



## Long-Term Services and Supports (LTSS): Arlington County's Integrated Approach

SITE VISIT  
REPORT

**ARLINGTON, VIRGINIA**

APRIL 13, 2012

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## INTRODUCTION

Arlington County, Virginia, a close-in suburb of Washington, DC, with a population of almost 212,000 people in 2012, is the 13th most densely populated jurisdiction in the United States. Arlington's population grew rapidly during the post-World War II era with thousands of U.S. government employees drawn to the Washington, DC, area by war and post-war defense jobs. From 1940 to 1950, its population grew by almost 140 percent and this population shift transformed the suburban landscape and economy. The county is home to a fairly well-off and highly educated population. Median household income, at almost \$94,000 per year, is among the highest in the United States. The county's population is among the most highly educated in the nation, ranking second among U.S. jurisdictions in the proportion of those with bachelor's or master's degrees. Its population is also very diverse with almost 30 percent of residents who speak a language other than English at home.<sup>1</sup>

Arlington County's older population, many of whom are children of the post World War II era, is growing at a rapid pace. In 2010, its population aged 65 and older was 18,000, about 8.7 percent of the county's total population, less than the national average of almost 13 percent. But the county's population age 65 to 74 years old grew by more than 21 percent from 2000 to 2010. Its population age 85 and older grew by almost 12 percent over the same period. Its older population is expected to double by 2030. While overall the Arlington County population enjoys relatively comfortable circumstances, pockets of poverty and need exist, including among the elderly. Estimates indicate that 12 percent of Arlington's elderly have incomes below the poverty level and about the same proportion have incomes below 50 percent of the Virginia median income.<sup>2</sup> The wide ethnic and cultural differences among Arlington's elderly population can result in barriers to knowledge about, and access to, available services. It is estimated that about 50 different language groups are represented. For individuals who do not speak English as their primary language, and especially for those needing supportive assistance, it can be challenging to live in a relatively high-cost area and access and pay for support services to remain at home and in the community.

## ARLINGTON COUNTY'S AGING PROGRAMS

The Arlington Agency on Aging<sup>3</sup> is one of 629 area agencies on aging across the nation. It is responsible for the planning, development, and coordination of a wide array of social long-term services and supports (LTSS), and health-support services for the county's older population. The Older Americans Act provides a framework for the delivery of a range of services for older people funded not only by the Act but also by other federal, state, and local programs. While the infrastructure created by the Older Americans Act laid the foundation for the aging services network to develop a comprehensive and coordinated service system for older people, the law was not intended to meet all their needs for community services. The resources made available under the Act are intended to leverage other federal as well as state and local funding sources to serve older people. Following the Act's intent, Arlington County has made significant strides to improve community services for its growing older population. While the county's aging services administrators have built its aging programs upon and with the benefit of the resources provided by the Act, they have also expanded services and created new programs to address local needs with strong backing from locally elected officials and funding from local and state sources.

The Agency on Aging is administratively located in the Aging and Disability Services Division in the umbrella Department of Human Services (DHS).<sup>4</sup> With 800 full-time equivalent staff from administrators to personal care aides, DHS provides a wide range of service programs, including not only aging and disability services but also behavioral health care services, public assistance, housing grants and supportive housing services, community health services, adult protective services, and child and family services. Services are co-located in one building, facilitating consumer access to a wide range of human services programs. DHS is the largest of Arlington County public agencies and is known throughout the Commonwealth of Virginia for its long history of service integration.

Services provided and funded through the Agency on Aging include home-delivered and congregate nutrition services,<sup>5</sup> the long-term care ombudsman program,<sup>6</sup> money management services, personal care and homemaker services, senior centers, and transportation assistance. Other services provided and funded through DHS include

nursing case management,<sup>7</sup> the Regional Older Adult Facilities Mental Health Support Team (RAFT),<sup>8</sup> senior adult mental health services,<sup>9</sup> the Walter Reed Adult Day Health Care Center,<sup>10</sup> the Virginia Insurance Counseling and Assistance Program (the Virginia State Health Insurance Program (SHIP)),<sup>11</sup> and adult protective and guardianship programs. The Agency on Aging, through the DHS Customer Service Center<sup>12</sup> and funded in part through the Older Americans Act, has been designated an Aging and Disability Resource Center (ADRC).<sup>13</sup> The ADRC provides information, assistance, and intake for persons seeking services.

In addition, Arlington County is home to a variety of housing programs for low- and moderate-income individuals. Culpepper Garden, operating since 1975 as a nonprofit affordable retirement housing community for low- and moderate-income older people, provides both independent and assisted living apartments. Culpepper Garden receives funding from the Department of Housing and Urban Development (HUD) and Arlington County, among other sources (including residents' rent payments).<sup>14</sup> The county has recently established the Mary Marshall Assisted Living Residence which provides assisted living housing for low-income people age 55 and over who have serious mental illness or intellectual or developmental disabilities.<sup>15</sup>

## PROGRAM

The site visit took place on April 13, 2012, beginning at the Arlington County Department of Human Services. Participants heard from county officials who head the Aging and Disability Services Division, the Agency on Aging, and senior adult mental health services, as well as a private-practice attorney specializing in elder law. The group traveled to the Walter Reed Senior Center, site of nutrition and adult day health programs. A discussion over lunch was held at Culpepper Garden. The group's last stop was the Mary Marshall Assisted Living Residence. After a tour, representatives of the county and Volunteers of America (the contractor who operates the residence) explained its genesis, policies, and prospects. To conclude, the nursing case management program supervisor explained that program's operation.

## IMPRESSIONS

The National Health Policy Forum asked participants to reflect on what they saw and heard during the site visit. What follows is a compilation of their impressions.

### Administration

- Arlington's DHS encourages interdisciplinary collaboration among human services agencies. The Agency on Aging plays an important leadership role in coordinating services and linking resources for older people. DHS agencies are committed to outreach to clients in addition to providing a single point of service entry in the DHS site. A mission to maintain Arlington as "a good place to grow old" underlies the department's efforts to offer coordinated and comprehensive services to older residents.
- Arlington County has allocated significant county resources into building an effective system of services to help older people with disabilities remain in their own homes. These efforts have resulted from the perceived inadequacy of federal and especially state funds, but they may also reflect a preference for local control. It seems improbable that most U.S. counties have the wherewithal to follow this approach. Nevertheless, Arlington officials stress that there is not a program in their portfolio that would not serve more people if more resources were available.
- Co-location of DHS programs under one roof facilitates coordination of services and ready access by beneficiaries.
- Arlington has made significant progress on enhancing community services for vulnerable populations but challenges remain, especially in accessing home- and community-based services for Medicaid-eligible populations and in locating quality nursing home care.

### Nursing Home Care

- In order to qualify for Medicare and Medicaid reimbursement, nursing homes must meet minimum federal standards intended to ensure quality care for residents. As a way to guide consumers in their choice of nursing homes, CMS (the Centers for Medicare



& Medicaid Services) maintains a web-accessible database, Nursing Home Compare,<sup>16</sup> which compares and rates homes on various quality measures according to a five-star rating methodology. In general, the Arlington nursing homes are rated very poorly by Nursing Home Compare. Of the 672 nursing home beds maintained by four nursing facilities in Arlington, 641 beds (95 percent) are in three homes that Nursing Home Compare has rated as having either one or two stars, that is “much below average,” or “below average” in their overall ratings.<sup>17</sup> Finding a quality nursing home in Arlington is a challenge for residents and their families.

- The Commonwealth of Virginia requires that, in order to qualify for nursing home care under Medicaid, a resident must have income no greater than 80 percent of the federal poverty level, and demonstrate acute need, that is, require assistance with five activities of daily living (ADLs) and daily nursing. Those who do qualify thus have the highest acuity levels, placing enormous responsibilities on facility staff or paid caregivers.

### Home and Community-Based LTSS Services

- Medicaid home- and community-based waiver services authorized under section 1915(c) of the Social Security Act are provided to county residents who meet Medicaid financial eligibility standards and meet the same level of care requirements for nursing home care described above. As a result, access to these services is limited to only the most severely impaired. Although there are no waiting lists for these services, this is largely because so few qualify. Most people who need home- and community-based services to remain at home do not apply due to stringent eligibility requirements, and case managers do not encourage application, knowing that many in need will not qualify. As with beneficiaries in nursing homes, the high-need threshold places a great burden on formal and informal caregivers.
- Nursing case management services, funded solely by the county, are designed to serve clients without other access to such services and to prevent unnecessary visits to the emergency department, the hospital, and/or a nursing facility. This program seeks to fill the gaps in home care services that result from clients' inability to access Medicaid home- and community-based LTSS or Medicare

home health care services. Clients must be Arlington residents who are at least age 60 (or, if younger, with a chronic condition or disability). A care order must originate with the client's physician. People are admitted to the program on the basis of a risk assessment, both functional and financial, with those in extreme need or danger referred to Adult Protective Services. Nurse case manager services include monitoring medication, conferring with doctors and family members, and helping clients adjust to transitions such as to a SNF (skilled nursing facility) or a hospital discharge. Care aides help arrange transportation, pick up medications, and other ancillary services. Personal care services may be provided under contract with a private home care organization.

- The Walter Reed Adult Day Health Care Center provides a range of services to participants age 18 and over who need supervision during the day due to a physical, mental, or cognitive impairment.
  - » Services include nursing, health monitoring, mental health services, therapeutic recreation, hot lunch and snacks, and assistance with personal care; these are intended to be individualized depending on participant needs. Staffing includes a director, a full-time nurse and therapeutic and recreation aides. The program is staffed at a ratio of 1:6 staff to participants, due to the high acuity level of the participants.
  - » Most participants would qualify for nursing home care under Medicaid. Eighty percent have some mental impairment. The program seeks to admit clients at low- or mid-level acuity and then allows them to age in place as their needs grow (until such time as they require institutional care).
  - » Clients pay for adult day health services on a sliding fee scale. The maximum is \$96 per day, although the director noted that actual costs are closer to \$150.

### Housing and Services

- Culpepper Garden is viewed by its administrator as a model for an aging society's future, more realistic and sustainable than commercial assisted living facilities. To move in, a prospective resident must be over age 62, have income below a defined threshold, and have a good credit rating and no criminal record. The

county would like to see Culpepper Garden expand or replicate, but fundraising is an ongoing issue, even to keep the existing assisted living units open. Culpepper Garden has an extensive waiting list.

- Providing affordable assisted living is extremely difficult. HUD rules and benefit formulas are complicated, and income limits are low. The county furnishes some housing grants, also subject to income limits. Auxiliary grants (funded 80 percent by the state and 20 percent by the county) provide payment for the custodial care of some low-income aged or disabled adults who reside in licensed adult care homes. Even if a person qualifies for these forms of assistance, the availability of appropriately priced housing units is always a challenge in this high-cost suburb.
- The use of service coordinators such as those at Culpepper Garden, who are able to package services for residents, might be a model for other residences, with or without HUD funding. They coordinate medical and personal care visits, for example arranging home health appointments to serve a variety of people in the standard minimum four-hour visit or arranging for visits by legal aid staff or insurance counselors. They also establish relationships with residents, families, staff, and even delivery personnel, so that they may be alerted to changes that may warrant intervention.
- The Mary Marshall Assisted Living Residence (MMALR) offers housing and services to low-income seniors with serious mental illness or intellectual or developmental disabilities. These individuals must be referred by a DHS caseworker, have income that falls below specified thresholds, surrender all income beyond \$81 per month (required by HUD), and consent to having MMALR staff manage their medications. MMALR is operated by Volunteers of America under contract to the county. A ratio of 1:7 staff to residents is maintained. Funding comes from HUD, auxiliary grants, and residents' income. Residents are free to come and go as they wish. Meals and services such as laundry and haircutting are available in-house. MMALR has incorporated information and sensing technologies in its design; for example, with their permission, residents may be monitored for falls.

### Nutrition and Health Promotion Services

- The Walter Reed congregate nutrition program is one of three county congregate nutrition sites funded by the Older Americans Act and county funds. The program serves 100 to 150 meals per day, at an average cost of \$6.85 per meal (with a suggested contribution of \$2.00 per meal). The program serves a hot meal each day with options for vegan, vegetarian, low sodium, and ethnic meals, and box lunches. Residents are eligible for congregate meal programs based on age, not income. Program participants have access to nutrition education and assessment, health screenings, information and referral, and recreational opportunities.
  - » The number of participants in the congregate nutrition program has declined over time. This decline is attributed to a number of factors (as observed by nutrition program staff, not necessarily evidence-based), including the necessity for some seniors to go back to work because of the economic downturn; seniors having to care for grandchildren; increased frailty of participants, some of whom have moved to assisted living, adult day health care, or nursing homes; and the stigma attached to participation by some cultural groups.
  - » Challenges in implementing the program include language and cultural barriers to participation; attending to the needs of a very diverse population in terms of age, mobility, ethnicity and gender; and lack of recognition among seniors of proper nutrition requirements.
  - » The chief social service and health needs of congregate nutrition participants are accessing transportation, finding free or affordable medical care, accessing supportive services and employment for family members, understanding affordable housing options and the application process, and accessing information about medical insurance and coverage.

### Services for People with Mental and Developmental Disabilities

- Providing mental health services for low-income populations is a challenge in all jurisdictions. Arlington County is known for providing more comprehensive services than most counties are able to manage; as a result, other Virginia jurisdictions may encourage

their clients to relocate. DHS staff estimate that fully half of the senior population served has mental or cognitive impairments, whether diagnosed or not.

- The county has two innovative (and possibly unique) programs.
  - » The Mary Marshall Assisted Living Residence, described above under Housing and Services, provides accommodation for 52 residents who would otherwise find it difficult to find a place to live and to access the services they need.
  - » The Regional Older Adults Facilities Mental Health Support (RAFT) program is a regional initiative in northern Virginia with state funding and a mission to reduce state hospitalizations for seniors with severe mental illness by offering them intensive mental health treatment in a home-like setting. Eligible clients are those currently receiving treatment in a state mental hospital or at risk of such placement. The multidisciplinary RAFT team partners with nursing homes and assisted living facilities to serve older adults in need. The team offers comprehensive evaluation, care plan development, case management, care coordination, therapy, medication management, staff training, and 24-hour consultation to facilities.

## ENDNOTES

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2. Arlington County, Department of Human Services (DHS), Agency on Aging, e-mail communication with authors, May 1, 2012; Arlington County, DCPHD, "Overview, 2005-2009 American Community Survey."
3. Arlington County, DHS, "Arlington Agency on Aging," updated May 21, 2012, available at [www.arlingtonva.us/departments/HumanServices/services/aging/aaa/HumanServicesServicesAgingAaaAgencyonAging.aspx](http://www.arlingtonva.us/departments/HumanServices/services/aging/aaa/HumanServicesServicesAgingAaaAgencyonAging.aspx). The Agency on Aging offers a searchable directory of senior services, available at [www.arlingtonva.us/departments/HumanServices/services/aging/aaa/SeniorServices/SearchMain.asp](http://www.arlingtonva.us/departments/HumanServices/services/aging/aaa/SeniorServices/SearchMain.asp).
4. See the Arlington County DHS main page, available at [www.arlingtonva.us/departments/HumanServices/HumanServicesMain.aspx](http://www.arlingtonva.us/departments/HumanServices/HumanServicesMain.aspx).

5. Information about Arlington County nutrition services is available at [www.arlingtonva.us/departments/HumanServices/services/aging/aaa/SeniorServices/SearchResultsList.asp?cIndex=13](http://www.arlingtonva.us/departments/HumanServices/services/aging/aaa/SeniorServices/SearchResultsList.asp?cIndex=13); information about senior centers offering meals is available at [www.arlingtonva.us/departments/HumanServices/AgingDisability/page76198.aspx](http://www.arlingtonva.us/departments/HumanServices/AgingDisability/page76198.aspx).
6. Fairfax County, Virginia, "Northern Virginia Long Term Care Ombudsman Program," available at [www.fairfaxcounty.gov/dfs/olderadultservices/LTCOmbudsman/](http://www.fairfaxcounty.gov/dfs/olderadultservices/LTCOmbudsman/).
7. Arlington County, DHS, "Nursing Case Management," updated May 26, 2011, available at [www.arlingtonva.us/departments/HumanServices/AgingDisability/NursingCaseManagement/NursingCaseMgmt.aspx](http://www.arlingtonva.us/departments/HumanServices/AgingDisability/NursingCaseManagement/NursingCaseMgmt.aspx).
8. Arlington County, DHS, "Welcome to RAFT," updated December 7, 2011, available at [www.arlingtonva.us/departments/HumanServices/AgingDisability/raft/page65159.aspx](http://www.arlingtonva.us/departments/HumanServices/AgingDisability/raft/page65159.aspx).
9. Arlington County, DHS, "Senior Adult Mental Health Services," updated June 8, 2011, available at [www.arlingtonva.us/departments/HumanServices/AgingDisability/page76196.aspx](http://www.arlingtonva.us/departments/HumanServices/AgingDisability/page76196.aspx).
10. Arlington County, DHS, "Walter Reed Adult Day Health Center," updated August 12, 2011, available at [www.arlingtonva.us/departments/HumanServices/services/aging/WalterReedMain.aspx](http://www.arlingtonva.us/departments/HumanServices/services/aging/WalterReedMain.aspx); see also the FAQ page about the program at [www.arlingtonva.us/departments/HumanServices/services/aging/WalterReedFAQ.aspx](http://www.arlingtonva.us/departments/HumanServices/services/aging/WalterReedFAQ.aspx).
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12. Arlington County, DHS, "Customer Service Center," updated June 1, 2012, available at [www.arlingtonva.us/departments/HumanServices/AgingDisability/page76193.aspx](http://www.arlingtonva.us/departments/HumanServices/AgingDisability/page76193.aspx).
13. For national information on ADRCs, see Carol V. O'Shaughnessy, "Aging and Disability Resource Centers (ADRCs), Federal and State Efforts to Guide Consumers Through the Long-Term Services and Supports Maze," National Health Policy Forum, Background Paper No. 81, November 19, 2010, available at [www.nhpf.org/library/details.cfm/2835](http://www.nhpf.org/library/details.cfm/2835).
14. See the Culpepper Garden website, available at [www.culpeppergarden.org/](http://www.culpeppergarden.org/).
15. Arlington County, DHS, "Mary Marshall Assisted Living Residence," updated December 21, 2011, available at [www.arlingtonva.us/departments/HumanServices/AgingDisability/AALR/page60315.aspx](http://www.arlingtonva.us/departments/HumanServices/AgingDisability/AALR/page60315.aspx).
16. See the Nursing Home Compare tool at the Medicare.gov website, available at [www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteriaNEW.asp](http://www.medicare.gov/NHCompare/Include/DataSection/Questions/SearchCriteriaNEW.asp).
17. Nursing Home Compare.

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FRIDAY, APRIL 13, 2012

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- 8:15 am **Bus Departure from Union Station — Arlington Department of Human Services [2100 Washington Boulevard]**
- 9:00 am **Aging and Disability Services Division Overview**
- Glenda Blake, Chief, Aging and Disability Services Division**
- How is the Department of Human Services organized, and what is its full range of responsibilities? How does the county's organizational structure differ from those in other counties or states?
  - What is Arlington County's guiding philosophy in serving older adults?
  - What is the range of services available to the county's older residents?
  - What are the most significant challenges to providing services to older adults in the county?
  - What challenges does Arlington's increasing older population pose for the sustainability of the county's aging programs?
- 9:15 am **Arlington Agency on Aging Programs**
- Terri Lynch, Director, Arlington Agency on Aging**
- What are the purpose and functions of the Arlington County Agency on Aging?
  - What is the organizational structure of the Agency on Aging, and how does the Agency on Aging interact with other aging program components?
  - What are the sources of funding for aging programs? What are the respective roles for federal, state, and county funding in development and implementation of aging programs?
  - What are some of the programs that Arlington County has developed beyond what is required by federal and state law?
  - What is the racial and ethnic diversity of the county's older population? How have service programs been developed to respond to this diversity?

9:45 am

### Medicaid's Role in Serving Arlington's Older Adults

**Elizabeth Wildhack, Esq.**, *Private Practice Attorney*

- What Medicaid services are available to Arlington County's elderly population?
- What requirements must an older adult Virginia resident meet to be eligible for Medicaid benefits?
- What are the income and functional eligibility criteria for Medicaid coverage of nursing home care and for home- and community-based waiver services?
- Are there waiting lists for waiver services and, if so, how extensive are they?
- What are the service options for someone who meets income criteria but does not need a nursing home level of care? Or who needs that level of care, but whose income exceeds the Medicaid income threshold?
- What are the most significant challenges to providing a continuum of long-term services and supports to older Medicaid residents in the county? What are the gaps in services that cannot be met with existing funding?

10:15 am

### Regional Older Adult Facilities Mental Health Support Team (RAFT) program

**Eileen Keane**, *Program Manager*, Senior Adult Mental Health

- What is the purpose of the RAFT program?
- What population does the program serve?
- How does the RAFT team partner with nursing homes and assisted living facilities to serve older adults in need? How do patients with mental health disabilities fare after transition from mental health facilities to other residences?
- What are the expectations for possible RAFT expansion to other facilities in the future?
- What has been the impact of the program on large state mental health facilities?
- Does the program meet the identified need, or are there others who could benefit but cannot be served?

10:40 am

### Adjournment



10:50 am Bus Departure — Walter Reed Center [2090 South 16th Street]

11:15 am Tour (in two groups)

11:35 am Nutrition Program

**Cheryl Johnson**, *Program Manager*, Office of Senior Adult Programs

**Jessica Vasquez**, *Senior and Adult Community Outreach Supervisor*

- In addition to meals, what services are provided to participants in the congregate nutrition program?
- What is the relationship between the congregate nutrition and the home-delivered nutrition programs? Are both types of meals provided by one organization?
- How many participants are served on a daily basis?
- What is the cost of meals?
- Has the number of congregate nutrition participants increased or decreased over time?
- What are the most significant social services and health care needs of participants?
- How does the program respond to the dietary preferences of a diverse older population?
- What are the major challenges in implementing the program?

11:55 am Adult Day Health Care Program

**Michael DiGeronimo**, *Director*

- What are the eligibility criteria for participants in the adult day health program? What proportion of participants is cognitively or intellectually impaired?
- What services does the program provide? What is the staff composition?
- What proportion of clients are Medicaid eligible? Supported by private resources?
- What are the program costs/fees? What are the sources of revenue for the program?
- How does program staff work with family caregivers?
- What are the major challenges in implementing the program?

12:15 pm

**Bus Departure — Culpepper Garden [4435 North Pershing Drive]**

12:45 pm

**Independent and Assisted Living for Low-Income Seniors**  
*(lunch and discussion)*

**Stephen Holmes**, *Executive Director*

**Barbara Thode**, *Director, Resident Services*

**Muriel Bonine**, *Resident*

- What is the history of Culpepper Garden, and what role did private sector groups play in its development?
- What are the eligibility requirements for residing in Culpepper Garden?
- What services are available to residents?
- What is the mix of federal, state, and local funding that supports Culpepper Garden? What is the role of Department of Housing and Urban Development (HUD) programs, including resident room and board and supportive services coordination?
- What happens when a resident's health declines past the point of successful independent living?
- How does Culpepper Garden work with community service providers, the Agency on Aging, and other organizations to serve the residents?
- What are the major challenges in operating Culpepper Garden in the face of a growing elderly population in Arlington County?
- How does the availability of a facility like Culpepper Garden change the lives of residents?

1:50 pm

**Bus Departure — Mary Marshall Assisted Living Residence**  
[2000 South 5th Street]

2:15 pm

**Tour** *(in two groups)*

2:30 pm

**Assisted Living for Low-Income Seniors with Serious Mental Illness or Intellectual or Developmental Disabilities**

**Terri Lynch** (see title above)

**Thomas Turnbull**, *Chief Operating Officer, Volunteers of America*

**Neal Clarke**, *Executive Director, Mary Marshall Assisted Living Residence*

2:30 pm

**Assisted Living for Low-Income Seniors (continued)**

- What was the impetus for the development of the Mary Marshall Residence?
- How do Volunteers of America and Arlington County work together to operate Mary Marshall?
- What is the population served by Mary Marshall? How are potential residents referred?
- What community services are used to support the residents, in addition to the services available through the residence?
- What sources of revenue, including federal, state, local, and private resources, are used to operate Mary Marshall?
- What happens when a resident's health declines past the point of successful independent living?

3:00 pm

**Nurse Case Management Program****Amy Vennett, RN**, *Nurse Case Management Supervisor*

- What is the purpose of the Nurse Case Management program?
- How does the program interact with other home care programs in Arlington County?
- Who is the target group for the program and how many people are served? What are the eligibility criteria for participants? How are participants referred to the program?
- How is the program staffed and funded?
- How does the nursing case management staff work with local hospitals to identify older adults who might need care at home and help them make the transition from hospital to home or to other residences?
- What are the major challenges in implementing the program?

3:30 pm

**Wrap-up and questions**

3:50 pm

**Bus Departure — Union Station**

ARLINGTON, VIRGINIA

APRIL 13, 2012

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**Lori Achman** is a senior analyst in the Health Care team at the Government Accountability Office (GAO), where she currently is working on a project examining the status of the Medicaid home- and community-based services options in the Affordable Care Act. Ms. Achman has previously worked on projects examining the federal response to H1N1, the transition of individuals dually eligible for Medicare and Medicaid to the Medicare prescription drug benefit, and the Medicare program integrity program. Prior to working at GAO, Ms. Achman worked at Mathematica Policy Research, where her work generally focused on Medicare managed care and mental health issues.

**Kirsten Colello, MPP**, is a specialist in health and aging policy with the Congressional Research Service (CRS). Her research and analysis focus on a wide range of health and social policy issues that affect an aging population, including long-term services and supports, family caregiving, end-of-life care, and elder abuse prevention. Ms. Colello's work also focuses on those health and social services programs authorized under the Older Americans Act and Medicaid long-term services and supports. Prior to joining CRS, Ms. Colello was a research associate at the Urban Institute in Washington, DC, where she conducted research on predictors of nursing home transitions, patterns in the use of informal caregiving, and characteristics of informal caregivers. Ms. Colello also worked as a policy analyst for the Social Security Administration's Office of Policy. She received her master's degree in public policy analysis from the University of Michigan and a BA degree with concentrations in economics and sociology from Virginia Tech.

**Barbara Coulter Edwards**, director of the Disabled and Elderly Health Programs Group in the Center for Medicaid and CHIP Services at the Centers for Medicare & Medicaid Services, has considerable experience in public and private sector health care financing. She is a nationally recognized expert in Medicaid policy, including managed care, cost containment, long-term care, and state and federal health care reform. She was a principal with Health Management Associates, Inc., for four years, focusing on Medicaid, national health reform, and service delivery for persons with chronic and disabling conditions. She also spent six months as the interim director of the

National Association of State Medicaid Directors and served eight years as the Ohio state Medicaid director. In the latter position, she led significant program reforms, including implementation of Ohio's comprehensive strategy to promote access to home- and community-based long-term services and supports, development of a Preferred Drug List for outpatient prescription drugs, expansion of managed care to serve Medicaid consumers, and implementation of Ohio's State Children's Health Insurance Program.

**Gregg Girvan, MPP**, is an analyst in health care financing at the Congressional Research Service (CRS). Since July, 2011, Mr. Girvan has focused on long-term services and supports (LTSS) in the Medicaid program, working on a variety of issues such as LTSS financing and eligibility, Medicaid waiver authorities, Medicaid asset transfer and estate recovery, adult day settings, and the Medicaid Partnership program. Prior to joining CRS, Mr. Girvan was an independent consultant for the Utah Office of Consumer Health Services (UOCHS). He worked with Utah officials on the state's implementation of its health insurance exchange and "defined contribution" insurance market, and assisted officials in writing the state's exchange planning grant proposal. During his time at UOCHS, Mr. Girvan earned his master's of public policy degree from Brigham Young University. He also holds a BA degree in political science and a BS degree in microbiology and cell science from the University of Florida.

**Laura Lawrence, MHSA, MBA**, is the acting lead for the Health and Dementia team at the Administration on Aging (AoA), which is part of the U.S. Department of Health and Human Services. She works with state units on aging, area agencies on aging, technical assistance resource centers, and other organizations that have or apply for AoA grants or contracts involving health and/or dementia community interventions. She is also a member of the Advisory Council on Alzheimer's Research, Care, and Services; a contracting officer's representative; and a grants project officer. Prior to her current assignment, Ms. Lawrence was director of the Office of Benefits Administration and Enrollee Services in the CLASS Office at AoA. Before joining AoA, she was the senior advisor for retirement and benefits at the U.S. Office of Personnel Management (OPM). During her 15+ year tenure at OPM, she worked exclusively with federal benefits. Her OPM experience also included serving as team leader for several special implementation teams, including those that designed and developed the then-brand-new Federal Long Term Care

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**Ralph Lollar, MSW**, serves as director of the Division of Long Term Services and Supports for the Centers for Medicare & Medicaid Services (CMS). He comes to CMS with over 30 years of experience in the disabled community. Mr. Lollar has worked in both institutional and home- and community-based settings and has served in varied positions which have allowed him to experience the systems that serve the community at many different levels. Mr. Lollar has a master's degree in social work from Rutgers University and is a certified public manager.

**Julia Mitchell, MPA**, is a budget analyst at the Congressional Budget Office (CBO) working on long-term care issues, federal employee health benefits, and private health insurance markets. She recently graduated from New York University's Robert F. Wagner Graduate School of Public Service with a master's degree in public administration, specializing in health policy and management. Prior to joining CBO as a full-time analyst, Ms. Mitchell interned with the agency in the Budget Analysis Division's Low Income Health Program and Prescription Drug Costs Estimates Unit.

**Anne Montgomery, MS**, is a senior policy advisor for the Senate Special Committee on Aging, chaired by Sen. Herbert H. Kohl (D-WI). She is responsible for policy development relating to long-term care, elder abuse, and related issues for the Committee's Democratic staff. Earlier, Ms. Montgomery was a senior health policy associate with the Alliance for Health Reform in Washington, DC, where she played a key role in writing and editing policy publications and designing public briefings and conferences for congressional staff and other stakeholders. Ms. Montgomery served as a senior analyst in public health at the U.S. Government Accountability Office and as a legislative aide to Rep. Pete Stark (D-CA) of the Subcommittee on Health of the Committee on Ways and Means, U.S. House of Representatives. She was an Atlantic Fellow in Public Policy in London in 2001–2002, where she undertook comparative research on long-term care in the United States and the United Kingdom. She also worked as a journalist covering the National Institutes of

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**Judith D. Moore** is an independent consultant specializing in policy related to health, vulnerable populations, and social safety net issues. Ms. Moore's expertise in Medicaid, Medicare, long-term supports and services, and other state and federal programs flows from her career as a senior federal executive who served in the legislative and executive branches of government. At the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services), Ms. Moore served as director of the Medicaid program and of the Office of Legislation and Congressional Affairs. Her federal service was followed by more than a decade as co-director and senior fellow at George Washington University's National Health Policy Forum, a non-partisan education program serving federal legislative and regulatory health staff. Ms. Moore was appointed in 2009 by the Comptroller General to serve on the Medicaid and CHIP Payment and Access Commission (MACPAC), the congressional advisory body. In addition to other papers and research, she is coauthor, with David G. Smith, of *Medicaid Politics and Policy*, a political history of the Medicaid program.

**Danielle Nelson, MPH**, is an Aging Services program specialist with the Administration on Aging (AoA). She holds a BS degree in human development with a human services concentration from Virginia Tech, and an MPH degree and Graduate Certificate in gerontology from George Mason University. At AoA, Ms. Nelson's areas of responsibility include transportation as well as health promotion and disease prevention. Before joining AoA, she worked in long-term care for ten years and served as a commissioner for the Fairfax County Commission on Aging.

**Ellen O'Brien** is director, long-term services and supports, at the Medicaid and CHIP Payment and Access Commission (MACPAC), where her policy research focuses on people with disabilities and the elderly in Medicaid. Ms. O'Brien joined MACPAC in March of this year. Previously, she held various research and policy positions in the U.S. Department of Health and Human Services (HCFA (1994–1997) and the Centers for Medicare & Medicaid Services (2010–2011)). She was also a research associate professor at Georgetown University's Health

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**Libby Perl** has been a housing policy analyst at the Congressional Research Service for the last six years. CRS works exclusively as a nonpartisan analytical, research, and reference arm for Congress providing direct, consultative assistance to Members and their staff. Ms. Perl works on issues surrounding housing for special populations, including homelessness, housing for older individuals and persons with disabilities, and low-income home energy assistance. Prior to working at CRS, she worked as an attorney at the Legal Aid Society in Cleveland, Ohio, where she worked primarily on housing-related issues including assisting tenants with legal issues and helping homeowners facing foreclosure, many of whom were older persons. Ms. Perl has a law degree from Boston University and a master's degree in public affairs from the Woodrow Wilson School at Princeton University.

**Erica Solway, MPH, PhD**, is a Health and Aging Policy/American Political Science Association Congressional Fellow with the Senate Committee on Health, Education, Labor, and Pensions Subcommittee on Primary Health and Aging, chaired by Sen. Bernard Sanders (I-VT). She was formerly a program director at Family Service Agency of San Francisco, where she directed a geriatric mental health program and led advocacy efforts around economic security among older adults. Dr. Solway received a master's degree in social work with a focus on aging and social policy (and a specialist in aging certificate) as well as a master's degree in public health from the University of Michigan and a doctoral degree in sociology from the University of California, San Francisco (UCSF). She has conducted research in the areas of aging, social insurance, mental health, smoking cessation, and health promotion. Previously, Dr. Solway was an instructor at San Jose State University, the Mental Health Fellow with the Smoking Cessation Leadership Center, and a researcher at the UCSF Institute for Health and Aging. She is the recipient of several awards including a CDC Public Health Dissertation Award, Anselm L. Strauss Dissertation Award, and Hartford Foundation Pre-Dissertation Award.

**Robert Walton, MA**, works on the Senate Committee on Health, Education, Labor and Pensions for the Ranking Member, Sen. Michael B. Enzi (R-WY). He has been on the Committee staff for over two years, working on the Older Americans Act as well as Medicare

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**Michael DiGeronimo** has been with Arlington County for 15 years, acting in various capacities with the Department of Human Services, Aging and Disability Services Division. She has been the director of the adult day program for four years. She is an active member of the Virginia Adult Day Health Care Association and involved with the National Adult Day Services Association. Ms. DiGeronimo has a bachelor of science degree in therapeutic recreation. Her career path began with working with children with disabilities. While completing an internship, she was exposed to the adult day population, and there found her passion.

**Stephen L. Holmes, MA**, has served since 2008 as executive director of Culpepper Garden, a 340-unit non-profit independent and assisted senior living center in Arlington, Virginia. He began his career with a for-profit hospital that was the precursor to Inova Fair Oaks Hospital in Fairfax, later transferring to Inova Fairfax Hospital where he served as an assistant administrator for eight years. Subsequently, he spent nearly 14 years—first as vice president of

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**Cheryl Johnson, MA**, has worked with the Department of Parks and Recreation for the past seven years. She is currently the program manager with the Office of Senior Adult Programs. She has a 27-year background working with mature adults, starting in health care in 1985. Ms. Johnson is a graduate of the University of Maryland, College Park, with a bachelor of science degree in recreation therapy and a master’s degree in health care administration. With all of her experience working with a senior adult population, she knows the importance of community connections and the joys of living a life rich with the arts, physical activities, travel, creativity, and purpose.

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**Terri Lynch, MPA**, has been the director of the Arlington County Agency on Aging since 1982. She provided primary staff support to the county board-appointed Elder Readiness Task Force that assessed the status of Arlington’s capacity to serve older adults during 2006 and made a series of recommendations. She served as the constituent services manager in the County Manager’s Office from August 2008 to September 2009. Ms. Lynch was president of the Virginia Association of Area Agencies on Aging from 2000 to 2002 and a co-founding director and vice chair of the Consumer Consortium on Assisted Living from 1996 to 2003. She received the William L. Winston Award from the Arlington Bar Foundation for effective advocacy in promoting the rights of older persons in 2007 and the Culpepper Garden Elder Service Award in 2009. Ms Lynch holds an MPA degree in budget and financial management from George Mason University and a BA degree in political science from the University of Chicago.

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**Thomas Turnbull** was named to the newly created position of chief operating officer of Volunteers of America (VOA) in February 2011. He oversees the national health care and housing division, which comprises hundreds of properties and services to more than 30,000 people. Mr. Turnbull has worked for VOA since 1978, starting out in various leadership roles with its Texas affiliate before transferring to the national office in 1988. He earned a bachelor of business administration degree from the University of Wisconsin, Madison, and is also a certified public accountant.

**Jessica M. Vasquez** is the Senior and Adult Community Outreach supervisor with Arlington County's Department of Parks and Recreation. She has been involved in many large community special events and actively reaches out to Arlingtonians to educate them on senior programs and services. Ms. Vasquez has been with Arlington County for over five years. She oversees the senior centers in south Arlington, specifically Aurora Hills, Walter Reed, and Arlington Mill at Fairlington. She also works collaboratively with local senior social clubs, civic associations, and other county agencies on programs and assessing needs in the local neighborhoods. Her goal is to help seniors understand their importance in the community and how to stay active and productive through senior centers.

**Amy Vennett** is a registered nurse who works as the nurse supervisor for Arlington's Aging and Disability Services Division. She supervises a team of nurses and aides who provide nursing case management and in-home services for adult clients with age-related or developmental disabilities. The Nursing Case Management Program is a unique, non-skilled, care coordination program and is the only one of its kind in Virginia.

**Elizabeth L. Wildhack, Esq.**, is an attorney in private practice in Arlington, Virginia. She focuses her practice primarily in the areas of elder law and estate planning/ administration. Ms. Wildhack

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**Judith Miller Jones** has been director of the National Health Policy Forum at the George Washington University since its inception in 1972. As founder and director, Ms. Jones guides the Forum's educational programming for federal health policymakers, spearheads fundraising efforts, and serves as a resource to foundations, researchers, and other members of the health policy community. Ms. Jones was appointed to the National Committee on Vital and Health Statistics in 1988 and served as its chair from 1991 through 1996. She is a lecturer in health policy at George Washington University, is a mentor for the Wharton School's Health Care Management Program, and, on occasion, consults with nonprofit groups and corporate entities across the country. Prior to her work in health, Ms. Jones was involved in education and welfare policy. She served as special assistant to the deputy assistant secretary for legislation in the Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Before entering government, Ms. Jones was involved in education and program management at IBM, first as a programmer, a systems analyst, and then as a special marketing representative in instructional systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University. As a complement to her work in the federal arena, Ms. Jones is involved in a number of community activities in and around Shepherdstown, West Virginia. These include participation in a local emergency planning committee and chairing Healthier Jefferson County, a committee dedicated to improving public health and medical care in that area of the Eastern Panhandle.

**Carol V. O'Shaughnessy**, principal policy analyst, joined the Forum staff in April 2007. Her work focuses on aging services and home- and community-based long-term care. Prior to joining the Forum, Ms. O'Shaughnessy spent 27 years at the Congressional Research Service (CRS) as a specialist in social legislation. In that capacity, Ms. O'Shaughnessy assisted congressional committees and members of Congress on a wide range of issues related to services for older people, including legislation on the Older Americans Act and Medicaid home- and community-based long-term care services, as

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**Lisa Sprague** is a principal policy analyst with the National Health Policy Forum. She works on a range of health care issues, including quality and accountability, health information technology, private markets, chronic and long-term care, and veterans' health. Previously, she was director of legislative affairs for a trade association representing preferred provider organizations and other open-model managed care networks. Ms. Sprague represented the industry to Congress, federal agencies, and state insurance commissioners; managed the association's policy development process; and edited a biweekly legislative newsletter. Ms. Sprague came to Washington in 1989 as manager of employee benefits policy for the U.S. Chamber of Commerce. Her interest in health policy arose in her earlier work as a human resources manager and benefits administrator with Taft Broadcasting (later known as Great American Broadcasting) in Cincinnati, Ohio. She holds a bachelor's degree in English from Wellesley College and a master of business administration degree from the University of Cincinnati.







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**SITE VISIT  
REPORT**

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