



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems
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STEVEN LUTZKY, PH.D.

President
HCBS Strategies, Inc.

PROFILE

Steven Lutzky, Ph.D. is the President of HCBS Strategies, Inc. Dr. Lutzky has conducted research on and development of home and community-based systems (HCBS) for individuals with disabilities and long term illness for the federal government, states, and private sector clients. He has extensive experience designing, implementing and evaluating these systems. He also has extensive experience writing grants, fiscal impact analyses and reports for decision makers and the general public.

Dr. Lutzky has written and presented on long-term care and disability issues for US Senate Finance Committee, Senate and House staffers, several agencies within the U.S. Department of Health and Human Services and individual State governments, as well as interest groups (e.g., AARP and Families USA), and other private sector clients. As a consultant for HCBS Strategies, Dr. Lutzky has been involved in systems transformation efforts in Minnesota, Illinois, Alaska, the District of Columbia, Maryland, Indiana and Arizona. He currently provides consulting to the US Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS).

Dr. Lutzky served as the Director of Division for Advocacy and Special Issues (DASI), within the Disabled and Elderly Health Program Group, Center for Medicaid and State Operations (CMSO), CMS. DASI's responsibilities include overseeing the development and monitoring of the Real Choice Systems Change for Community Living Grants, the Medicaid Infrastructure Grants, the Demonstration to Support Employment and Independence, and the annual Real Choice Systems Change/Ticket to Work conference.

Prior to joining CMS, Dr. Lutzky served as the Chief of the Office on Disabilities and Aging within the District of Columbia's Medical Assistance Administration. Dr. Lutzky also has research and policy experience through his work as a Senior Manager with The Lewin Group, with the US General Accounting Office (GAO), and his participation in and management of a number of academic research studies and evaluations.

EDUCATION

Andrus Gerontology Center, University of Southern California <i>Los Angeles, CA</i>	1995
Ph.D. in Gerontology and Public Policy	
Cornell University <i>Ithaca, NY</i>	1990
M. A., Human Development and Family Studies	
University of California, Santa Cruz <i>Santa Cruz, CA</i>	1986
B. A. in Sociology and Psychology	

**EMPLOYMENT
HISTORY**

- President**, HCBS Strategies Inc. **2004-Present**
Baltimore, MD
- Assists clients in designing, implementing and evaluating of HCBS
 - Major state clients include MN, IL, DC, AK, HI and MD
 - Federal clients include Administration on Aging (AoA) and CMS
- Director**, Division for Advocacy and Special Issues (DASI) **2002-2004**
Centers for Medicare and Medicaid Services (CMS)
US Department of Health and Human Services
Baltimore, MD
- Oversaw:
- Real Choice Systems Change Grants
 - Medicaid Infrastructure Grants
 - Demonstration to Support Employment and Independence
 - CMS HCBS Technical Assistance
 - HCBS Data Systems Development
 - HCBS policy and legislation development
- Chief**, The Office on Disabilities and Aging, Medical **2000-2002**
Assistance Administration, Department of Health
District of Columbia
- Oversaw all Medicaid funded disability and long term care (circa \$.5 Billion)
 - Reformed 3 1915(c) waivers
 - Developed and received approval for an 1115 Demonstration
 - Development of new reimbursement methodologies for institutional and community-based long-term care services
 - Writing and winning \$30 million in grants
 - Streamlining operations for long-term care services
 - Recruiting and managing staff
 - Securing and managing the work of contractors
- Senior Manager**, The Lewin Group **1995-2000**
Falls Church, VA
- Long term care and HCBS research and consulting
 - Major clients included several US Dept. of Health and Human Services agencies, and interest groups (e.g., AARP)

ADDITIONAL EXPERIENCE

- Research and policy work with the US General Accounting Office (GAO)
- Participation in and management of academic research studies and evaluations
- Testified or conducted presentations for US Senate Finance Committee, and Senate and House staff

HONORS AND AWARDS

CMS Administrator's Award	2003
Sigma Phi Omega National Academic Honor and Professional Society in Gerontology	1994
Student Award for Research, Social Research, Policy and Practice Section, Gerontological Society of America	1992

PEER REVIEWED PUBLICATIONS

- Lutzky, S., & Alecxih, L.M.B. (1999). Enabling informed consumer choice in the long-term care insurance market. *Journal of Aging and Social Policy*, 10, 3, 27-44.
- Lutzky, S. & Wee, K. (1999). Medicare+Choice organizations and long-term care insurance: Creating synergies to improve enrollment, quality of care. *Managed Medicare & Medicaid*, March 1, pp. 4-5. Available at <http://www.mcareol.com/mcolfree/mcolfre1/mcolfre2/artcl352.htm>.
- Lutzky, S. (1997). Understanding the implications of new federal guidelines for tax qualified long-term care insurance policies. *Journal of Compensation and Benefits*, 13, 2, 46-49.
- Alecxih, L.M.B. & Lutzky, S. (1995). Private long-term care insurance: Barriers to purchase and retention. In J. Wiener (ed.) *People with disabilities: Issues in health care financing and delivery*. Washington, DC: The Brookings Institution.
- Lutzky, S., & Knight, B. (1994). Explaining Gender Differences in Caregiver Distress: The Roles of Attentiveness to Emotions and Coping Styles. *Psychology and Aging*.
- Knight, B., Lutzky, S., & Macofsky-Urban, F. (1993). A meta-analytic review of interventions for caregiver distress: Recommendations for future research. *The Gerontologist*, 33, 240-248.

ADDITIONAL PUBLICATIONS

- "*Recommendations for the Alaska Long Term Care Plan: Final Report*," Prepared for the Alaska Department of Health and Social Services, October 2008. Available at: www.akltc.com.
- "*Improving HCBS Delivery Systems for Older Adults and Individuals with Disabilities: Redesigning Information Technology and Business Processes to Support Participant Control, Quality, and Cost Effectiveness*," prepared for the US Administration on Aging, April 2008. Available at <http://www.adrc-tae.org/tiki-index.php?page=BusinessPlanning> .
- "*Aging and Disability Resource Center Business Plan Template*," prepared for the US Administration on Aging, September 2004. Available at <http://www.adrc-tae.org/tiki-page.php?pageName=Business+Operations-Public#Business>.
- "*Assessing State's Long-Term Care Insurance Regulatory Capacity*," prepared for AARP, February 2002. Available at http://research.aarp.org/il/2002_02_ltc_1.html.
- "*Home and Community-Based Services for Older People and Younger Adults with Physical Disabilities in Wisconsin*," prepared for the Center for Medicare and Medicaid Services, August 2001. Available at

http://www.urban.org/Uploadedpdf/410376_HCBS_Wisconsin.pdf

"*Home and Community-Based Services for Older People and Younger Adults with Physical Disabilities in Washington*," prepared for the Center for Medicare and Medicaid Services, June 2001. Available at http://www.urban.org/UploadedPDF/410355_home-services.pdf.

"*Review of the Medicaid 1915(C) Home and Community Based Services Waiver Program Literature and Program Data*," prepared for the Health Care Financing Administration, June 2000. Available at <http://www.cms.hhs.gov/medicaid/services/hcbsprog.pdf>.

"*Assessing the Impact of the SCAN Social HMO on Long Nursing Facility Stays*," prepared for SCAN Health Plan, September 2000.

"*Restricting Underwriting and Premium Rating Practices in the Medigap Market: The Experience of Three States*," prepared for the American Association of Retired Persons, January 2001. Available at http://research.aarp.org/health/2001_01_medigap.pdf

"*Wisconsin Family Care Implementation Process Evaluation Report*," prepared for the Wisconsin Legislative Audit Bureau, November 2000. Available at www.legis.state.wi.us/lab/reports/00-0famcare.pdf.

"*A Survey of Employers Offering Group Long-Term Care Insurance to Their Employees*," prepared for the Office of the Assistant Secretary for Planning and Evaluation, July 2000. Available at <http://aspe.hhs.gov/daltcp/reports/ltcinsfr.htm>.

"*Key Issues Affecting Accessibility to Medigap Insurance*," prepared for the Commonwealth Fund, August 1997. Available at: <http://www.cmwf.org/programs/medfutur/alecex.asp>.

"*Estimated Cost Savings from the Use of Home and Community-Based Alternatives to Nursing Facility Care in Three States*," prepared for the AARP, November 1996. Available at: http://research.aarp.org/health/9618_savings.html.

"*Cost-Estimates for a Proposed Personal Assistance Program in Vermont*," prepared for the Vermont Health Care Authority, March 1996.

"*Private Long-Term Care Insurance Benefit Eligibility Triggers: The Implications of Alternative Definitions*," prepared for the American Association of Retired Persons, August 1995. Available at http://research.aarp.org/consume/9605_triggers.html.

SELECTED PRESENTATIONS

"*Measuring States' Efforts Toward a Person-Centered, Rebalanced System of Long-Term Services and Supports*," Presentation at the National HCBS Conference. Atlanta, GA (September 2010).

"*Ho'ohuli - Transforming Systems to Facilitate Informed Choice and Participant Direction in Hawaii*," Presentation at the National HCBS Conference. Atlanta, GA (September 2010).

"*Building a Data-driven Web-enabled Quality Management System in Illinois*," Presentation at the National HCBS Conference. Denver, CO (September 2009).

"*Developing a Plan for Improving Long Term Care in the State of Alaska*," Presentation at the National HCBS Conference. Denver, CO (September 2009).

"*Maryland's Public Service System for Vulnerable Adults*," Presentation and facilitation of conference sponsored by the Maryland Department of Human Resources (May 2009).

"*Improving Core Business Processes Supporting California's Multipurpose Senior Services Program*," Presentation given to SCAN Foundation's The Future of Care Coordination

in California Conference (December 2008).

"Summary of the Deficit Reduction Act of 2005 Changes that Impact Long Term Care," Series of presentations given to US Administration on Aging and Aging network staff. (August through September 2006).

"State Efforts to Redesign Their Long-Term Care Delivery Systems," Testimony given to the Bipartisan Congressional Caucus on Disability. Washington, DC (July 13, 2004).

"CMS' Efforts to Facilitate Individual Control and Community Integration for Individuals with Disabilities." National Health Policy Forum on Implications of the Olmstead Decision (November 24, 2003).

"State efforts to redesign their long-term care delivery systems." Testimony given to the Senate Finance Committee (March 27, 2001).

"Using e-health to manage Medicaid long-term care costs." Presentation given at the 5th annual Congress on Managed Medicaid & Medicare. Washington, DC (January 2001).

"Addressing competition in a federal employee long-term care insurance offering." Presentation given to staff from US House of Representatives (January 13, 2000) and US Senate (February 7, 2000).

SELECTED HCBS STRATEGIES PROJECTS

Alaska Department of Health and Social Services – HCBS Strategies took a three prong approach to developing the long term care plan for reforming all Medicaid funded services for individuals with disabilities and older adults. One, we conducted background research on with other states, interviews with national experts, and meetings and focus groups with stakeholders. Two, we conducted a business process review of Alaska’s current long term care delivery systems. Three, we engaged in a collaborative process with the State and stakeholders to review and revise recommendations. The final report provided a discussion of the opportunities and challenges of the various Medicaid authorities for funding LTC, including new DRA options. We proposed solutions to challenges faced by many other states, including: (a) Establishing mechanisms for controlling costs that minimize the possibility of cost shifting and detrimental effects on the quality of care; (b) Streamlining access and coordinating assessment processes; (c) Developing a quality management strategy that complies with Center for Medicare and Medicaid Services (CMS) requirements; and (d) Incorporating greater consumer direction while maintaining the integrity of the overall budget. We translated these recommendations into a detailed three-year implementation. The final report can be found at: www.akLTC.com.

Minnesota Department of Human Services - We completed two projects with DHS. HCBS Strategies assisted the State in developing a Comprehensive Assessment Tool, known as COMPASS. We conducted extensive research on other assessment tools and facilitated input from a Steering Committee and multiple workgroups. We also worked with the State to develop and pilot an automated version of the tool. The Comprehensive Assessment process can be used to assess the needs of individuals with disabilities of all ages, including children and older adults. The project developed 17 modules, including an innovative person-centered interview that ensures that these principles drive the assessment process. More information about this can be found at the [Minnesota Comprehensive Assessment](#). HCBS Strategies is currently assisting the state implement this tool statewide.

In the second project, HCBS Strategies played a lead role in a collaborative effort lead by Johnston, Villegas-Grubbs and Associates (JVGA) to design a new county budget allocation methodology for programs serving individuals with mental retardation and related conditions (MR/RC). The collaboration also included The Lewin Group and AmeriChoice. The overall goal of the project was to design a mechanism that will allow the state to more equitably distribute the budget for individuals with MR/RC across the counties. HCBS Strategies surveyed all 87 counties and conducting more in-depth follow-up with a subgroup of counties to understand how they currently operate the MR/RC 1915(c) HCBS waiver. This information helped to determine which types of budget allocation methodologies are feasible and what infrastructure would need to be created to implement a new strategy. The final report for this project can be found at http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs_id_051667.hcsp.

Illinois Department of Healthcare and Family Services - HCBS Strategies worked with Health Systems of Illinois (HSI), a Quality Improvement Organization (QIO) to assist Illinois in maintaining and improving their systems for managing quality in Medicaid funded home and community based services. HCBS Strategies has had two major efforts. One, we are working with the state to develop a strategy for building quality management systems across waivers that comply with CMS requirements and best practices. Two, we assisted the state in building an assessment tool and resource allocation methodology for its 1915(c) waiver targeting medically fragile children.

Illinois Department on Aging - HCBS Strategies assisted the Illinois Department on Aging (IDoA) to build a quality management structure for the State of Illinois Community Care Program (CCP) that complies with CMS requirements for 1915(c) waiver is under application version 3.5. CCP is an entitlement program serving individuals needing long term supports, who are over age 60 and live in the community. Many of the people served are Medicaid eligible under the 1915(c) waiver that includes CCP services. The project included an operational analysis of the existing quality management structure, comprehensive research of national practices, development of performance indicators, methodologies for discovery and remediation, and recommendations for operational implementation for the new quality

management system (including technology tools). We developed web-enabled data collection tools to support critical incident management, tracking compliance with direct care staff training requirements, and case management case notes. We also provided programmatic management reports and operational manuals.

HCBS Strategies is currently assisting IDoA by updating policies and developing operational manuals for CCP.

Hawaii Executive Office on Aging (EOA) – HCBS Strategies was hired to fulfill the role of the Systems Change Developer (SCD). The SCD effort is building a five year strategic plan that will guide the development of operations infrastructure for Hawaii's ADRC, Community Living Program (CLP) and Person-Centered Hospital Discharge Planning efforts. The infrastructure will streamline access to HCBS, help target scarce resources to individuals at greatest risk of institutionalization and Medicaid spend down, and provide a participant-directed option under the state-funded Kupuna Care program. HCBS is currently working with EOA to implement these systems reforms.

DC Department of Mental Health - HCBS Strategies assisted the DC Department of Mental Health (DMH) in the preparation of three Real Choice Systems Change grants and one Assets for Independence Grant. We worked with District staff and other key stakeholders to match their goals in improving the delivery of long term supports for individuals with disabilities to the requirements of the grant category that presented the greatest likelihood of success. As a result of these efforts, the District was awarded more than \$2.3 million in grant funds.

HCBS Strategies has had three projects additional projects with DMH. The first effort involved collaboration with Georgetown University to implement the Real Choice Systems Change Portals from EPSDT to Adult Service grant. The second effort is to implement the District's Real Choice Systems Changing Integrating Long Term Supports with Housing grant. Under this project, we are assisting DMH in matching individuals with mental health issues to housing and developing mechanisms to support home ownership. The third effort is to design a wraparound program that will help youth with serious mental illness avoid placement in Residential Treatment Centers (RTCs). HCBS Strategies is assisting identifying possible Medicaid funding streams, financial architectures for reimbursement, and the operational design of the program.

Maryland Departments of Health and Mental Hygiene, Aging, and Disabilities - HCBS Strategies assisted the state of Maryland in responding to two federal grant opportunities: (1) a Systems Transformation proposal in response to the Real Choice Systems Change solicitation issued by CMS and (2) the Aging and Disability Resource Center solicitation issued by the Administration on Aging. Previously, we collaborated with the Delmarva Foundation to assess strengths and weaknesses of three 1915(c) Home and Community-Based Waivers. The scope of work also included the provision of a roadmap for redesigning a quality improvement system and some initial quality management tools. HCBS Strategies is now working with the Department on Aging to Implement an AoA Nursing Home Diversion Modernization Grant.

Administration on Aging - Under a consulting agreement with The Lewin Group, HCBS Strategies is providing technical assistance to AoA and Real Choice Systems Change grantees designing and implementing Aging and Disability Resource Centers. HCBS strategies developed a business plan template that assists these grantees in identifying the size and scope of their potential market, developing their operations, and building a case for sustainability. Business Plan:<http://www.adrctae.org/documents/ADRC%20Business%20Plan%20Template.doc?PHPSESSID=1b663c56c03ab0183f71d12ccfe6c75a>.

Generations - Generations is one of 16 Area Agencies on Aging in Indiana and provides resources to the aging, persons of all ages with physical disabilities, and their caregivers. HCBS Strategies wrote a presentation for Generations that discusses issues related to the structure of waiting lists for home and community-based services. This paper discussed the implications of various policy options on operations and the lives of individuals with disabilities. In addition,

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we provided assistance in developing a response to a Request for Information (RFI) to the state.

Dr. Lutzky's tenure as Director has focused on: (1) developing infrastructure to manage grants and technical assistance efforts designed to support states ability to develop cost effective, consumer directed long term support systems; (2) overseeing the solicitation and awarding of new grants; (3) the development of new policy initiatives; and (4) the development and description of a typology of the types of systems change efforts necessary to operate an effective and efficient system.

The major accomplishments during his tenure include:

The Systems Change Typology: Dr. Lutzky recognized that effective systems reform requires that a state engage in a coordinated planning process that addressed the following key areas: (1) access to supports; (2) financing of supports both at the state budgetary and individual services levels; (3) supply and type of supports; and (4) a quality management system that ensures that supports are meeting the needs and preference of individuals. His division has provided states with guidance regarding types of interventions within in each of these areas and used this typology to shape grant solicitations and focus limited technical assistance funds.

The Home and Community-Based Services Clearinghouse: Dr. Lutzky conceived of and oversaw the implementation of a web-based clearinghouse of documents designed to support states developing long term support systems. This database includes a broad range of documents, such as descriptions to state systems, programmatic operating budgets and implementation plans, outreach materials, and job descriptions.

Web-based grant reporting: Dr. Lutzky oversaw the development and implementation of web-based semi-annual and annual reporting for the Real Choice Systems Change and Ticket to Work Medicaid Infrastructure grants. This effort simplified reporting for grantees and created an accessible and searchable database that greatly improved the ability of CMS and researchers to understand the progress grantees were making and the barriers they faced.

New grant solicitations: Dr. Lutzky oversaw the development and procurement of the Real Choice Systems Change, Ticket to Work Medicaid Infrastructure, and Demonstration to Support Employment and Independence grants. His input helped create solicitations that provided greater guidance to grantees to ensure grants fulfilled their purpose of creating, "enduring systems change."

Home and Community Services Database: Dr. Lutzky oversaw the development of a database of programmatic information and expenditure information on Medicaid funded home and community-based services. This database compiled information that had previously only been kept in paper files, primarily in the CMS regional offices. The database includes information on types of populations served, services offered, recipients covered, and expenditures. This database has substantially increased CMS' ability to understand and report on these services, which accounted for approximately \$21 billion in expenditures in FY2003.

Development of the FY2004 New Freedom Demonstrations: Dr. Lutzky assisted in the development of the New Freedom initiatives included in the President's budget and transmitted by the Health and Human Services Secretary to Congress. If enacted, these demonstrations would offer \$2.1 billion in grants to states to: (1) rebalance their systems so that they served more individuals with disabilities in the community rather than institutions; (2) offer respite as a Medicaid state plan services to individuals caring for adults and children with disabilities; and (3) offer home and community-based services to children with serious emotional disturbances as an alternative to residential treatment centers. The legislation also include several programmatic changes to the Medicaid program designed to facilitate the ability of home and community-based services to serve as an alternative to institutions. Dr. Lutzky oversaw the development of budget estimates and proposed legislative language.

Internal grants monitoring system: Dr. Lutzky developed and implemented a coordinated system for monitoring the 188 Real Choice Systems Change grants that CMS had awarded. This system provides guidance to grant project officers and a centralized database to store documentation regarding progress of grantees. It also includes modules to facilitate the ability

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of managers to monitor the work of project officers.

Dr. Lutzky served as the Chief of the Office on Disabilities and Aging within the Medical Assistance Administration in the District of Columbia's Department of Health from September 2000 to October 2002. His office served the following populations: (1) older adults, (2) younger adults with physical disabilities, (3) individuals with mental retardation or a developmental disability and (4) individuals living with HIV/AIDS. He oversaw policy development and operations of all Medicaid funded long-term care, including nursing facilities, intensive care facilities for individuals with mental retardation (ICF-MR), personal care, home health, hospice, day and active treatment, an 1115 demonstration waiver, and three 1915(c) home and community-based services waivers.

Specific initiatives developed during Dr. Lutzky's tenure as Chief include:

Disability and Aging Resource Center: Dr. Lutzky conceived of and developed an RFP for the operation of a Disability and Aging Resource Center, a centralized intake system for persons in need of long-term care. The Resource Center model provides counseling regarding various care options, including the Home-and Community-based Waiver programs. This enables more individuals to remain in the community rather than premature placement in a nursing facility. As a result, the Resource Center results in substantial improvements to the quality of life of the disabled and aging as well as savings to the Medicaid program. This Resource Center model has been used by CMS in developing the national Aging and Disability Resource Center grants that have been awarded to 12 states.

1915(c) MR/DD Waiver: CMS approved a long-standing request to amend the District of Columbia's Medicaid HCBS Waiver serving individuals with Mental Retardation and Developmental Disabilities in December 2001. This amendment increased the scope of funded services. Dr. Lutzky also oversaw the subsequent renewal that increased the number of people the Waiver can serve and added additional services.

1915(c) Elderly/Physical Disability (EPD) Waiver: Dr. Lutzky oversaw the successful renewal and expansion of a Medicaid HCBS waiver serving the elderly. The renewal included both the addition of adults (18+) with physical disabilities to what was the "elderly" waiver and an increase in the enrollment cap. Assisted living and attendant care were also included as new Waiver services.

Nursing Facility Case Mix Rate System: Dr. Lutzky worked with a contractor to develop a reimbursement method for nursing facility care that reflects the care needs of individual residents. This rate system helps to ensure equitable compensation among the facilities and yields substantial savings to the District by preventing the automatic out-of-state placement of high-cost patients.

Nursing Facility Quality Improvement (QI) initiative: This QI initiative translates recommendations from the Institute of Medicine (IOM), which is generally considered the gold standard for long-term care quality improvement, into action. These recommendations include: (1) Increasing monitoring capacity; (2) Disseminating information to consumers regarding long-term care options and quality; (3) Reshaping nursing facility payment methodologies so that they are consistent with providing quality care; and (4) Providing targeted training to address potentially problematic care trends and at-risk individuals.

HIV Expansions of Medicaid: Dr. Lutzky secured authorization of two Demonstrations, allowing it to enroll persons with HIV/AIDS who would otherwise be ineligible for Medicaid. The 1115 (HIV) Medicaid Demonstration Waiver expands Medicaid for roughly 285 persons with HIV who have incomes <100% of the federal poverty level (FPL). This expansion is budget neutral because it is funded using savings from the establishment of a new pharmacy distribution system that allows the District to save approximately 30% on Medicaid funded HIV-related drugs. The Ticket to Work (HIV) Demonstration Grant expands Medicaid for roughly 420 persons with HIV who are working >30 hours per month and who have incomes < 300% FPL. The District was one of four states that won such grants and only one of two to have implemented the program. DC is receiving \$27.4 million over six years to use to partially fund the care of persons with HIV/AIDS who would otherwise be ineligible for Medicaid. The net result is a substantial savings to the District and an expansion of patient choice.

HIV Single Point of Entry: Dr. Lutzky oversaw the development of an intake and eligibility system that vastly simplifies the application process for publicly funded HIV services in the District. Previously, there were up to five separate and inconsistent applications for these programs; under the new system, applicants complete a single application for consideration and placement into the appropriate programs. This system also helps the District to maximize federal funding and also reduce the likelihood of abuse.