



Community Living Programs (CLP)

BACKGROUND

The Administration on Aging's (AoA) Community Living Program (CLP) grant initiative, formerly known as Nursing Home Diversion (NHD), is designed to help people who are at risk of nursing home admission continue to live at home and be engaged in their community. The CLP grants are administered through State Units on Aging (SUAs), in partnership with Area Agencies on Aging (AAAs) and in collaboration with community service providers and other key long-term care stakeholders.

This initiative encourages the Aging Network to modernize and transform the funding they receive under the Older Americans Act, or other non-Medicaid sources, into flexible, consumer-directed service dollars. This grant opportunity is designed to complement the Centers for Medicare & Medicaid Services (CMS) "Money Follows the Person Initiative" by strengthening the capacity of states to reach older adults before they enter a nursing home and spend down to Medicaid. It also supports states' long-term care rebalancing efforts.

AoA VISION FOR CLP

AoA's long-range vision is to have a long-term care service system which is person-centered, consumer-directed and helps people at risk of institutionalization continue to live at home for as long as possible. The system can be built and sustained through the use of CLP standards.

These standards include *System Elements* and *Service Elements*.

The *System Elements* include:

- Using "Aging and Disability Resource Center" systems to provide client screening to target people at risk of nursing home placement and spend down to Medicaid; provide assessment, care and service planning, and access to all publicly supported long-term services and supports.
- Having a quality assurance program that can be used by program staff and administrators to continually improve the way the program is serving clients; and
- Evaluating the program so that administrators, funders, and the public will know if the program is meeting its goals and objectives.

The key *Service Elements* are:

- Flexible dollars to ensure that services can be tailored to the individualized needs of consumers and their family caregivers, rather than being tied to a particular service or set of services;
- Targeting criteria to ensure the program actually serves people who are most at risk of nursing home placement and spend down to Medicaid;
- Giving clients the option of using the Cash and Counseling model; and,

FACTS

- Ensuring that the program is used to complement and support – and not to supplant – the on-going efforts of family caregivers and the use of an individual’s personal and financial resources - in helping that individual to remain at home.

CLP GRANTEES

AoA launched the CLP initiative in the fall of 2007. Since 2007, approximately \$36 million has been invested in Twenty-eight (28) states to develop the CLP program. With the implementation of the 2009 CLP grants, there will be more than 120 CLP program sites nationally.

PARTNERSHIP WITH U.S. VETERANS HEALTH ADMINISTRATION

Beginning in 2008, the Administration on Aging began a close collaboration with the Veterans Health Administration (VHA) to provide an additional opportunity to SUAs and AAAs to serve Veterans of all ages at risk of nursing home placement. The Veteran Directed Home and Community Based Service Program (VDHCBS) is a package of services that the VA purchases from AAAs and/or SUAs on behalf of eligible Veterans. The VDHCBS program will provide veterans the opportunity to self-direct their long-term supports and services that enable them to avoid institutionalization and continue to live independently at home. Veterans enrolled in VDHCBS have the opportunity to manage their own flexible budgets, to decide for themselves what mix of goods and services best meet their needs, and to hire and supervise their own workers. The Aging Network provides facilitated assessment and care/service planning, arranges fiscal management services, and provides ongoing options counseling and support to Veterans. Presently 28 states are developing VDHCBS

programs. Veterans participating in the VDHCBS report overwhelming satisfaction with the program. The VHA expects to provide VDHCBS to approximately 1,000 – 1,500 Veterans at risk of institutionalization across CLP states through 2010.

CLPAWARDEES (28 STATES 2007-2009)

Alabama *	Minnesota *
Arkansas +	Montana *
Connecticut +	New Hampshire *
Florida * +	New Jersey +
Georgia *	New York * +
Hawaii *	Ohio
Illinois	Oregon *
Indiana *	South Carolina *
Kentucky	Texas * +
Louisiana	Vermont
Maine *	Virginia * +
Maryland	Washington +
Massachusetts * +	West Virginia
Michigan +	Wisconsin *

* 09 CLP grantees;

+ 08 VDHCBS states, currently all CLP grantees are eligible to develop VDHCBS programs

ADDITIONAL INFORMATION

For additional information on this program please visit <http://www.aoa.gov> or <http://www.adrc-tae.org>. You will find specific information about the CLP initiative, including contact information for AoA project officers, summary information on each of the grantees,

FOR MORE INFORMATION ABOUT AOA

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION ON AGING, WASHINGTON DC 20201

PHONE: 202.619.0724 | FAX: 202.357.3555 | EMAIL: AOAINFO@AOA.GOV | WEB: [HTTP://WWW.AOA.GOV](http://WWW.AOA.GOV)

FACEBOOK: [HTTP://WWW.FACEBOOK.COM/AOA.GOV](http://WWW.FACEBOOK.COM/AOA.GOV)



FACTS

and a variety of resources related to this initiative.

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