and veterans by expanding the Community Living Program (CLP) to over half of the Commonwealth.

The target population for the grant was to serve 100 participants that were in imminent risk of nursing home placement and spend-down to Medicaid. Participants were age 65 or older with a caregiver demonstrating difficulty in meeting the needs of his/her family member. Participants had to be dependent in 2-4 Activities of Daily Living, or have cognitive impairments. The targeting criteria for the participant were income at or below 300% of SSI (\$2022 a month) and likely to be denied Medicaid eligibility due to excess resources. Targeted liquid resource levels were \$21,912 - \$43,824 for an individual and \$43,824 - \$219,120 for an individual and spouse.

During the grant period the following were accomplished: 110 participants were served in their homes through the delivery of an array of services, including the option of hiring their own personal attendant; AAA staff were trained in consumer direction and person-centered thinking; a policies and procedures manual including forms was developed; five AAAs/ADRCs used Virtual Intake Centers to improve efficiency; four AAAs/ADRCs were added to Virginia's single point of entry No Wrong Door system, PeerPlace; PeerPlace reports were developed that can be

used by all programs; Washington D.C. Veterans Administration Medical Center (VAMC) and Prince William Area on Aging were added to the VD-HCBS program; and budget language was adopted by the 2010 General Assembly allowing that a AAA may use general fund moneys for consumer-directed services.

The Outcome Evaluation Report by the Center for Gerontology at Virginia Polytechnic Institute and State University (VT) will be an excellent reference document on findings of the Community Living Program. The evaluators found that 93.6% of respondents reported an improvement in their Quality of Life and 93.3% of respondents were satisfied with the program (78.2% were very satisfied and 14.1% satisfied). The average daily CLP2 expenditure per participant was \$25.80, far below Virginia's current Medicaid daily reimbursement rate for a nursing home bed of \$112 to \$252 per day, depending on the geographic area.

Products developed were a Guide to CLP2 Funds; PowerPoint Presentations; Policies and Procedures Manual including forms; training materials; CLP2 Brochure; revised PPL (FMS) business rules; locally developed fact sheets, brochures, flyers and presentation materials; and The Community Living Outcome Evaluation Report.

The key lessons learned were that The AAAs/ADRCs were unable to sustain CLP. If AAAs/ADRCs used OAA funds for CLP, it would result in cutting the number of individuals served through traditional OAA services. For CLP to continue, additional funds earmarked for the program would be needed. Promoting the VD-HCBS program to VAMCs was more problematic than expected as VAMCs were not interested in expanding or starting the VD-HCBS program. For VD-HCBS to expand there needs to be more interest generated at the VAMC level by the Veterans Health Administration Central Office.

Introduction

The introduction should provide a brief overview of the project and any background information that is necessary to understand the project planning strategies, goals, objectives, activities, and findings.

The Virginia Department for the Aging (VDA) was awarded the first Community Living grant on September 30, 2008, and the grant ended after two amendments on March 31, 2011. The second Community Living Program (CLP2) grant began September 30, 2009. Two no cost extensions were granted, with the project ending on March 31, 2013.

On July 1, 2012, the VDA became a division of a new agency, The Department for Aging and Rehabilitative Services (DARS-VDA.)

VDA, in partnership with ten Area Agencies on Aging (AAAs), utilized the grant to significantly enhance the modernization of Virginia's system of long term care for seniors and veterans by expanding the Community Living Program (CLP) to over half of the Commonwealth. The objectives of the project were to: 1) divert individuals at imminent risk of nursing home placement and spend-down to Medicaid by providing for consumer direction of a comprehensive and flexible array of community services to meet their individual needs; and 2) to build on the foundation established in Virginia's 2008 CLP initiative and significantly expand the program in both the size and reach and have a sustainable CLP model of service delivery. Outcomes to be achieved through the grant included: 100 eligible seniors diverted from nursing home placement and spend-down to Medicaid; 8 additional AAAs implementing CLP programs

and offering consumer direction of services to both seniors and veterans; 65 Service Coordinators trained in all aspects of CLP; fiscal practices redesigned to allow flexible funding of an array of services from a choice of providers; demonstration of the efficacy of telemedicine to help rural seniors remain safely in their homes; improved speed and efficiency of client assessment and service initiation through Virtual Intake Centers; continued refinement and documentation of Virginia's CLP model; comprehensive client and service tracking through specialized software; and evaluation of the CLP to document success in delaying or avoiding nursing home placement, cost effectiveness of the program and client satisfaction.

The AAAs that participated in the program were all Aging and Disability Resource Centers (ADRCs) that were already using or began using Virginia's No Wrong Door system, PeerPlace.

Activities and Accomplishments

1. What measurable outcomes did you establish for this project and what indicators did you use to measure performance? To what extent did your project achieve the outcomes?
 - a. **Outcome:** At a minimum, 100 additional individuals (an additional 2% of eligible Virginians) at risk of nursing home placement and spend-down to Medicaid will be served through Virginia's Community Living Program.

Performance Indicators: Participant CLP2 enrollment in VDA's PeerPlace

information system.

Achievement: The goal was exceeded with the enrollment of 110 participants.

- b. ***Outcome:*** Eight new ADRCs will join three current ADRCs in serving as the single point of entry to the CLP in their locality and will use approved policies, protocols and tools to identify targeted individuals, rapidly assess their needs, provide options counseling on a full range of services to meet those needs, quickly authorize the services and supports desired by the client that may be provided through the monthly allotment, and monitor/reassess changing needs as necessary.

Performance Indicators: AAA participation in the program.

Achievement: These eight new AAAs participated in the second CLP grant:

Appalachian Agency for Senior Citizens, Inc. (AASC), Crater District Area Agency on Aging (CDAAA), District Three Senior Services (D3SS), Peninsula Agency on Aging (PAA), Prince William Area Agency on Aging, Senior Connections (PWAAA), The Capital Area Agency on Aging, Inc. (CAAA), Senior Services of Southeastern Virginia (SSSEVA) and Shenandoah Area Agency on Aging, Inc (SAAA.) Two Area Agencies on Aging (AAA) that participated in the first grant continued with the second grant. These were Bay Aging and Jefferson Area Board for Aging (JABA.) Even though Valley Program Aging Services (VPAS) decided to

not continue with the second grant, they continued to sustain the same level of services for existing CLP1 participants.

AAAs used approved policies, protocols and tools to identify targeted individuals; to assess their needs; and to provide options counseling on an array of services utilizing a monthly budget of up to \$1,200. For attendant services, the participant had the option of hiring their own employee, utilizing a private agency or the AAA. See Appendix A for the full list of all services.

Through the use of an FMS, Public Partnerships, LLC, services were authorized and payments processed. Policy required the completion of a Uniform Assessment Instrument and a Plan of Care; a face-to-face visit with the participants thirty days after implementation of the plan of care; a minimum of one face-to-face visit at least every ninety days; and a reassessment semi-annually or when the participant's circumstances or level of functioning changed.

- c. **Outcome:** All ten AAAs/ADRCs participating in this grant will offer the option of consumer direction to all CLP clients and will assist them in utilizing the services of the Fiscal Management (FMS) contractor.

Performance Indicators: The FMS contractor's system and reports will show that all AAAs used the services of the FMS to allow participants to hire their own employees and choose an array of other services.

Achievement: All ten AAA's utilized the FMS.

VDA, and then DARS-VDA, continued a contract with Public Partnerships, LLC (PPL) to provide FMS services to the AAAs in Virginia. The participant was a common law employer and PPL handled employer and employee tasks. PPL services included participant enrollment, worker and vendor enrollment, individual budget management, reporting, payment/payroll processing, tax and insurance reporting and payment, record keeping and customer service. PPL staff participated in weekly core team calls with VDA staff and meetings with VDA staff, as needed, to coordinate FMS services and resolve problems/issues.

- d. ***Outcome:*** All ten AAAs/ADRCs will be approved and able to provide CLP services to veterans by the 18th month.

Performance Indicators: Responding to VAMCs referrals by reporting veterans enrolled.

Achievement: By the 12th month, all ten AAAs were trained in consumer direction and could begin the process to serve VD-HCBS participants if there were VAMCs interested in establishing provider agreements. Bay Aging continued serving veterans through a VD-HCBS provider agreement that was signed with the Richmond (Hunter Holmes McGuire) VAMC during the first CLP grant. Bay Aging serves ten counties

in the Northern Neck and Middle Peninsula of Virginia. Bay Aging continues to maintain an average of 22-25 veterans in its VD-HCBS program. The Richmond VAMC advised DARS-VDA that they did not have the funds to expand the program. In December 2010, Prince William AAA completed a provider agreement with the Washington, D.C. VAMC in order to serve a post 9/11 veteran with severe spinal cord and brain injuries in need of extensive services. Prince William also completed a provider agreement with the Richmond VAMC. However, no additional veterans were referred. All 10 AAAs were able to offer CLP2 enrollment to veterans and non-veterans. The CLP2 Outcome Evaluation Report by the Center for Gerontology at Virginia Tech (VT) found that 7.9% of persons enrolled in CLP2 were veterans.

- e. **Outcome:** Service Standards will be developed for consumer directed services and a Quality Assurance program designed and implemented.

Performance Indicators: Service Standards and a Quality Assurance Program
Developed

Achievement: CLP2 Policies and Procedures Manual and forms were completed on 8/18/2010. DARS-VDA held weekly calls with the AAAs to address policy and procedural questions and issues. If the CLP2 program had continued, these documents would have been revised and developed as Service Standards. VDA would have used data from the PeerPlace system and PPL, as well as findings from

the VT Outcome Evaluation Report, to monitor the program and develop a Quality Assurance program.

- f. **Outcome:** The effectiveness of telemedicine services in diverting rural seniors from nursing home placement, avoiding emergency room visits, and reduced hospitalizations will be documented and costs assessed.

Performance Indicators: JABA AAA will produce a report summarizing the effectiveness of telemedicine.

Achievement: In 2010, JABA began meeting with University of Virginia (UVA) and Blue Ridge Medical staff on requirements needed to implement telemedicine to rural seniors. After looking at what parts of Nelson County had internet access for telemedicine, it was determined that Louisa County would offer better internet service. Then later, the telecommunications company that UVA was using changed. Since the new company did not serve that area, the telemedicine program could not be supported.

- g. **Outcome:** The increased speed and efficiency of providing mobile assessment and enrollment will be documented through the use of Virtual Intake Centers.

Performance Indicators: The AAA will produce a report on their experience with Virtual Intake Centers increasing speed and efficiency.

Achievement: Bay Aging evaluated the process before the use of the Virtual Intake Centers and again after the Service Coordinator began using the Center. Bay Aging found an 80 percent reduction in multiple visits for the purpose of developing and implementing the plan of care and signing of required paperwork.

Service Coordinators (SCs) received laptops with wireless connectivity, handheld scanners and portable printers. Due to the rural nature of Bay Aging's population, the virtual intake centers allowed for services to be provided in a cost effective and efficient manner. The centers proved to be successful in saving time, travel and providing immediate benefit options to participants in the home setting. During the initial visit, the SCs were able to directly input Uniform Assessment Instrument (UAI) data into the PeerPlace system. This process eliminated the need for a paper UAI and the need to transfer the record into the database at a later time. SCs had the ability to scan support documents into the system and eliminate the need for multiple visits. Care Plans could be produced and printed on site. The printers allowed access to PPL forms required for participants to choose employee attendants. During the initial home visit and assessment process, SCs were able to access SeniorNavigator and other resource information readily for researching services and supports that could address the unmet needs of the participants.

Due to Bay Aging's positive experience with Virtual Intake Centers, DARS-VDA requested an extension to the CLP2 grant to offer the purchase of centers to other

AAAs. Bay Aging requested funds for four additional centers. Four other AAAs requested funding. These AAAs were: Appalachian Agency for Senior Citizens (AASC), Mountain Empire Older Citizens (MEOC), Peninsula Agency on Aging, Inc.(PAA), and Rappahannock Area Agency on Aging (RAAA.)

All of the AAAs reported that the centers improved efficiency by being able to complete assessments in the home and obtain all information needed to apply for services during the initial home visit. By scanning documents in the home, documents did not have to be copied by the client or taken back to the office to be copied and returned. Information could be entered directly in PeerPlace instead of being done through data entry later. The AAAs found that what had taken multiple visits could now be done in one visit. Below are the numbers of centers purchased and selected statements from their reports.

AASC (7 centers) - ***“The virtual intake centers have allowed the care coordinators to complete the process in one visit as opposed to several that was needed before. This means that the client can receive services in a more timely manner.”***

MEOC (8 centers using iPads) - ***“The Virtual Intake Center (VIC) increased speed and efficiency by providing mobile assessment and enrollment and eliminating the paper step. The average time of a complete assessment without the VIC equipment was 3.5 – 4 hours. The average time of a complete assessment with the VIC equipment was 30 minutes total.”*** This was based on 86 reporting forms being

completed on every home visit, some using the equipment and some without. In addition to the assessment and data gathering on a visit, the equipment allowed workers to use the internet for directions to homes and to stay connected to office e-mail.

PAA (4 centers) - *“Virtual Intake Centers are enabling PAA Care Coordination staff to better serve clients who are frail, ill and require immediate assistance so they can remain safely in their homes by meeting the clients’ needs for supportive services in a more timely, efficient and effective manner.”*

RAAA (4 centers using ipads) – *“Both client and necessary agencies have access to important information almost immediately, allowing a much more efficient continuum of care. We are pleased with the results of our virtual intake center allowing us to work more effectively, efficiently and timely.”*

- h. **Outcome:** A program manual for Virginia’s CLP (for seniors and veterans) will be finalized and made available to all 25 AAAs in Virginia. The manual will include formal policies, protocols, tools, service standards, and data reporting requirements and instructions.

Performance Indicators: A Program Manual will be developed by VDA.

Achievement: The CLP2 Policies and Procedures Manual and forms were completed on 8/18/2010 and provided to all CLP2 AAAs. The manual included revisions to the

CLP1 policies and procedures, based on recommendations from the CLP1 AAAs and the VT Evaluation team. The organization format was improved and clarifications were made. The policies and procedures included the following: an overview of the program; the referral process; eligibility criteria; menu of services; rate ranges for services; assessment; service planning; service authorizations; responsibilities of the service coordinator, supervisor, AAA, VDA and fiscal intermediary; and the evaluation plan. Reporting requirements were included with PeerPlace and PPL instructions. If the program had continued, it would have been revised and posted for all 25 AAAs.

- i. **Outcome:** Sixty-five Service Coordinators will be trained on Consumer Direction/Options Counseling, CLP policies and protocols, use of FMS, and reporting on CLP clients through the ADRC software.

Performance Indicators: The offering of training sessions and enrollment of AAA staff.

Achievement: Between May 2010 and the end of September 2010, the following training sessions were offered to AAA service coordinators, supervisors and administrative staff.

- *Consumer Direction and Options Counseling* by Jean Tuller. The primary purpose of this course was to familiarize the audience with consumer-direction, options counseling and the paradigm shift that it brings to those who

support individuals funded through the Community Living Program grant. (54 staff registered and the PowerPoint was distributed for additional staff to review)

- *Person Centered Thinking Training* by the Partnership for People with Disabilities at Virginia Commonwealth University. The training focused on experiencing the philosophy of person-centered thinking through a series of small group activities. (38 staff registered)
- CLP2 Policies and Procedures by VDA staff (36 staff registered)
- PeerPlace training webinars were held on the new PeerPlace CLP2 program for AAAs already using PeerPlace (19 staff registered.) The training was by VDA PeerPlace staff. Full PeerPlace training by PeerPlace staff was held for three AAAs that were new to the PeerPlace system. PeerPlace is the system that collects data on CLP and VD-HCBS participants for case management and reporting purposes.
- PPL computer based training was offered by Public Partnerships, LLC staff. PPL is the fiscal management system that provides the fiscal processing needed to support the CLP. The training covered the CLP flow for the service coordinator and the system processes for adding a participant, entering the participant's budget, authorizing services, and submitting invoices and personal attendant timesheets. (35 staff registered)

In September 2010, webinar training on the CLP2 program was delivered by VDA staff to state and local departments of social services staff involved in nursing home

pre-admission screenings for Medicaid eligibility. The training materials were shared electronically. The goal of the training was to assist screening teams with identifying and referring eligible individuals to the AAAs for assessment and enrollment in the CLP.

The majority of overall ratings for trainings were good or excellent.

- j. **Outcome:** An ongoing group of project coordinators/options counselors will review cases, resolve issues, recommend program changes, document lessons learned, participate in quality assurance, and support further development of the CLP model and consumer direction within Virginia's AAA network.

Performance Indicators: CLP2 Core Team Conference Calls will be held and minutes will be maintained.

Achievement: VDA maintained an on-going group of coordinators/options counselors through CLP2 Team conference calls held weekly and then semi-monthly. Topics included the fiscal intermediary (PPL), finance, policy, case situations, implementation and evaluation. One to four representatives from each AAA were on the call. The PPL project manager, business analyst and finance representatives were also on each call. The calls were convened and conducted by VDA. These calls provided coordination among the CLP Core team to resolve issues, recommend program changes and document lessons learned.

The awareness of consumer direction was increased through engaging local community partners and educating them on the CLP project. AAAs have had the following activities: presentations to Boards/Advisory Councils, physicians groups, prescription teams, social workers/discharge planners, departments of social services, civic groups, faith-based groups, human services organizations, Alzheimer Association chapters, Association of Social Workers, attorneys, personal care and home health agencies, rehabilitation and health facilities, health fairs, adult day care programs and churches. CLP fact sheets, pamphlets, and flyers were developed and distributed. Information was posted on SeniorNavigator and AAA websites. Information on CLP was disseminated through radio spots, public service TV ads, newspapers, magazines, Twitter, Facebook and e-mail. Prince William AAA participated in the Prince William Economic Development Luncheon. This event focused on building a business strategy for the coming age wave, including the growth of home care, family care, independent living, assisted living and skilled nursing care.

If the CLP program had continued, the next step would have been case reviews to evaluate improvements to the program.

Several of the AAAs that were participating in CLP2 grant also joined a VDA workgroup developing statewide Options Counseling Service Standards. Each AAA

in the work group partnered with the Center for Independent Living in its planning and service area to co-employ an Options Counseling Coordinator.

- k. **Outcome:** Fiscal guidelines will be developed with input from a statewide work group comprised of agency directors and fiscal staff and led by VDA for utilizing existing federal and state funding streams to support delivery of flexible services tailored to the needs of the individual.

Performance Indicators: Fiscal Guidelines Provided to AAAs and Reporting of Expenditures by Funding Source.

Achievement: A finance meeting was held with all CLP2 AAAs on March 4, 2010. A main focus of the meeting was educating the participating AAAs on what Older Americans Act funds, State General Funds, and other funding streams can be used in addition to grant funds to pay for CLP2 services. A chart identifying what funding sources that could be used for each CLP service was distributed to the AAAs.

During a planning webinar with the CLP2 AAAs on August 3, 2010, a discussion of funding was included.

AAAs used a combination of funds for CLP2 services. These funds were: the CLP2 grant, OAA (Title III-B, III C-2 and III-E), state, local and other AAA dollars. The funding sources for each service were identified on a monthly fiscal expenditure report.

The CLP2 AAAs agreed in a contract with VDA to identify funding sources for CLP2 sustainability. Challenges to achieving this are discussed in item 2 of this report.

1. **Outcome:** The Code of Virginia will be amended to allow for the flexible use of current state appropriations to support consumer directed services.

Performance Indicators: Code of Virginia being updated.

Achievement: Budget language was adopted by the 2010 General Assembly: “Area agencies on aging may use general fund moneys for consumer-directed services.”

- m. **Outcome:** The ADRC software will be enhanced to comply with federal reporting requirements (AoA & Veterans Department) on unduplicated and aggregate clients and to support analysis of the effectiveness of the CLP for seniors and veterans.

Performance Indicators: The NWD/ADRC PeerPlace system will be able to produce reports needed for semi-annual reports.

Achievement: The PeerPlace system collected data on CLP and VD-HCBS participants for case management and reporting purposes. PeerPlace is used by the AAAs to offer single-point of entry services. A separate program for each AAA was set up for CLP2 in PeerPlace to ensure complete and accurate reporting. Bay Aging

and Prince William Area Agency on Aging also each had a VD-HCBS program set up in PeerPlace.

DARS-VDA was able to run reports from PeerPlace for each AAA for analysis and to produce the information for the data portion of the semi-annual reports. Reports could be run by AAA with the options of served clients, new clients, closed clients or all clients. The reports could be run for the CLP2 program and for the VD-HCBS program. There were three reports that showed data at the AAA level:

- *Summary of CLP2 Services Delivered* - aggregate for the AAA
- *Demographics of AAA Clients* - aggregate for the AAA and included if an individual was a veteran
- *Summary of Traditional Services Delivered* - aggregate for the AAA
- *Administrative and Diversion Report* –aggregate for AAA and included reason for discontinuation, length of time enrolled, and number enrolling in Medicaid
- *Client Detail Report* - showed the demographics for each client.

- n. **Outcome:** 80% of seniors served will be diverted from nursing home placement and Medicaid spend-down.

Performance Indicators: The Outcome Evaluation Report by the Center for Gerontology at Virginia Polytechnic Institute and State University (VT)

Achievement: According to the evaluators, this outcome was achieved. They reported that 95% of seniors served during the evaluation period were diverted from nursing home placement and Medicaid spend-down.

The Outcome Report showed that average daily CLP2 expenditures per participant were far below Virginia's current Medicaid daily reimbursement rates. The average daily CLP2 expenditure per participant was \$25.80 as compared to the current Medicaid daily reimbursement rates for a nursing home bed, which ranges from \$112 to \$252 per day, in the areas in which the pilot was conducted.

- o. ***Outcome:*** 85% of care recipients and/or their caregivers will report that their quality of life has been improved by the use of self-directed services and flexible funding.

Performance Indicators: The Outcome Evaluation Report by the Center for Gerontology at Virginia Polytechnic Institute and State University (VT)

Achievement: According to the Outcome Evaluation report, this was achieved with 93.6% of respondents reporting an improvement in their Quality of Life.

- p. ***Outcome:*** 85% of care recipients and/or caregivers will report an excellent or good experience with the CLP.

Performance Indicators: The Outcome Evaluation Report by the Center for Gerontology at Virginia Polytechnic Institute and State University (VT)

Achievement: According to the Outcome Evaluation Report, this outcome was achieved. Of the seventy-eight (78) individuals that completed a satisfaction survey, respondents were overwhelmingly satisfied with the CLP program, their Service Coordinators, the services they accessed, and use of the fiscal Intermediary. General Satisfaction with the CLP2 program was reported by 93.3% of respondents (78.2% were very satisfied and 14.1% satisfied).

Challenges

What, if any, challenges did you face during the project and what actions did you take to address these challenges?

Challenge: Some AAAs reported having difficulty in finding participants due to CLP2 resource guidelines. This impacted the goal of 100 participants receiving services no later than the 18th month.

Action: This issue was discussed on weekly calls, and other AAAs shared their recruiting ideas. The resource guidelines would have been evaluated and likely revised if

the CLP program had continued. VDA requested a no cost extension so AAAs would have until September 30, 2012 to serve participants.

Challenge: Funding to sustain the CLP2 program was the challenge that most impacted the program. As part of participating in CLP2, each AAA had to state they would be able to sustain services for participants still in the program when the grant ended. The AAAs were unable to meet this commitment.

At the beginning of CLP2, Bay Aging and JABA were concerned about offering CLP2 services. Neither AAA was able to sustain CLP services for their CLP1 participants. Bay Aging and JABA were encouraged to participate in CLP2 due to their innovative projects. Bay Aging agreed to participate if five of their CLP1 participants could be served through CLP2. JABA agreed to participate if the number to be served could be reduced from ten to five.

The CLP2 AAAs found that using OAA funds for sustaining CLP services would result in cutting the number of individuals served through traditional OAA services. Since there were no additional funds at the federal or state level, AAAs did not sustain services. AAAs did offer participants traditional services if the person was eligible for these.

Actions: VDA requested the AAAs to submit suggestions. Some were:

- a dollar for dollar match program utilizing the same CLP criteria, but having the client to pay half the cost for the services and the grant/agency the other half up to a designated amount per month
- a personal choice for health care needs through “vouchers.”
- AoA provide a separate pool of money for CLP

SSSEVA was given additional funds during the grant extension so their CLP2 participants could be served longer.

All AAAs were requested to submit a sustainability plan so VDA would have a record of services being terminated to participants or participants being served through traditional OAA programs. Only PWAAA developed its own CLP program to sustain their participants. These participants continued receiving agency services including personal care, respite, companion/homemaker and transportation.

AoA was kept informed of this issue through the semi-annual reports.

Challenge: Telemedicine was not implemented by JABA as their partner, the University of Virginia (UVA), was not able to provide the needed support when UVA switched telecommunications providers. JABA withdrew from CLP2 as they were concerned about sustaining participants when the grant ended.

Action: DARS-VDA submitted a request for a 6-month No-Cost extension to the CLP2 Grant through March 31, 2013. Included in the extension was a plan to offer funds to AAAs for telemedicine. The opportunity was shared with AAAs but none applied.

Challenge: Two AAAs (JABA and SAAA) did not complete the program. Shenandoah Area Agency on Aging developed severe financial difficulties. Due to a lack of funds, the AAA had to stop the program on September 30, 2011. JABA was not able to implement the telemedicine program as their partner, UVA, was not able to provide the needed support. JABA withdrew from CLP2 as they were concerned about sustaining participants when the

grant ended. This resulted in unspent CLP2 funds. By this time, the AAAs were not interested in extending client services as most had closed their programs and had sustainability concerns.

Actions: DARS-VDA submitted a request for a 6-month No-Cost extension to the Community Living Program (CLP) Grant through March 31, 2013. The unspent funds were designated for VD-HCBS customization by PPL, expansion of virtual intake centers to additional AAAs, offering telemedicine funds to AAAs, and continuation of the program coordinator position to support these efforts and complete grant reporting requirements.

Challenge: VD-HCBS program expansion remained a challenge during the entire period of the CLP2 grant. DARS-VDA wanted to pursue a statewide readiness review, provider agreement and contracted FMS system so veterans could easily be served by all AAAs. The two VAMCs, Richmond and Washington, D.C., were not interested in expanding their programs. VDA began considering other VMACs. During the grant period, questions about the implementation plan for the VD-HCBS program in Virginia went unanswered by the Veterans Health Administration Central Office (VHACO).

Actions: Over the grant period, VDA had several conference calls and meetings with AoA, the Lewin Group and Dan Schoeps from the VHACO. On December 6, 2011, VDA met with the Director and staff of the Richmond (Hunter Holmes McGuire) VAMC to discuss expansion of the VD-HCBS program. The Richmond VAMC advised that

they were ending the VD-HCBS program due to the lack of funding. Although Bay Aging has continued to serve veterans, there has been no expansion by the Richmond VAMC.

In December 2010, Prince William AAA completed a Provider Agreement with the Washington, D.C. VAMC in order to respond to a VHA request to serve a post 9/11 veteran with severe spinal cord and brain injuries in need of extensive services. VDA worked with PPL on the FMS system to handle this veteran. However, there have been no other referrals from the D.C. VAMC.

VDA has drafted a Readiness Review and Provider Agreement, but would like to meet with an interested VAMC prior to finalizing these.

VDA had unspent funds and applied for a CLP2 Grant extension. Funds were designated for PPL to customize a VD-HCBS portal for Virginia. VDA had several calls with AoA and the Lewin group to clarify the VD-HCBS procedures. VDA completed VD-HCBS automation business rules.

VDA included expansion of VD-HCBS in the application for *Part B: ADRC Sustainability Program Expansion Supplemental Opportunity*. VDA plans to contact other VAMCs within Virginia and VAMCs located just outside the borders of Virginia that would be served by Virginia AAAs.

Impacts and Lessons Learned

3. What impact do you think this project has had to date? What are the lessons you learned from undertaking this project?

The project has had the following impact:

- During the grant period, 110 participants were able stay in their homes with the vast majority reporting an improved quality of life.
- AAA staff can apply their training and experience with consumer direction to other programs, including Options Counseling.
- Five AAAs have been able to improve efficiency by instituting Virtual Intake Centers.
- There is a policies and procedures manual and forms that can be referenced if future Community Living Programs are funded.
- Local community partners became educated on the Community Living Program.
- Budget language was adopted by the 2010 General Assembly: “Area agencies on aging may use general fund moneys for consumer-directed services.”
- Three AAAs were added to the Virginia’s single point of entry No Wrong Door system, PeerPlace. These AAAs were Appalachian Agency for Senior Citizens, Crater District Area Agency on Aging, and District Three Senior Services
- PeerPlace reports developed can be used by all programs.

- The Outcome Evaluation Report by the Center for Gerontology at Virginia Polytechnic Institute and State University (VT) will be an excellent reference document on findings of the Community Living Program. It includes participant satisfaction with the program, and it reports that the average cost for individuals living at home is far less than the rate for a nursing home bed.
- The Washington, D.C. VAMC and Prince William Area on Aging were added to the VD-HCBS program.
- The NWD, PeerPlace, system was customized to collect data on VD-HCBS and is available for this programs expansion.
- Through the grant, the PPL (FMS) system was customized to accommodate Virginia's VD-HCBS program.

Lessons learned during this project are:

- The AAAs were unable to sustain the CLP program without additional funds earmarked for the program. Although the cost of sustaining individuals in their homes is less expensive than nursing home care, the cost of the program was more than traditional OAA services.
- The resource levels for the CLP target group would need to be revised. There were individuals whose resources were too low for Virginia's CLP program.
- For instituting telemedicine, there must be a medical provider that is equipped to handle the program.
- The key to an on-going CLP program would be ongoing monitoring. Review of PeerPlace and PPL reports revealed some missing data and service delivery questions.

- The AAAs continued to work with an awkward participant invoicing process through PPL. The process involves the AAA advancing PPL funds, the AAA paying a vendor for services, and then having to wait for reimbursement from PPL. Although this was the original request of CLP1 AAAs, it has proved to be inefficient. Both VDA and PPL would change this process if the program continued. This would be corrected in the VD-HCBS system.
- Promoting the VD-HCBS program to VAMCs was more problematic than expected. The Richmond VAMC and Washington, D.C. VAMC were not interested in expanding their programs. It was difficult to find contact names at the other VAMCs to begin discussions about the program.
- The VD-HCBS program would benefit from a state level readiness review and provider agreement. AAAs could quickly offer the program through a contract with DARS-VDA.
- The VD-HCBS customization and issues related to the FMS system was more time consuming than anticipated.

After the Grant

4. What will happen to the project after this grant has ended? Will project activities be sustained? Will project activities be replicated? If the project will be sustained or replicated what other funding sources will allow this to occur? Please note your significant partners in this project and if/how you will continue to work on this activity.

The AAAs did not continue the CLP services as the use of OAA funds for sustaining CLP services would result in cutting the number of individuals served through traditional OAA services.

The use of virtual intake centers by the five AAAs that participated will continue. AASC is using the centers for the Community Based Care Transition Program. Discharge planning teams at the hospitals are working to provide areas for Transition Coaches to set up their virtual intake centers with internet access. PAA anticipates expanding the use of these devices to more efficiently assist the large number of residents in housing complexes to apply for seasonal utility assistance.

VD-HCBS will continue in Bay Aging and Prince William

PPL will continue to be the FMS for VD-HCBS.

VDA continues to work with the AAAs on Options Counseling and Care Transitions projects.

VDA continues to work with DMAS on integrated services for Medicare and Medicaid dually eligible beneficiaries.

Publications, Communications and Products

5. Over the entire project period, what were the key publications and communications activities? How were they disseminated or communicated? Products and communications activities may include articles, issue briefs, fact sheets, newsletters, survey instruments, sponsored conferences and workshops, websites, audiovisuals, and other informational resources.

These products were produced and attached to semi-annual reports.

Spring 2010 Semi-Annual Report

- Guide to CLP2 Funds – *at AAA meeting and e-mail*
- CLP2 Information System Service Guide – *at training and e-mail*
- Initial Grant Meeting Agenda – *at the meeting with AAAs and e-mail*
- CLP2 Finance Meeting Agenda – *at the meeting with AAAs and e-mail*
- Revised CLP2 PowerPoint Presentation – *at the meeting with AAAs, e-mail and VDA website*

Fall 2010 Semi-Annual Report

- CLP2 Policies and Procedures Manual– *at training and e-mail*
- Revised CLP2 forms – *at training and e-mail*
- Consumer Directed and Options Counseling PowerPoint – *at training, e-mail and VDA website posting*
- Revised CLP2 Brochure – *at training and e-mail*

Spring 2011 Semi-Annual Report

- Locally developed fact sheets, brochures, flyers and presentation materials – *by AAAs to community partners*

Fall 2011 Semi-Annual Report

- Updated PPL CLP business rules – *to PPL*
- First draft of PPL VDHCBS business rules – *to PPL*
- Local informational materials (two samples included with semi-annual report) *by AAAs to community partners*

Spring 2012 Semi-Annual Report

- Event Participation Sample:: Speaker: “Boomers can build a better tomorrow for Prince William” – *article in local news publication*

Final Report – attached to the final report

- The Community Living Outcome Evaluation Report by the Center for Gerontology at Virginia Polytechnic Institute and State University (VT) – *e-mail to all CLP2 AAAs*

Appendix A

CLP2 Services

Personal Attendant Services – employee, agency or AAA

- companion/ homemaker
- personal care
- respite

Other Support Services

- adult day care
- assisted living
- assistive devices
- chore
- dental care (*optional service as determined by the AAA*)
- disposable medical supplies
- groceries
- home delivered meals
- home modifications/housing rehabilitation
- nutritional supplements
- personal emergency response system
- prescription medications
- recreational devices
- senior apartments
- transportation