



*Shaping policy, sharing solutions, strengthening communities*

# The Current System



- Most people with disabilities still live at home.
- Those using private supports have a wide array of services: community residential; skilled nursing/ICFs; in-home supportive services; independent living, including host homes and shared living; respite; day habilitation; supported employment...
- Services are designed to build on strength capabilities; interests; lifestyle preferences and cultural background.
- Of ANCOR's member orgs., 58% are not-for-profit.
- Primarily funded by Medicaid and individual organization fundraising; social entrepreneurship; some grant funding

# The Current System



- Prioritization of HCBS and closing of institutions
- Olmstead Decision; DoJ Activity
- Significant variables in each state and within some states on how supports and services are organized and funded.
- Complex and fragmented rate-setting system
- Focus on consumer choice and empowerment---choice regarding education, employment, residence and leisure.
- Provider capacity: competencies, technology/innovation; business models and practice; leadership competencies
- Access and waiting lists
- Professionalization of the direct support workforce

# Future Uncertainties



- Resource limitations and increasing demand. Transparency of resource allocation.
- Continued strong trending toward supports and services that are person-centered, individually controlled, integrated and focused on measureable, quality outcomes.
- Uncertain political climate – move to social extremes
- Health Reform (ACA); future of Medicaid Funding/reimbursement---Managed Care, ACOs
- Changes to Rules -Companion Care, Employment Supports, Definition of Community
- Workforce Issues: Training/competencies; compensation
- DOJ Olmstead Enforcement

# Challenges



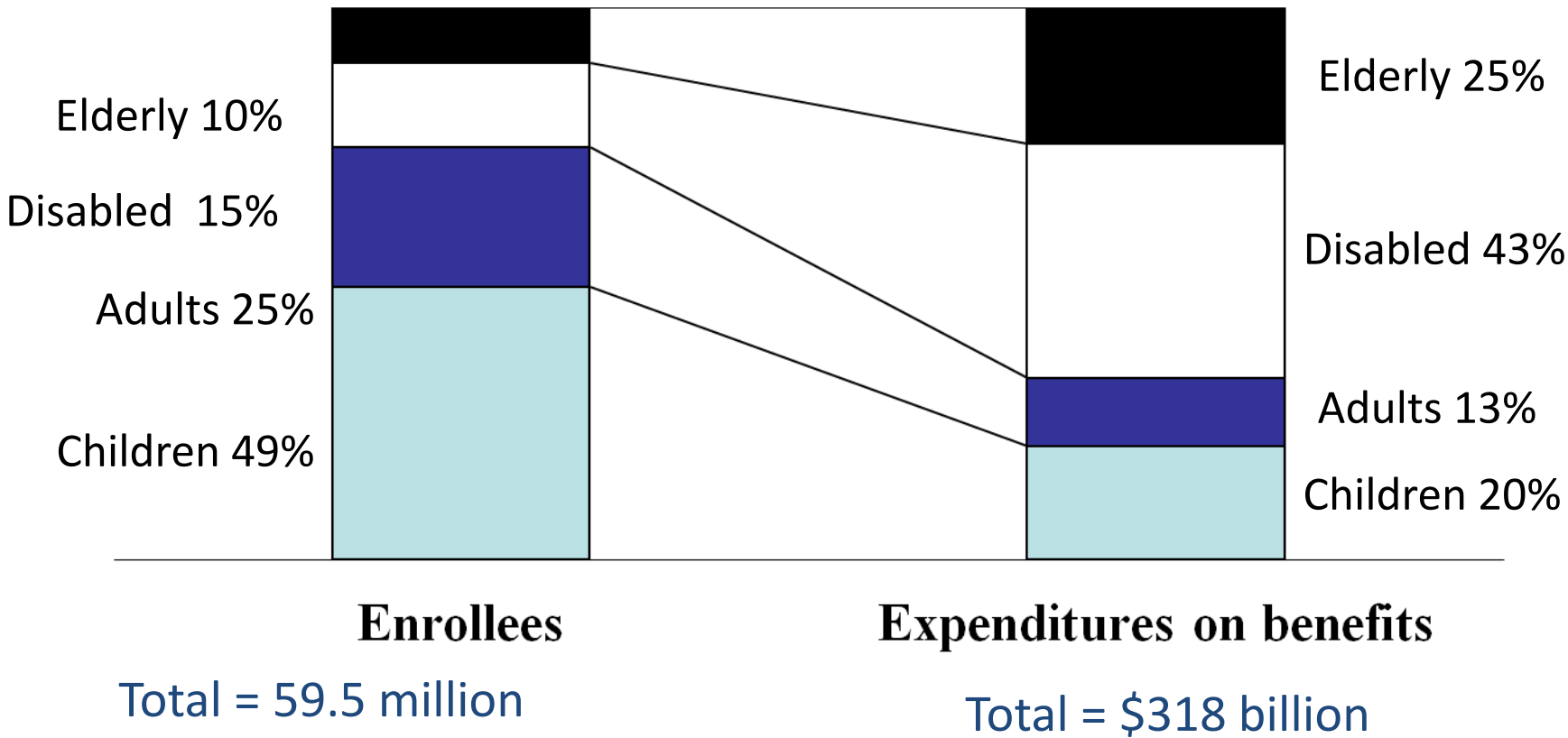
1. Economic Challenges of Medicaid
2. Structural Deficits and Debt
3. Changing demographics/aging Baby Boomer population
4. Direct Support Workforce Shortages
5. Dearth of transitional leadership
6. Housing
7. Employment/micro-business

# Sustainability at Issue



1. Renewed focus on sustainability by feds and states
2. Individual Resource allocation
3. Managed Care

# People with disabilities account for the largest share of Medicaid spending

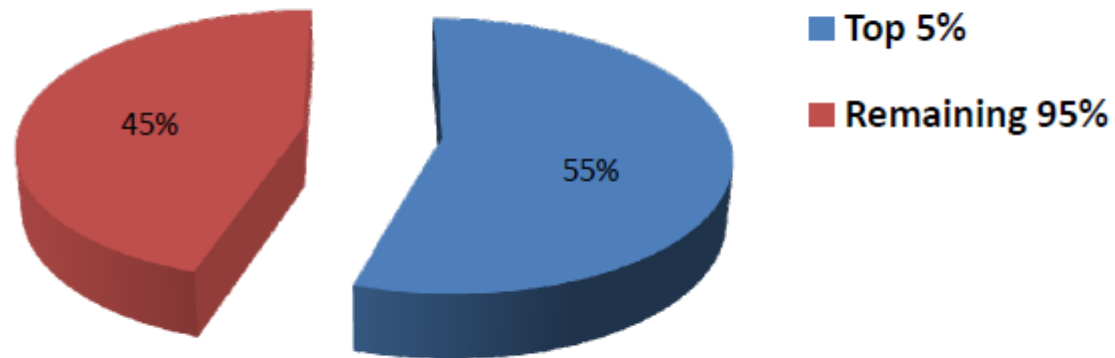


FY 2008

SOURCE: KCMU and Urban Institute estimates based on data from FY 2008 MSIS and CMS-64, 2011.

# And Why is System Being Re-Designed?

**Top 5% Drive 55% of Expenditures**



Source: CMS Analysis of MSIS data FY2008

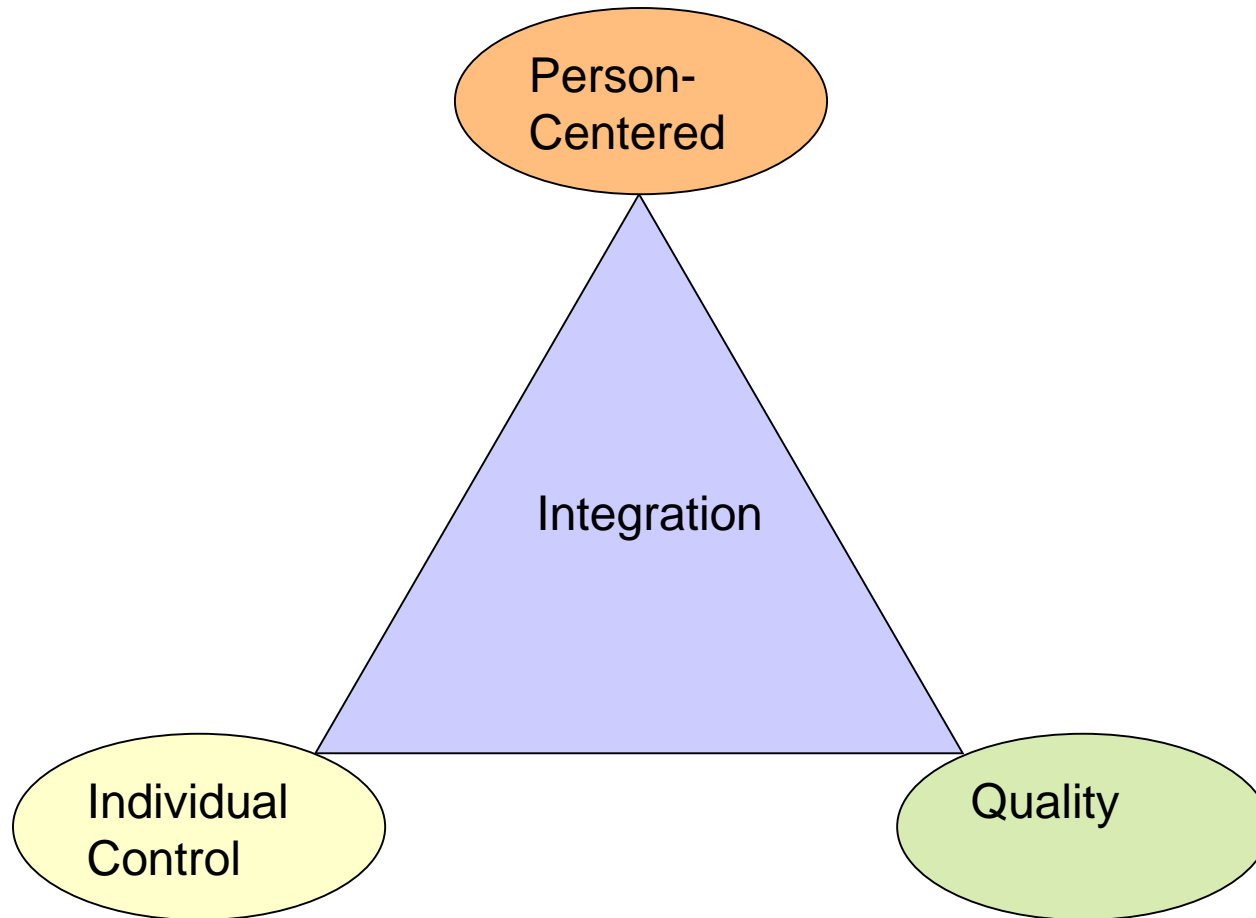


# The CMS “Triple Aim” for Quality

- Better Health for People
- Better Care
- Lower Cost

# Quality

- To ensure good quality, meet individuals' needs, and help individuals achieve positive outcomes
  - avoidance of harms, stable community living, and increased integration, independence, and self-determination in all life domains
    - Community Living
    - Employment
    - Education
    - Recreation
    - Healthcare
    - Relationships



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SHAPING POLICY, SHARING SOLUTIONS, STRENGTHENING COMMUNITY

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## How will CMS Expect States to Assure Quality? What will States Measure?

- Timeliness of completing level of care assessments
- Timeliness of initiating HCBS
- Receipt of services authorized
- MFP – Successful transitions to community
- Person-centeredness of service planning
- Participation in volunteer or paid work
- Participation in self-directed services
- PWD satisfaction with services

# New Systems of Care

- Risk Based
- Outcome based – states are buying outcomes
- Requiring integration – providers working together to figure out how we touch recipients of care and support.



## Integration Models

- Managed Care Organizations
- Accountable Care Organizations
- Health Homes
- Patient-Centered Medical Homes

# Segregated Settings

According to DoJ these settings include, but are not limited to:

- Congregate settings populated exclusively or primarily with individuals with disabilities.
- Congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individual's ability to engage freely in community activities and to manage their own activities of daily living; or
- Settings that provide for daytime activities primarily with other individuals with disabilities.

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## CMS Definition of Community

- Community is integrated with **full access to opportunities to seek employment and work in competitive integrated settings**, engage in community life, control personal resources, and receive services in the community, like individuals without disabilities
- Supports are **selected by the individual** among all available alternatives and identified in the person-centered service plan;
- Protects privacy, dignity and respect, **and freedom from coercion and restraint;**
- Advances independence in making major life choices;
- **Honors individual choice regarding services and supports, and who provides them.**



# Opportunities

- Technology applications: assistive, operations and service delivery
- Additional efficiencies in program design and development.
- Increased focus on coordination to achieve improved care/supports, improved customer experiences and cost savings.
- Incentives and additional programs to provide home- and community-based services.



ANCOR is...

A national nonprofit trade association  
advocating and supporting

- Over 800 private providers of services and supports to
- Over 500,000 people with disabilities and their families
- And employing a workforce of over 400,000 direct support professionals and other staff

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## The American Network of Community Options and Resources

Vision: Advancing excellence in supports and services ~ Leading the way to communities of choice.

Mission: To inform, educate and network service providers to safeguard, develop, grow and extend their capacity to support the choices of people with disabilities.

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