Administration on Community Living (ACL):
Overview of Programs

June 6, 2018

- Introductions

- Presentation

- Q & A after presentation
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- Please complete our short survey to give us feedback for the next webinar!

Sara Ruiz, Senior Scientist
National Institute on Disability, Independent Living,
and Rehabilitation Research (NIDILRR)

Sarah Ruiz is a Senior Scientist and Program Officer at the National Institute on Disability, Independent Living, and Rehabilitation Research. Ruiz has over 15 years of experience in aging and disability research, health policy, and evaluation of evidence-based programs and practices. Her expertise lies in health care innovation, chronic disease-self management, health promotion, person-centered care and family support, end of life care, multi-component interventions, and quantitative methodology. Ruiz holds a PhD in Gerontology from the University of Southern California

Hilary Dalin, Director
Office of Elder Justice and Adult Protective Services

Hilary Dalin is the Director of the Office of Elder Justice and Adult Protective Services at the Administration for Community Living in Washington DC. The Office coordinates and manages a federal response to elder abuse, including the operation, administration, and assessment of the elder abuse prevention and responses, in order to provide a coordinated and seamless response for helping to transform adult victims of abuse into survivors and to prevent abuse before it happens. The Office implements and coordinates innovation and demonstration activities, and provides support for the Elder Justice Coordinating Council.

Serena Lowe, Senior Policy Advisor, Office on Policy Analysis & Development, Center for Policy & Evaluation
Home and Community-Based Services (HCBS) & Employment

Serena Lowe is a Senior Policy Advisor within the Administration on Community Living's Office on Policy Analysis & Development. In this capacity, Lowe serves on the CMS HCBS implementation team, which is responsible for supporting states in the successful implementation of CMS' 2014 final rule on Home & Community Based Services. Lowe has spent the past twenty years serving in a variety of leadership roles focused on furthering policies that promote the socioeconomic empowerment of low-income working families, citizens with disabilities, aging Americans and other at-risk populations. Lowe holds a B.A. in International & Public Affairs from Westminster College; an M.P.H. in International Health Policy and M.A. in International Development Policy from George Washington University; and a PhD in Public Administration from American University.

Corinna H. Stiles, Director
Office of Independent Living

Corinna Stiles is the Director of the Office of Independent Living. Dr. Stiles has held professional positions in the disability community since graduating law school in 2000. She started as Advocacy Director at the Idaho Protection and Advocacy Agency, moved to the U.S. Department of Education, Rehabilitation Services Administration in 2012 as a Vocational Rehabilitation Specialist. Dr. Stiles is currently the Director of the Office of Independent Living in the Administration on Disabilities. Her most recent accomplishments include attaining her PhD in May 2018 from the University of Idaho after successfully defending her dissertation Second Life: Virtual World Case Studies Exploring Self-Determination of Adults with Developmental Disability

Funding Opportunities at NIDILRR & Recent Efforts Related to the Opioid Epidemic

Amanda Reichard, Ph.D.

National Institute on Disability, Independent Living, and Rehabilitation Research

June 6, 2018

NIDILRR's mission

NIDILRR's mission is to generate new knowledge and to promote its effective use to improve the abilities of individuals with disabilities to perform activities of their choice in the community, and to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities.

Grant Mechanisms

Major Focus

- Advanced Rehabilitation Research Training (ARRT) $150K — Mentored Research…

- [Mary Switzer] Research Fellowships (RF) $75K or $125K
- Field-Initiated Projects (*Research*) (FI-R) $200K — Research…

- Field-Initiated Projects (*Development*) (FI-D) $200K — Development…

- Disability and Rehabilitation Research Projects (DRRP) ~$500K — Research and or Development…
- Rehabilitation Engineering Research Centers (RERC) $925K

- Rehabilitation Research and Training Centers (RRTC) $850K — Research and Training…

- Small Business Innovation Research Grants (SBIR-PI) $100K
- Small Business Innovation Research Grants (SBIR-PII) $287K — Development…

Concepts

Research: Employ systematic methods and analysis <u>to fill gaps in knowledge</u>. Findings are typically disseminated via journals as peer reviewed articles.

Development: Employ systematic methods and analysis <u>to develop technologies to meet specific needs in a target population</u>. Technologies are transferred from universities to partner organizations (manufacturers, distributors, organizations…) to facilitate adoption and use.

Technologies: Models, Methods, Tools, & Standards; Applications & Devices; Systems (Built Environment, Transportation)

Impetus for NIDILRR RFI on Opioids?

- Few studies on opioid use disorder and people with disabilities emerged as part of the ACL issue brief review

- NIDILRR's past funding on pain suggests unmanaged persistent pain is a common theme

- What can NIDILRR learn from key stakeholders?

RFI Overview

- Closed on February 20th

- Stakeholder call held on March 7th

- 50 commenters representing a diverse group of stakeholders

- Over 20 new studies identified, including new prevalence data on people with disabilities

- Findings released May 4th

RFI Findings

- New evidence suggests that people with disabilities are more likely than the general population to misuse opioids and develop an opioid use disorder but may be less likely to receive treatment than those without disabilities.

- Half of the RFI respondents commented on barriers to treatment for opioid use disorder among people with disabilities, including physical accessibility of treatment centers, limited insurance coverage, and polices that withheld opioid prescriptions without first offering pain management alternatives.

- People with disabilities who experience a serious traumatic injury (e.g., spinal cord injury or traumatic brain injury) may be at greater risk of opioid misuse and unintentional death due to opioid poisoning.

NIDILRR FOA on Opioid Use Disorder

- Two DRRP Awards will be made; $500K per year for 3 years. Applications due July 23. Email sarah.ruiz@acl.hhs.gov to set up a call for questions.
  - Prevalence estimates of opioid misuse and treatment patterns for people with disabilities.
  - Individual and environmental factors associated with increased risk for opioid use disorder.
  - Individual and environmental factors associated with improved access to treatment.
  - Interventions that contribute to improved outcomes for people with disabilities.
  - Effects of government policies and programs on health care access and on treatment outcomes.

References

- RFI Findings Document
  - https://www.acl.gov/sites/default/files/news%202018-05/20180502NIDILRROpioidRFIFindings.pdf
- Summary of Stakeholder Meeting
  - https://www.acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/OpioidStakeholderMeetingSummary-2018_0.pdf
- NIDILRR FOA on Opioid Use Disorder
  - https://www.grants.gov/web/grants/view-opportunity.html?oppId=303836

ACL's Office of Elder Justice and Adult Protective Services

Hilary Dalin, Director

March 22, 2018

ACL's Vision for Elder Justice

A comprehensive, multidisciplinary system
that effectively supports
older adults and adults with disabilities
so they can exercise their right
to live where they choose,
with the people they choose, and
fully participate in their communities
without threat of
abuse, neglect, or financial exploitation.

Office of Elder Justice and Adult Protective Services

- ACL Office of Elder Justice & APS (established in 2014; previously known as the Office of Elder Rights)
- Authorized by the Older Americans Act and the Elder Justice Act
- https://www.acl.gov/programs/protecting-rights-and-preventing-abuse

General Elder Justice Programs

- **Resource Centers**
  - **National Center on Elder Abuse ww.ncea.acl.gov**
  - **National Indigenous Elders Justice Initiative www.nieji.org**
- **Elder Justice Coordinating Council**
  https://www.acl.gov/programs/elder-justice/elder-justice-coordinating- council-ejcc
- **World Elder Abuse Awareness Day (WEAAD)**
  - **commemorated on June 15th every year**
  https://www.acl.gov/news-and-events/events-and- observances/world-elder-abuse-awareness-day
- **Grants that support innovation and build the evidence base for prevention and intervention:**
  - **Elder Justice Innovation Grants**
  https://www.acl.gov/programs/elder-justice/elder-justice-innovation-grants-0

Adult Protective Service (APS)

APS is a social services program provided by state and local governments serving older adults and adults with disabilities who need assistance because of abuse.

ACL supports APS through:

- State Grants to Enhance APS, https://www.acl.gov/node/16

- Voluntary Consensus Guidelines for APS, https://www.acl.gov/node/17

- National Adult Maltreatment Reporting System (NAMRS), https://www.acl.gov/node/18

- National APS Technical Assistance Resource Center, https://www.acl.gov/node/19

Long-Term Care Ombudsman Program

The Long-Term Care (LTC) Ombudsman program is a person-centered consumer protection service that supports long-term care residents.

- Ombudsmen <u>resolve problems</u> and <u>advocates for the rights</u> of individuals in order to maximize the independence, well-being, and health of individuals residing in nursing facilities; assisted living & similar adult care facilities.

- Ombudsmen represent the interests of residents before governmental agencies and seek administrative, legal and other remedies to protect residents; and

- The National Ombudsman Resource Center (at the Consumer Voice for Quality Long-term Care) provides information and resources to Ombudsman and the general public. http://ltcombudsman.org/

Legal Assistance

ACL-funded legal programs in every state provide civil legal counsel and representation to older people with economic or social need prioritized to preserve independence, choice, and financial security.

- Legal Assistance for the Elderly Programs - priority service that is formula-funded by Title III-B, Older Americans Act, https://www.acl.gov/node/832

- Model Approaches to Statewide Legal Assistance - a grant program, https://www.acl.gov/node/833

- The National Center on Law and Elder Rights (NCLER) – national resource center, https://ncler.acl.gov/

Economic Security

Economic security is critical to a high quality of life for older adults. ACL supports economic security through:

- The Pension Counseling and Information Programs, https://www.acl.gov/programs/retirement-planning-support/pension-counseling-and-information-program

- The National Education and Resource Center on Women and Retirement Planning, http://www.wiserwomen.org/index.php?id=38&page=National_Resource_Center_on_Women_and_Retirement_Planning
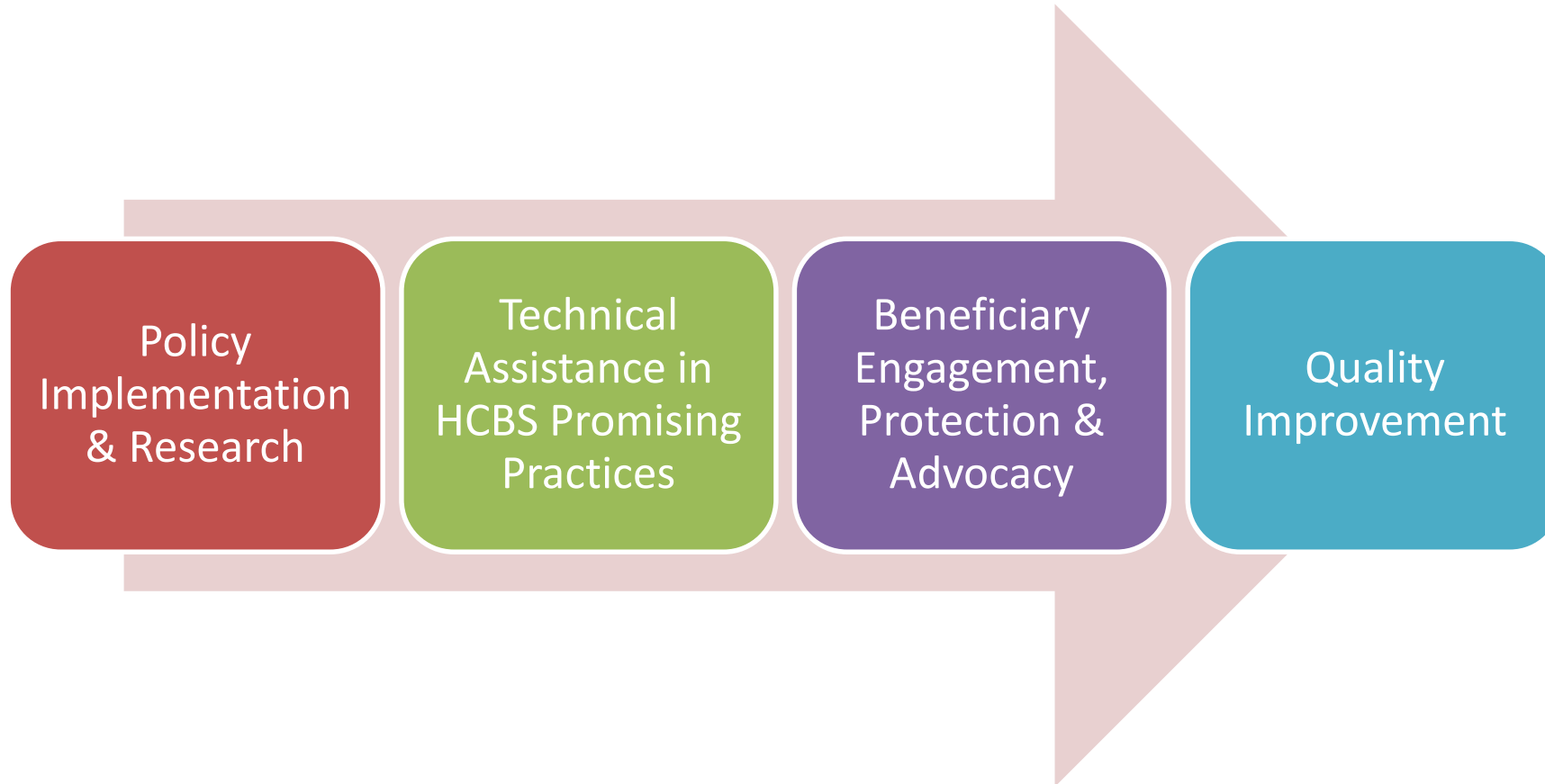
ACL – Key Policy Priorities Related to Home & Community Based Services

Serena Lowe, PhD

Senior Policy Adviser, Center for Policy & Evaluation

March 22, 2018

ACL's Continued Role in Supporting Systems-Change Efforts to Improve Access, Coverage and Delivery of Medicaid HCBS

Policy Implementation & Research

Technical Assistance in HCBS Promising Practices

Beneficiary Engagement, Protection & Advocacy

Quality Improvement

Representative List of Ongoing CMS-ACL Collaborations related to HCBS

No Wrong Door

ADRCs
NWD System Functions
PCP

Medicaid LTSS

HCBS Rule
MLTSS Rule
Quality
Health & Welfare
Social Determinants of Health

Additional Opportunities, Demos, Initiatives

CMMI Partnerships; Coordinated Care Models; AT Collaborations	Expanding Upon Rebalancing/Systems-Change Efforts (CFC, Duals, 1915(i), MFP 2.0, IAP, BIP)

Federal HCBS Setting Requirements

Is integrated in and supports access to the greater community

Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

Ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS

Is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting

Ensures an individual's rights of privacy, respect, and freedom from coercion and restraint

Optimizes individual initiative, autonomy, and independence in making life choices

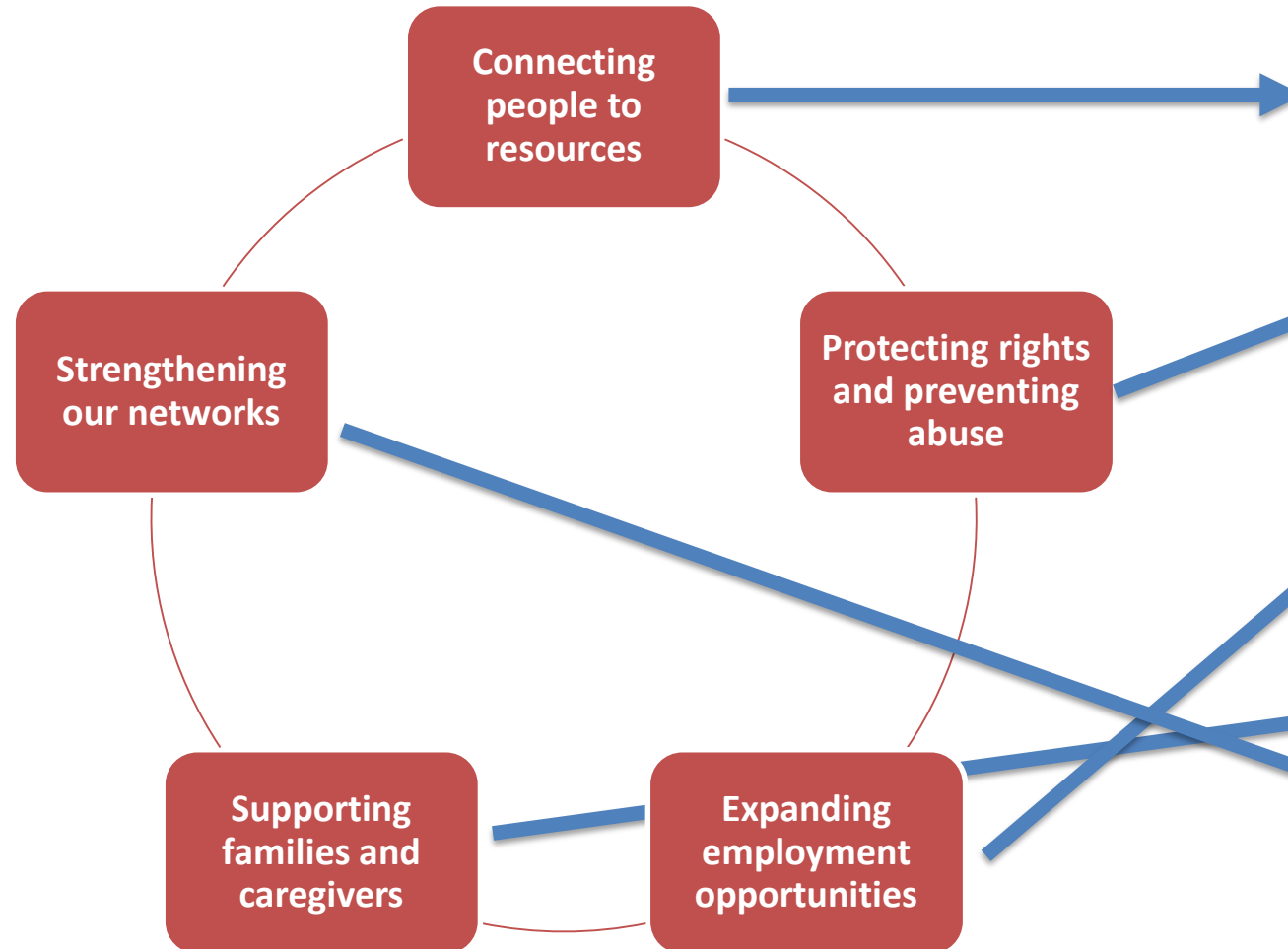Facilitates individual choice regarding services and supports and who provides them

Additional Requirements for Provider-Controlled or Controlled Residential Settings

Implementing HCBS with Integrity:
Systems-Level Issues

Funding/ Reimbursement	**Capacity**	**Community Integration**
Conflict-Free Case Management	**Health & Welfare/Critical Incidence**	**Variance in Quality Metrics**

Person-Centered Planning

On the Horizon

ACL Leadership – 5 Key Pillars (2018-2021)

- Connecting people to resources
- Protecting rights and preventing abuse
- Strengthening our networks
- Supporting families and caregivers
- Expanding employment opportunities

Ripe Opportunity Areas (FY 2018-19)

- National TA Partnerships around PCP
- Expanding Support of State Health & Welfare Strategies (Living Well Grants; TA on Model Practices)
- Increased Cross-Agency Focus on Implementing Key ACICIEID Report Recommendations
- RAISE Family Caregiver Advisory Council
- Promoting State AT-Medicaid Collaborations

Title VII of the Rehabilitation Act

Purpose:

...To promote a **philosophy of independent living**, including consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the **integration and full inclusion of individuals with disabilities** into the mainstream of American society

Independent Living: The Programs

- **Independent Living Services** (ILS) FY18 $24,878,000 [$2M increase]
  Funding to States for the purpose of supporting and expanding the independent living network in a state (57 awards)
  - Statewide Independent Living Council
  - State Plan for Independent Living
  - Seven (7) allowable activities

- **Centers for Independent Living** (CILs) FY18 $88,305,000 [$10M increase]
  Funding to private nonprofit agencies for the purpose of providing <u>independent living services</u> to individuals with significant disabilities (356 awards)
  - **Core Services**

Total Funding FY2018 = $113,183,000
[$12M increase]

UCEDD Compatible ILS Allowable Activities

- To demonstrate ways to expand and improve independent living services
- To conduct studies and analyses, gather information, develop model policies and procedures, and present information, approaches, strategies, findings, conclusions, and recommendations to Federal, State, and local policymakers in order to enhance independent living services for individuals with disabilities
- To train individuals with disabilities and individuals providing services to individuals with disabilities and other persons regarding the independent living philosophy

(Sec. 713(b)(1)-(7))

Examples of UCEDD Collaboration with IL Network

- **University of Montana Rural Institute**

  The Safety Project: Partnered with 12 CILs on the implementation and evaluation of The   Safety Class

- **University of Puerto Rico**

  UCEDD Executive Director on CIL Board of Directors/CIL ED on the UCEDD Advisory   Committee

  Training collaborations – UCEDD trains CIL staff/consumers, CIL trains students

  UCEDD is partner in PR Disability Community Relief Network

- **Ohio State Nisonger Center**

  Partnering with CILs to develop and implement the Living Independent from Tobacco program. Eight-week smoking cessation program adapted for people with disabilities.

- **University of Nebraska Medical Center**

  Serves as Designated State Entity for Nebraska ILS award

  ➤ May retain up to 5% of ILS funds [$332,044/$16,602]

  ➤ Receive, account for and disburse funds (Sec. 704(c))

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