

# The Year of Community Living: Federal Perspective



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# Year of Community Living

## June 22, 2009

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**"I am proud to launch this initiative to reaffirm my Administration's commitment to vigorous enforcement of civil rights for Americans with disabilities and to ensuring the fullest inclusion of all people in the life of our nation."**

President Obama

# Year of Community Living Activities

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- Formation of HHS Coordinating Council led by the Office on Disability
- Additional funding for ADRCs
- ANPRM related to HCBS waiver program
- More to come!

# Disabled and Elderly Health Programs Group

**300** active Home and Community-Based Services Waivers

**\$1.75 billion** Money Follows the Person demonstration funds

**1,000,000** people living in a community of their choosing



**10** grants to States for Community-Based Alternatives to PRTFs for Chil-

**35,572** people being transitioned into the community through MFP

**310** Real Choice Systems Change Grants to 50 States between 2001 and 2008

**\$27 billion** total HCBS waiver expenditures in FY2007

**318** SPAs and waivers approved in FY08

**69** permanent PACE providers

**\$7.5 million** rural PACE grant funds



**34,000** drugs covered under the Medicaid drug rebate program

**575** pharmaceutical companies participating in the Medicaid drug rebate program



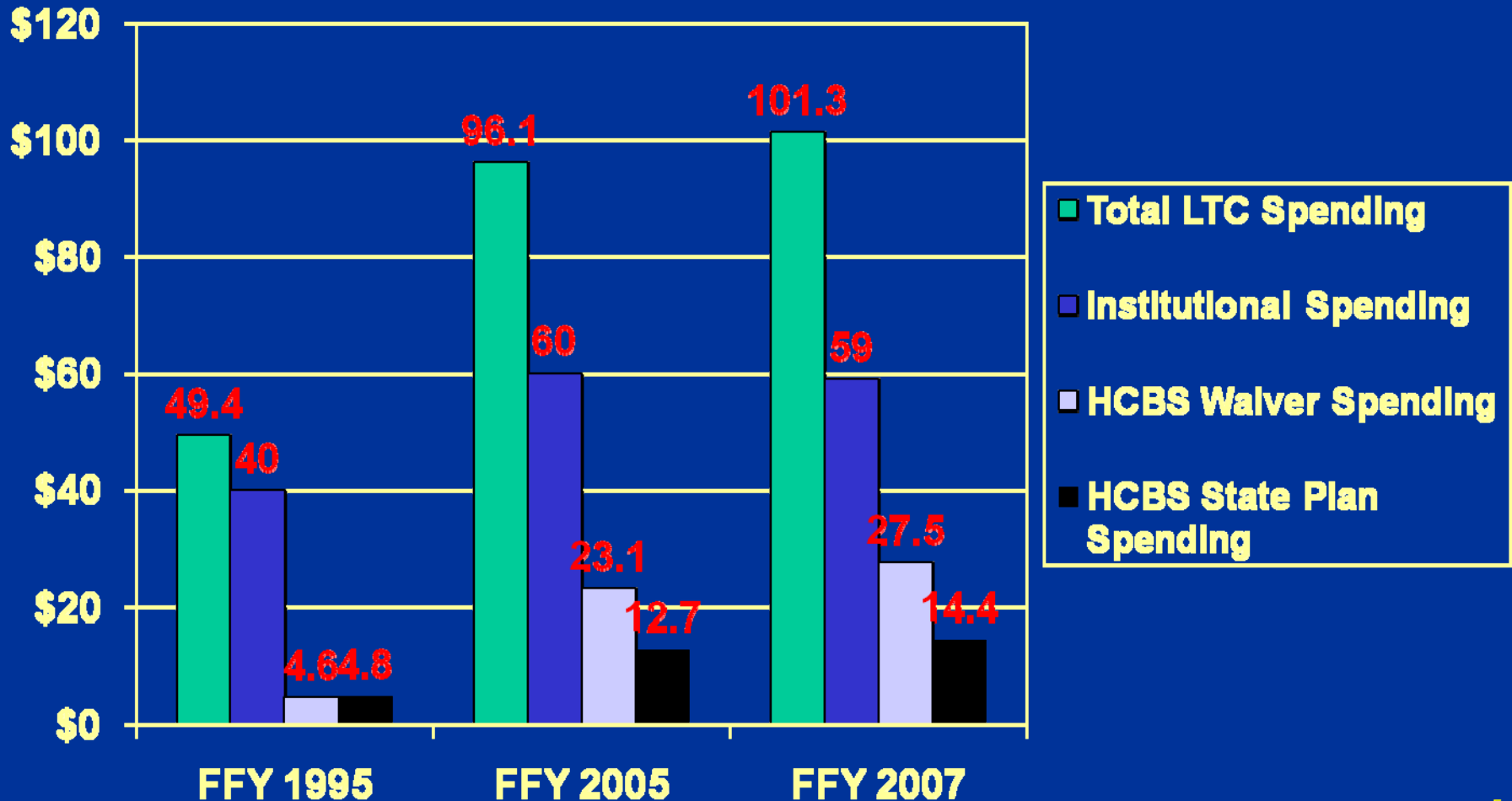
**31** grants to States participating in MFP

**150** Aging and Disability Resource Centers operating across the country

# Where have we been?

## Long-Term Care Spending Analysis

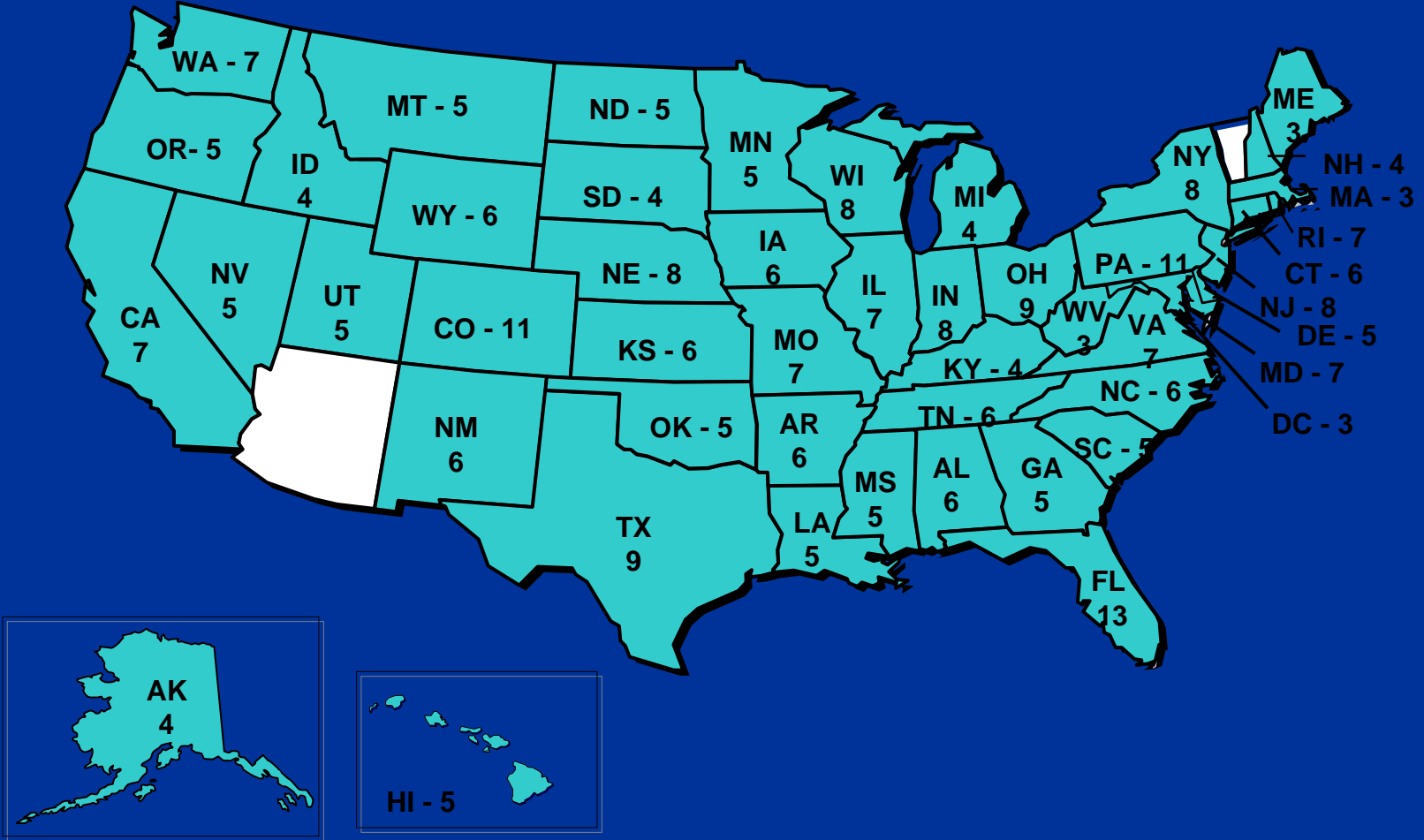
(in billions of dollars)



# Where we are today?

- Growth in HCBS Waivers (HCBWs)
- New state plan authorities
- Opportunities for consumer direction
  
- Institutional bias
- Waiting lists for HCBWs
- Shortage in formal and informal direct care workforce

## Number of Active HCBS Waivers Per State



Arizona and Vermont provide similar services as part of Research and Demonstration Waivers.  
 Source: Medstat review based on CMS Waiver and Grant Management Database (WGMD); CMS 64 Reports; and Medstat review of state and CMS Web sites

# Where Are We Going?

**“A sustainable, person-driven long-term support system, in which people with disabilities and chronic conditions have choice, control and access to a full array of quality services that assure optimal outcomes, such as independence, health and quality of life.”**

# 2008 Actuarial Report on the Financial Outlook for Medicaid

(CMS Office of the Actuary)

- Medicaid benefit expenditures are projected to reach \$339.0 billion in 2008 and \$673.7 billion by 2017, when Medicaid spending would be about 113% higher than in 2007.
- Medicaid is expected to grow about 7.9% per year on average, which is faster than the projected GDP growth of 4.8%.

# DEHPG Strategic Plan

- May be accessed at <http://www.cms.hhs.gov/NewFreedomInitiative/>
- 2010 – 2015 Plan is under development.

**State Flexibility**

**Individual Choice**

**2007-2009 Strategic Action Plan**

**Accountability**

Disabled and Elderly Health Programs Group  
Center for Medicaid & State Operations

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

To provide national leadership for the design of financially sound Medicaid programs supporting people with disabilities and older people.

# DEHPG Strategic Plan

- **Mission:** To provide national leadership for the design of financially sound Medicaid programs supporting people with disabilities and older people
- **Vision:** A long-term support system where the person is at the center

# “Person-driven”

- **The system affords older people, people with disabilities and/or chronic illness the opportunity to decide where and with whom they live, to have control over the services they receive and who provides the services, to work and earn money, and to include friends and supports to help them participate in community life.**

# “Inclusive”

- **The system encourages and supports people to live where they want to live with access to a full array of quality services and supports in the community.**

# “Effective and Accountable”

- The system offers high quality services that improve quality of life. Accountability and responsibility is shared between public and private partners and includes personal accountability and planning for long-term care needs, including greater use and awareness of private sources of funding.

# “Sustainable and Efficient”

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- The system achieves economy and efficiency by coordinating and managing a package of services paid that are appropriate for the beneficiary and paid for by the appropriate party.

# “Coordinated and Transparent”

The system coordinates services from various funding streams to provide a coordinated, seamless package of supports, and makes effective use of health information technology to provide transparent information to consumers, providers and payers.

# Culturally Competent

- The system provides accessible information and services that take into account people's cultural and linguistic needs.

# Our Compass

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- Person-centeredness
- Meeting the needs of beneficiaries
- Customer services
- Partnership
- Strengthening the programs
- “Open Government”

# H1N1 Flu Pandemic

- April 26, 2009 – Secretary Sebelius declares a public health emergency involving H1N1 influenza, under section 319 of the Public Health Service Act
- July 24, 2009 – Secretary Sebelius renews the declaration
- Updated information is available at <http://www.flu.gov> and <http://www.cdc.gov/h1n1flu/guidance>

# A Common Destination

- Are we going the same place?
- What is your destination?
- How can we share the ride?