NATIONAL HEALTH POLICY FORUM

Fairfax County, Virginia
March 2, 2007
[Report Published: May 7, 2007]

Site Visit Report

Fairfax County's Commitment: A Housing and Health Continuum for Seniors

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

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National Health Policy Forum
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ACKNOWLEDGEMENTS

"Fairfax County's Commitment: A Housing and Health Continuum for Seniors" was made possible through the generosity of the John A. Hartford Foundation. The National Health Policy Forum (NHPF) is grateful to the numerous Fairfax county employees, caregivers, and community service group representatives who educated and advised the site visit managers over many months before the site visit actually took place. NHPF would particularly like to thank Deputy County Executive Verdia Haywood and members of his staff, especially Shauna Severo, Bob Eiffert, and Kay Larmer.

NATIONAL HEALTH POLICY FORUM

The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at ***www.nhpf.org.***

Fairfax County's Commitment: A Housing and Health Continuum for Seniors

BACKGROUND

Over the course of several years, the National Health Policy Forum has sponsored a series of site visits looking at policy issues around long-term care. The objectives in planning this March 2007 visit were to look at a range of services, including housing as well as health care. NHPF was drawn to Fairfax County because of its well-integrated and -financed programs aimed at creating and maintaining a continuum of services for county residents who are aging. In considering complex and interrelated issues associated with senior services and long-term care, the Forum believed that the perception that "Local people can make this work!" could provide both grounding and encouragement to federal policymakers.

PROGRAM

The site visit took place on March 2, 2007, beginning at Fairfax County's Lincolnia site, which offers Senior Center, Senior+(Plus), and Adult Day Health Care (ADHC) programs along with residential and assisted living units. Participants were given a tour and heard a presentation by the heads of the various county senior-service program areas. This was followed by a discussion with caregivers, who related what the availability of services such as ADHC had meant in their lives. A lunch program featured discussion with the deputy county executive who supervises senior-service agencies and guides the creation, maintenance, and financing of a senior-friendly Fairfax County. The afternoon program included a tour of the Lewinsville site and a discussion with representatives of various populations in the county about their challenges in uniting ethnic seniors, often foreign-born, with available services.

IMPRESSIONS

After the site visit, participants were asked to reflect on their experiences and observations. The following are key impressions participants took away from the presentations, as well as additional insights developed during a follow-up debriefing session.

County Characteristics and Commitments

A commitment to "aging in place" for county residents is a long-standing hallmark of Fairfax County government.

This commitment is supported by an actively engaged elected Board of Supervisors and a prosperous economy. Being part of the wealthy metropolitan Washington, DC, area has bolstered the county's economic stability, but strategic, long-term planning for economic development has been an emphasis in the county for decades. Economic prosperity has brought tax revenues to support a plethora of local programs in infrastructure development, human services, transportation, and more.

Members of the Board of Supervisors are personally involved in aging services initiatives.

They have organized themselves into a committee of the whole on aging, their intent being not only to address the development and funding of aging services, but also to begin to deal with structural issues such as land use and transportation planning that affect elderly or disabled citizens. Board members are personally involved in these efforts. Professional staffs working with honest elected officials seems to have equaled effective government.

Fairfax and other northern Virginia jurisdictions are extremely different, economically and politically, from the remainder of the state.

A 2 percent unemployment rate in the county reflects the strong financial climate. Fairfax County's prosperity enables it to provide services to augment what are perceived as the somewhat lean offerings of Virginia state government in Medicaid and services for the elderly.

Human Services and Aging Programs

Human services, organized under a deputy county administrator, seem to be extremely well integrated.

Consistent leadership and vision reflecting its institutional tradition inspires staff, fuels creativity, and reinforces commitment.

The area agency on aging is a key part of county government.

It is part of human services administration rather than standing alone as it does in many other places. This structure facilitates integration into a continuum of services offered to seniors by the county.

IMPRESSIONS

IMPRESSIONS

Aging and disability services benefit from coordination through a public-private, long-term care coordinating council.

The council has developed and monitors a strategic plan for aging and long-term care programs. Ongoing coordination and collaboration are encouraged and pursued, both formally through the council and informally through strong personal relationships among staff in different parts of the human services department.

County officials perceive that the bulk of long-term care services, particularly with respect to housing and skilled nursing facility care, will always be provided in the private sector.

One key strategy has been to create an incentive fund available to private groups to leverage county resources to create and run new services for a broader segment of the senior population.

Longstanding cordiality among staff from different programs contributes to effective service development.

An informal "old girls and guys" network of county staff from housing, recreation, health, aging, transportation, and other human services programs contributes to the collaborative approach by meeting regularly to share insights and coordinate activities aimed at aging and long-term care needs.

Fairfax has local administrative and delivery resources that most counties do not.

It has a local health agency, whereas many counties in Virginia rely on a state-level agency. Fairfax also has a local hospital (Fairfax Hospital, now part of Inova Health System) that provides a safety net for those who need clinic or acute care services. The hospital is obligated by founding contract to provide care to county residents, regardless of ability to pay. Because it can serve, for example, elderly noncitizens who are ineligible for Medicare and Medicaid, this resource is critical.

A significant percentage of the Fairfax budget is dedicated to serving the senior population.

Approximately $67 million (4.2 percent) of the county's budget goes to aging/disability services, according to Deputy County Executive Verdia Haywood. Housing, aging, and health care money is integrated into this total.

Continuum of Care in Aging

The county has purposefully set about to develop a continuum of services, particularly for low-income seniors.

These services range from senior activities in a recreation-center model with a meal available, to additional services in this setting for those beginning to need more health or social services, to adult day health services available on a sliding-fee

scale, to assisted living and residential apartments for low-income seniors. Low-cost transportation services assist in making these services reliably available for many people. Most users of Fastran, the county's "door-to-door" bus service for those who are unable to use public transportation because of a disability or disabling health condition, are not charged a fare; for some trips the daily fare may range from $1.00 to $5.00, depending on income. Senior centers can arrange for regular Fastran pickups for their participants.

IMPRESSIONS

Seniors need a variety of services, some more easy to standardize than others.

Services needed at the extremes of the continuum (recreation at one end, nursing home placement or even hospice at the other) are fairly easy to define. In the center, needs and the services to meet them are more varied and complicated, depending in part on the financial and social supports available to the individual and in part on their and their families' preferences.

Senior centers encourage participants to socialize, learn, and stay active.

One result is that these centers can be a resource that helps to delay the need for more intensive services. Senior+ is a fairly new program designed for participants who are starting to need extra help to maintain participation in senior center activities, again delaying the need to transfer to a higher level of care.

Adult day health care is a bridge between the senior center and more clinical, home- or institution-based care.

ADHC provides more structure and support than senior centers or Senior+. Many ADHC participants have cognitive limitations. ADHC participants must be certified as nursing-home-eligible to qualify for Medicaid payment of ADHC fees. Since Virginia has fairly stringent eligibility requirements, the fact that Medicaid does pay such fees illustrates that ADHC keeps some seniors out of institutions and in their community.

Subsidized assisted living units, though far from luxurious, are seen as a valuable benefit by residents.

The county has waiting lists for such units. The prevailing model features shared rooms, which is substantially different from what is offered in high-end private pay/unsubsidized assisted living facilities.

Assisted living has a large component of mental health services.

Half of the residents of one assisted living unit were receiving care not related to cognitive disorders but targeting mental health diagnoses.

Transportation is a growing problem in a county that was not developed as a pedestrian-friendly or aging-friendly place.

There is no direct access to public transportation in many areas, and county officials recognize that dramatic change is needed. However, the existing Fastran transportation system the for elderly and disabled is a key element in connecting people and services. Fastran operators must be able to help seniors navigate from door to door and ideally must be able to accommodate (and reassure) people who do not have the language skills to say where they want to go.

Caregiver Impressions

A continuum of services for the aging is important to caregivers as well as seniors themselves.

Indeed, such services may be more important to caregivers, particularly families, than even to the individuals involved, particularly in the case of Alzheimer's disease patients. A continuum, especially access to affordable ADHC, lightens both the physical and the emotional load on caregivers.

The visibility of ADHC to families and caregivers can help them in making a care transition.

"I could see she was OK there," one caregiver said of her mother, "so I felt I could leave her and it would be all right." ADHC can offer both direct care to seniors and respite to their caregives.

Complications for a Community with Extensive Cultural Diversity

Fairfax has a growing population of minority seniors.

Many different cultural traditions and languages, including those from Middle Eastern, Hispanic, Asian, and African countries of origin, are represented in the county. Outreach and service delivery to immigrant populations is a growing challenge everywhere, and Fairfax may offer lessons to other jurisdictions.

Seniors who grew up in other cultures present challenges to both service providers and family caregivers.

The challenges and barriers to services are much more difficult than in majority population groups, since immigrant seniors may not learn a new language and some may not be literate in their own language. Barriers to delivering services to seniors of various immigrant groups include language, social isolation, family insularity, and cultural norms and expectations. Nearly all non-U.S. cultural and family traditions involve expectations by seniors that care will be family-based and that strangers will not provide care. Even if care is accepted from "outsiders," language barriers are nearly always a significant problem.

IMPRESSIONS

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Senior centers with a cultural identity have been established to reach out to seniors of various cultural subpopulations.

Such centers meet needs for those seniors who want and need to connect and communicate with others who share their history, language, and values. Meals on Wheels programs with ethnic foods extend and expand this approach.

With the encouragement and support of the county, several ethnic communities in Fairfax County have developed special programs that could be replicated elsewhere.

The Korean community has developed a training program for health and personal care aides that is being replicated by other ethnic communities in the county. These programs provide caregivers who are language- and culture-sensitive to the needs of their clients and patients. The Vietnamese community has developed a peer companion model, in which some are trained to work with others like themselves. "Travel training" has been undertaken in the Hispanic community so that those with limited experience and language can learn to ride buses or use other means of transportation.

AGENDA

Friday, March 2, 2007

8:30 am	Bus Departure from Union Station
9:15 am	Arrival – Lincolnia Center and Residences [4710 North Chambliss Street, Alexandria] INTRODUCTION: FAIRFAX COUNTY AND LINCOLNIA CENTER AND RESIDENCES **Grace Starbird,** *Director of Area Agency on Aging*, Department of Family Services **Bob Eiffert,** *Director of Senior and Specialized Housing,* Department of Housing and Community Development, Fairfax County Senior Housing Opportunities **Dorothy Keenan,** *Supervisor of Senior Services,* Department of Community and Recreation Services **Jennifer Robinson,** *Long-Term Care Coordinator,* Department of Health ■ What types of services are available in Fairfax county for seniors? Are programs limited to low-income citizens? What is the extent of the funding for these programs? ■ What county agencies are involved in providing services, and how do they coordinate their activities? ■ What county programs are available at Lincolnia? What are the demographic and health characteristics of the clientele enrolled for various programs at Lincolnia? ■ Do people in independent units have the option to move to assisted living? Where do they go if they need a higher level of care than assisted living can provide?
10:15 am	Tour – Three group rotations, touring simultaneously **Lincolnia Residential Services,** Bob Eiffert and Frances Allen **Senior Center,** Dorothy Keenan **Adult Day Health Care (ADHC) Center,** Jennifer Robinson
11:00 am	Informal Talk with Lincolnia Staff, Residents, and Caregivers ■ What services do you provide/receive at Lincolnia? ■ How did you learn about Lincolnia? Did you have to wait for services to become available after you decided to use the facilities? ■ Are Lincolnia services affordable, given your financial situation? ■ How would your life be different if Lincolnia services were not available?

Agenda / continued ➤

AGENDA

Friday March 2, 2007 / continued

11:45 am	Bus Departure – Lunch [Café Oggi, 6671 Old Dominion Drive, McLean]
12:15 pm	Lunch Discussion HOW DOES FAIRFAX COUNTY DO IT? **Verdia Haywood**, *Deputy County Executive,* Fairfax County ■ What is the history of the county's commitment to programs for seniors? ■ What is the long-term care coordinating committee, and what is its role in directing and/or managing these programs? ■ What is the state role as compared with the county role in delivering services to low-income seniors? ■ How are all of these services financed? What is the county's budget for aging and long-term care programs? What are the sources of funds? ■ In what kinds of public-private partnerships is the county involved? ■ Are other affluent counties across the nation making a similar kind of commitment, or is Fairfax unusual? ■ What are your biggest frustrations with federal programs and federal funding streams?
1:30 pm	Bus Departure for Lewinsville Center and Residences [1609 Great Falls Street, McLean]
1:45 pm	Overview and Tour – Three group rotations, touring simultaneously **Lewinsville Center Residential Services,** Bob Eiffert and Eva Papaefthimiou **Senior Center,** Dorothy Keenan **ADHC Center,** Jennifer Robinson and Carol Bracey ■ What county programs are available at Lewinsville Center? ■ What are the demographic and health characteristics of the clientele enrolled for various programs at Lewinsville? ■ Do the programs for children housed in this center interact with those for seniors? ■ What other facilities and programs are available in this community? What are the future plans for this particular center?

Agenda / continued ➤

AGENDA

Friday March 2, 2007 / continued

2:45 pm	UNIQUE NEEDS OF ETHNICALLY AND CULTURALLY DIVERSE SENIORS: A PANEL DISCUSSION **Shauna Severo,** *Assistant Director of Patient Care Services,* Department of Health, Faifax County Health Department **Heisung Lee,** *Director*, Korean Senior Center **Jan Kikuchi,** *Program Supervisor,* Home Delivered Meals, Elderly Nutrition Program, Fairfax Area Agency on Aging **Thu Nguyen,** *Director of Health and Mental Health Department,* Boat People SOS **Moghitha Alkibsi,** *Mental Health Therapist,* Community Services Board, Fairfax County ■ What is the breadth and dispersion of the senior ethnic populations residing in Fairfax county? How quickly are different groups growing? How many minority groups have enough seniors to be the focus of targeted county attention and/or services? ■ What are examples of cultural barriers that must be addressed in order to encourage members of various ethnic groups to take advantage of county services? ■ How are different strategies identified and developed for different minority groups? ■ What are some special programs that have been organized to address cultural and language barriers in different ethnic communities?
3:45 pm	Wrap Up – Final questions and comments
4:00 pm	Bus Departure for Union Station

Federal Participants

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Participants / continued ➤

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Biographical Sketches – Federal Participants

Kathryn Allen directs the U.S. Government Accountability Office's (GAO's) work on Medicaid, the State Children's Health Insurance Program (SCHIP), and long-term care. Recent work in these areas has included Medicaid federal-state financing arrangements; long-term care financing; quality of care in nursing homes, home health, assisted living facilities, and home- and community-based services; Medicaid managed care for high-risk populations such as persons with disabilities and children with special needs; and states' implementation of SCHIP. Ms. Allen has also directed GAO studies on private health insurance issues, including retiree health coverage, small business and individual market insurance coverage, medical malpractice and access to care, and implementation of the Health Insurance Portability and Accountability Act (HIPAA) and the Mental Health Parity Act. Since joining GAO in 1976, Ms. Allen has also held leadership positions in GAO's Seattle and European field offices, and she provided staff support to the National Commission to Prevent Infant Mortality from 1987 to 1988. She graduated magna cum laude from the University of Richmond (VA) in business administration. She has received numerous GAO awards including its Meritorious Service Award.

Karyn "Kai" Anderson, PhD, is a social science research analyst and project officer who serves as the Centers for Medicare & Medicaid Services (CMS) liaison between CMS and the U.S. Department of Housing and Urban Development (HUD) in the formation of a workgroup focusing on research on public payer health care services and housing. This group is developing a research agenda to describe and examine issues pertaining to the use and costs of health services by beneficiaries who dwell in a variety of HUD-subsidized housing environments. A key research goal will be to assess the health characteristics of housing residents as may be determined through their use of Medicaid and Medicare services, and the illness characteristics as may vary from a more general population of beneficiaries. Ms. Anderson also is lead researcher in the CMS Office of Research, Development, and Information for HIV/AIDS research using Medicare and Medicaid data, and she has strong research interest in adolescent behavioral health and substance abuse issues. She obtained her doctorate from the Johns Hopkins School of Public Health in 2003.

Jody Blatt is a senior research analyst and project officer in the Division of Payment Policy Demonstrations within the Medicare Demonstration Programs Group, Office of Research Development and Information at the Centers for Medicare & Medicaid Services (CMS). Her projects include both managed care and fee-for-service programs. Among other responsibilities, she is currently responsible for implementing the Medicare Care Management Performance Demonstration, a pay-for-performance demonstration focused on small- to medium-sized physician

group practices that was mandated under the Medicare Modernization Act. She is also working on the development of a "medical home demonstration." Prior to joining CMS, Ms. Blatt served in various capacities focusing on strategic planning, research, and information management with a variety of managed health care plans and health insurers. She received an undergraduate degree from Brown University and a master's degree in health policy and management from Harvard University.

David Chase is the deputy director of the Division of Program Monitoring and Research in the Office of Policy Development and Research at the U.S. Department of Housing and Urban Development (HUD). He has over 30 years' experience in policy analysis, the past 15 of which have been at HUD. His areas of expertise include housing assistance programs, mortgage lending, and housing discrimination. He specializes in the use of geographic information to analyze and monitor patterns of program participation. He is currently assessing HUD's program of housing assistance for persons with disabilities. He also manages HUD's research program for the Southwest Border region and farmworker communities. He holds a bachelor's degree in economics from the University of Illinois and a master's degree in economics from Virginia Polytechnic Institute and State University.

William Clark is director of the Division of Research on State Programs and Special Populations in the Office of Research Development and Information (ORDI) at the Centers for Medicare & Medicaid Services (CMS). The division develops, implements, and evaluates demonstration projects that integrate acute, chronic, and long-term care services through combined Medicare and Medicaid financing for dual eligible populations. The Division also develops and implements a wide range of health services research and evaluations pertaining to Medicaid and the State Child Health Insurance Program (SCHIP) and special populations. Combining research on health care and housing through the use of administrative data is a goal of the Division, especially as pertains to in-home and on-site services for community dwelling seniors and people with disabilities. In prior positions within CMS, Mr. Clark has been project officer for developing the replication of the original PACE program at On Lok and social health maintenance organizations. He also served for several years as special assistant to the ORDI Director. He obtained a master's degree in health services administration at the University of Wisconsin-Madison in 1980.

Kirsten Colello joined the Congressional Research Service (CRS) in May 2006 as an analyst in gerontology in the Domestic Social Policy Division. CRS works exclusively as a nonpartisan analytical, research, and reference arm for Congress providing direct, consultative assistance to Members and their staff. Ms. Colello's work at CRS focuses on a wide range of health and social policy issues that affect an aging population including, disability, long-term care, and housing. Ms. Colello received her master's degree in public policy analysis and a BA degree with concentrations in economics and sociology.

Michael Fiore is director of the Division of Enrollment and Eligibility Policy in the Medicare Enrollment and Appeals Group of the Centers for Medicare & Medicaid Services (CMS). He is responsible for directing the operations and

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Participants

policy related to eligibility and enrollment for Parts A, B, C, and D of the Medicare program. Previously, Mr. Fiore was director of the division responsible for Medicaid managed care policies and health care reform demonstrations. He has also worked in other parts of CMS including its policy division, regulations office, and the research division. He has a BS degree in behavioral health and social work and an MBA degree.

Gavin Kennedy is director of the Division of Long-Term Care Policy in the Office of Disability, Aging, and Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services. His primary areas of focus include assisted living and other residential services for the elderly and persons with disabilities; home- and community-based services [that is, nursing home transitions, assisted living and other residential services, 1915(c) waivers]; and aging policy, including health promotion and disease prevention among the elderly. He is also ASPE's "desk officer" or point person for the Administration on Aging. Past work in ASPE has included policy related to children with disabilities in Medicaid and SCHIP, the role of home- and community-based services for people with HIV/AIDS.

Carol V. O'Shaughnessy is a specialist in social legislation in the Domestic Social Policy Division of the Congressional Research Service (CRS), a research arm of the Congress. She specializes in issues related to programs on aging and disability and long-term care. In that capacity, she works with committees of Congress having jurisdiction over the Older Americans Act, Medicaid, and related programs, and she has written extensive reports for Congress in her areas of expertise. Prior to joining the CRS staff in 1981, Ms. O'Shaughnessy was an analyst with the U.S. Department of Health and Human Services (Administration on Aging and the Medical Services Administration), the Department of Elder Affairs in the Commonwealth of Massachusetts, the Russell Sage Foundation, and the International Federation of Institutes for Social and Socio-Religious Research in Louvain, Belgium. She also worked as discharge planner with Alexandria Hospital in Virginia. Ms. O'Shaughnessy received a master's degree in medical sociology from the Catholic University of America, in Washington, DC. She has served as vice president of the Board of Directors of Senior Services of Alexandria, Inc. (Virginia), a nonprofit social services agency; she is past president of the Board of Directors of the Visiting Nursing Association of Northern Virginia; and she is past Board Member of St. Mary's Court, a senior residence in Washington, DC.

Elizabeth Perl is a specialist in social legislation at the Congressional Research Service where she works on assisted housing and home energy assistance issues. Her particular focus is housing for special populations including older individuals, those with disabilities, and the homeless. Prior to working at CRS, she worked as an attorney at the Legal Aid Society of Cleveland's Older Persons Law Office, where she provided legal assistance for low-income individuals, primarily in the area of housing. 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.

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William J. Scanlon, PhD, is a health policy consultant and a commissioner of the Medicare Payment Advisory Commission. Until April 2004, he was managing director of health care issues at the U.S. General Accounting Office (GAO, now known as the Government Accountability Office). At GAO, he oversaw congressionally requested studies of Medicare, Medicaid, the private insurance market and health delivery systems, public health, and the military and veterans' health care systems. Before joining GAO in 1993, he was co-director of the Center for Health Policy Studies and an associate professor in the Department of Family Medicine at Georgetown University. Dr. Scanlon has also been a principal research associate in health policy at The Urban Institute. His research at Georgetown and The Urban Institute focused on the Medicare and Medicaid programs, especially provider payment policies and the provision and financing of long-term care services. He has been engaged in health services research since 1975. Dr. Scanlon has published extensively and has served as frequent consultant to federal agencies, state Medicaid programs, and private foundations. He has a PhD degree in economics from the University of Wisconsin at Madison.

Julie Stone is a specialist in health policy with the Congressional Research Service (CRS), a nonpartisan legislative support agency of Congress. Ms. Stone specializes in policy issues related to long-term care for persons with disabilities, health care services covered by Medicaid and Medicare, and the private market for health insurance. As an analyst, she writes extensively on her subject areas, briefs congressional Members and their staff on relevant policy issues, assists in the development of legislation, and provides support for hearings. Prior to joining CRS in 2000, Ms. Stone was an analyst on a microsimulation model used for policy analysis for Strategic Forecasting. She volunteers with the Jewish Federation of Greater Washington, the Charles E. Smith Life Community, and the Cornell Institute for Public Affairs. Ms. Stone earned a master's in public administration from Cornell University and a BA degree in film studies and comparative literature from the University of California at Berkeley.

M. Cora Tracy, JD, is a senior health policy advisor for the Division of Advocacy & Special Initiatives of the Disabled and Elderly Health Programs Group in the Center for Medicaid and State Operations (CMSO) at the Centers for Medicare & Medicaid Services (CMS). She joined CMS approximately two years ago to provide analysis, policy interpretation, and recommendations on key issues affecting the operations of programs related to the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). She continues to work on MMA-related issues, the implementation of the Deficit Reduction Act of 2005, monitoring grants, reviewing and monitoring Section 1115 waivers, evaluating the effectiveness of existing policies, reviewing new policy and legislative proposals for potential impact on program operations, and making recommendations to senior-level CMS management. Prior to joining CMS, Ms. Tracy was the deputy director for Medicaid Eligibility Policy within the Beneficiary Services Administration at the Maryland Department of Health and Mental Hygiene. She had administrative oversight and management of the Eligibility Services, the Quality Control/Program Integrity, the Eligibility Training/Local Operations, the

1915(c) Home and Community-Based Services Waivers and the Maryland Children's Health Program divisions. Earlier, she was legislative counsel for the Connecticut Commission on Children.

Aretha Williams is director of the Grant Policy and Management Division of the Office of Housing Assistance and Grant Administration, U.S. Department of Housing and Urban Development (HUD). She has over 35 years' experience with HUD, the past 25 of which have been administering supportive housing programs for the elderly and persons with disabilities. Her office currently manages the Section 202 Supportive Housing for the Elderly, Section 811 Supportive Housing for Persons with Disabilities, Service Coordinator, Assisted Living Conversion, Congregate Housing Services, Intergenerational Housing, and Demonstration Pre-Development Planning Grant programs. She holds a bachelor's degree in biology from Tuskegee University and a master's degree in public health from the University of Michigan.

Site Visit Report

Report Published: May 7, 2007

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