Federal Grant Funding to Implement Olmstead

In its fifth official communication to state Medicaid directors, the federal Department of Health and Human Services (DHHS) announced three separate grant opportunities coming soon to assist states in their implementation of the Olmstead decision. (Website address: http://www.hcfa.gov/medicaid/olmstead/olmshome.htm) The January 10, 2001, letter on New Tools for States says that $12-$15 million for nursing home transition grants including some 400 HUD section 8 housing vouchers, $5-8 million to improve community-based personal assistance services, and $50 million to assist States and the disability and aging communities to work together to find viable ways to expand home and community-based services (HCBS) will be offered in spring, 2001.

And to help states prepare their larger grant proposals, DHHS is offering now every single state $50,000 to plan their response to the full request for proposal. The $50,000 is awarded to every state that completes a one page application highlighted by DHHS Secretary Tommy Thompson in meeting with governors in February, 2001. In the month, only five states have applied for the planning funds. The states that have applied for the planning grants will be posted soon on a new website www.hcbs.org created to foster communications with the federal and state agencies and consumers.

On March 16, 2001, a briefing on these grants was held at AARP with Tom Hamilton, Director, Elderly and Disabled Health Programs, Center for Medicaid and State Operations, HCFA, who encouraged consumer participation in the planning process to promote a comprehensive long term care system.

Entitled AReal Choice Systems Change Grants, the larger HCBS grants can be submitted by the District of Columbia, Puerto Rico and any state or their Ainstrumentalities, including state universities. The full grant application will be released April 1, 2001. Applications will be due in July, 2001. Funding will start in late September, 2001, and can run for 36 months. No match is required but 5% in-kind match is expected. Direct services to individuals are not to be funded by this project.

DHHS also plans a conference on the AReal Choice Systems Change Grants opportunity on May 24-25 in Washington, D.C. Limited to 400 participants, Apriority will be given to state

1DHHS reports that 8-12 nursing home transitions grants will be awarded; 8-12 personal assistance services grants will be awarded; and 30 HCBS grants are likely to be awarded.
employees and persons with disabilities and their advocates.

HCBS grant amounts are expected to range from $250,000 to $2.5 million and will be awarded on a competitive basis. According to the January 10th letter, States awarded more than $750,000 must address improvements in personal assistance services and quality assurance or improvement. States may submit a grant in each of the three categories and may be statewide and broadly designed to serve the entire spectrum or narrowly focused. DHHS emphasizes that is in looking for enduring systems change.

The proposal must be developed by the State in collaboration with a Consumer Task Force A comprised of a broad range of people of all ages who have a disability or chronic illness and rely on long term services and supports. Family members and advocates should also be included. The State must make a commitment to continue active consumer participation throughout the project. Providers, professional associations and others may not be part of the Consumer Task Force but grant funds may be used to enable their participation in the project.

These projects should focus on designing or implementing effective and enduring improvements in LTC focused on 3 purposes: (a) living in the most integrated community setting; (b) exercising meaningful choices; and (c) quality. In addition to personal assistance services and quality assurance, specific examples of proposals that states may submit include:

- Designing, demonstrating, or implementing a flexible funding scheme that has dollars following the consumer across provider and housing boundaries;
- Designing, demonstrating, implementing or evaluating one-stop shopping;
- Training and technical assistance to consumers, attendants, providers, and other personnel;
- Community planning to develop the plans called for in the U. S. Supreme Court Olmstead decision,
- Demonstrations of more effective systems of providing long term care services and supports, and
- Demonstrating, implementing, or evaluating effective grievance and ombudsperson support.

The National Ombudsman Resource Center is told that Long Term Care Ombudsman programs will be referenced in the grant materials that will be released on April 1, 2001.

And, at the March 16th briefing on the grants projects, HCFA officials commented that the federal health agency will be more focused on quality issues and that Long Term Care Ombudsman Programs are connected to quality issues. HCFA is also refashioning its work to promote home and community based services, partner with the states, and to get resources to those promoting change.

For grant details see http://www.hcbs.org/new/summary_of_major_grant_solicitation.htm

(For more information contact the Ombudsman Resource Center, National Citizens' Coalition for Nursing Home Reform, 202-332-2275)