

Medicaid Home Care and Tribal Health Services

A Tool Kit for Developing New Programs

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Final Report
November 2003

*Funded under contract from the Indian Health Service #2055031400,
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A publication of the UCLA Center for Health Policy Research

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ACKNOWLEDGEMENTS

The authors are grateful for the assistance of a number of people who contributed to the project. A special thanks to our Advisory Board Members, Deidra Abbott, Terry Flamand, Holly Kibble, Josea Kramer, and Muriel Peterson. We would also like to thank the state respondents who shared their expertise.

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Introduction

In 2000, at the conference of the National Indian Council on Aging in Duluth, Minnesota, more than 1,200 Elders from 105 Tribes across America attended and contributed to the “Spiritual Message from our Elders.”¹ Part of the Elder’s message said:

“...We pray that children will honor and respect their elders -- that is where the wisdom comes from. This respect will not allow forgotten elders. We are all equal, with each having our own special gift to contribute...Let us unite together so that we may have the strength to protect our future. Strength comes from working through trials and tribulations.”

We, along with the Indian Health Service and our Advisory Board members, recognize elders as an invaluable resource in our communities, deserving of honor and respect and the best care that we can give. We assembled a team of individuals with unique skills and knowledge to contribute to this project. Now, we share this guide with tribal and urban communities to assist them as they work on providing care to elders and disabled people. We will remember the “Spiritual Message from our Elders” as we look toward our future projects.

Overview

The number of American Indian and Alaska Native (AIAN) elders is growing rapidly. This places new pressures on AIAN health care systems to provide long-term care for AIAN elders. Providing long-term care is a challenge since those systems were designed mainly to handle acute care needs.

Planning and financing long-term care services for AIAN elders is a challenge. Institutional care (i.e. nursing homes) is not desired by most elders and has high costs for both the elders and tribal governments. In contrast, less expensive home care can provide enough assistance to keep most disabled elders in their own or their relatives’ homes, where they prefer to be. State Medicaid programs are one source of funding for home and community based long-term care services on reservations.

This tool kit provides a road map for tribal health programs that are considering community-based long-term care services, with a focus on personal care services for the elderly and disabled people that can be funded by Medicaid.

¹ <http://www.nicoa.org/message.html>

Why Provide Medicaid Personal Care Services?

- * To help AIAN elders and disabled people who need assistance with daily activities like bathing and dressing.

According to the 2000 U.S. Census, about 14% of American Indian and Alaska Native elders (age 65 and over) have difficulty dressing, bathing, or getting around inside the home because of health problems. These “functional limitations” often make it difficult to live independently. Limited assistance in the home is frequently all that is needed for these elders to be able to remain in their own or their relatives’ homes.

- * To create new sources of employment for tribal members while offering culturally competent care.

Tribal elders are likely to receive assistance in ways with which they are most comfortable when other tribal members provide it. Hiring local care providers also offers new employment opportunities.

- * To generate new revenue for tribal health programs.

The existing administrative infrastructure of many Tribal health and/or aging programs can be used to establish Medicaid-reimbursed home care programs. These programs can contribute to the overhead expenses of the overall health and welfare departments.

What Are Personal Care and Other Non-Medical In-Home Services?

In rural areas, people who need assistance with their daily activities are often widely spread out. Programs that already offer outreach services to those people, such as Community Health Representatives (CHRs), may be in a position to provide non-medical in-home care efficiently.

In-home services can cover a range of human assistance provided to persons of all ages who have disabilities and chronic illnesses. The assistance enables the person to do tasks that they would normally do for themselves if they did not have a disability. The assistance can be in the form of hands-on assistance (like bathing the person). It can also be in the form of directing or reminding a person how to do the task by him/herself (like coaching a person with Alzheimers how to prepare a meal or even get dressed). In-home long-term care assistance that involves activities of daily living (ADLs) is most often provided by “personal care.” Instrumental activities of daily living (IADLs) are the activities most often provided by “homemaker” services.

ADLs are daily activities that immediately affect the person such as bathing, dressing, toileting, transferring (i.e. getting in and out of a bed or a chair), and eating or feeding. Walking independently in the home can also be considered an ADL. IADLs are activities that typically involve the household and require a level of stamina and clear thinking, such as cleaning, cooking, shopping, using the telephone, and paying bills. Managing medications, walking outside the home, and doing laundry are also sometimes listed as IADLs. These in-home services can be provided on a continuing basis (such as every morning) or on an as-needed basis (such as only during arthritis flare-ups). Skilled services that can be performed only by a health care professional, such as wound care, are outside the boundaries of personal care. There are a variety of different services described in Medicaid regulations that can be provided in the home, which are described below.

- ❖ ***Personal care services*** (also known by other names such as personal attendant services, personal assistance services, or attendant care services): Assistance with eating, bathing, dressing, personal hygiene, and/or activities of daily living. This service may include help with making meals, but it does not include the cost of the meals. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, but they have to be necessary as part of the bathing, dressing, and other personal care activities. Personal care providers must meet State standards for this service.
- ❖ ***Homemaker services***: Services consisting of general household activities (meal preparation and routine household care). These are done when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him/herself or others in the home. Homemakers meet standards of education and training that are established by each State.
- ❖ ***Chore services***: Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors,

windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access. These services are provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/ volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, as written in the lease, is examined prior to any authorization of services.

- ❖ **Respite care:** Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.
- ❖ **Home Health Care:** Skilled intermittent health care which is provided under the orders of a physician. Individuals eligible for home health nursing or home health aide services must need medical care in their home and have their care, which is specific to the patient's diagnosis, ordered by a physician. Because this service relies on a medical model and requires specialized licensing, this type of care is *not* covered in this guide.

The descriptions above are based on those used by the Medicaid program (available at <http://cms.hhs.gov/medicaid/1915c/cwaiverapp.pdf>).

Medicaid Programs that Provide In-Home Services

There are at least two ways that states can provide in-home services to help an older person. The first is through a Medicaid service called "Personal Care." Most, but not all states have personal care services (PCS) as part of their regular Medicaid program, called "state plan" services. They can also offer personal care and related services through a special program called a "1915c waiver." This is a special program that allows states to provide services in the home and community to help Medicaid recipients stay out of nursing homes. Most, but not all, states have waiver programs that cover elderly and disabled people.

- ❖ **Personal care services (PCS)** must be ordered by a physician as part of a treatment plan in most states (although *federal* law no longer requires a physician's order), be provided by a "qualified" individual who is not a family member, and be provided in the elder's own or their family's home (that is, not in a nursing home). Since these services are part of the regular Medicaid **state plan**, there can be no waiting list or cap on the number of persons served under this program, and it must be available statewide. The requirements for obtaining services, and the types of services provided, are usually more restrictive than those provided under "waiver services" (see following). PCS also usually has hours of service or other limitations on the total amount of service per person.

- ❖ **Waiver services** can only be provided to people who are nursing home eligible under Medicaid. These may also be called “home and community based care” services, or “1915c” services. A social worker or nurse usually conducts the assessment of nursing home eligibility. The need for nursing home level care is typically based on the person’s level of disability (physical and mental) and how available family and friends are to help the person. Waiver services cannot be the same as those provided under the regular Medicaid plan’s personal care benefit (see above), so they usually complement those services by providing care to persons who do not qualify for PCS because their medical needs (in contrast to their personal care needs) are not severe enough, the type of assistance they need is not covered by the state’s PCS program, or the elder or disabled person needs more hours of care than available through PCS.

How Personal Care and Other In-Home Services are Provided

Two different models of service provision exist for personal care. The traditional model, called an **agency model**, is where an agency hires, supervises, and bills Medicaid for services. It is common for states to require agencies to hire a nurse to supervise the home care workers. Agency workers are also often required to have some training, which is often provided by the agency, on working with the elderly.

A newer model is the **consumer directed** or “independent contractor” model. The service *recipient* controls the hiring and supervision of the care provider in this model that is available in most, but not all, states. An agency is typically not involved at all in the process, and the payment goes directly to the home care worker. There are usually fewer worker training requirements under this model, and family members (but not the spouse) can usually be hired to provide the care. The consumer directed model has been particularly popular with younger disabled persons who want to maximize their autonomy, but also has appeal to older persons. This model costs states less since they pay no agency overhead.

To learn more about consumer directed care, see:

<http://aspe.hhs.gov/daltcp/reports/primer.htm#Chap7>

Understanding Medicaid Home and Community Services: A Primer. Chapter 7: Consumer-Directed Home and Community Services. George Washington University, Center for Health Policy Research. October 2000.

Different Levels of Involvement for Tribal Programs in Home Care

1. Referral Only – The least level of involvement is for Tribal Health and Tribal Aging programs to serve as information and referral sources only. This takes a minimal financial investment on the part of the tribe, but if there are sufficient home care resources in the region, providing information and referral services can assist tribal members who need assistance to obtain needed services. In at least one state, several nurses who used to work for the state government in assessing Medicaid nursing home eligibility had gone to work for the IHS. It was reported that these HIS nurses now often accompany state Medicaid eligibility nurses when on the reservation to help assure that the elder is accurately assessed. Medicaid does not pay for this type of information/referral/assessment brokering
2. Fiscal Agent Only – Many states contract with organizations to act as their fiscal agents for paying home care providers who work under a consumer directed model. The fiscal agent has limited or no oversight role of the home care provider. This role generates modest revenues for the fiscal agent. Most, but not all, states use a single fiscal agent for the whole state.
3. Agency Provider – In states with agency based providers, the agency must hire, supervise, and provide the infrastructure for personal care services. This vehicle provides more tribal control over the types of persons hired as home care workers, and the Medicaid reimbursement includes funds for the management and training of workers. This model also involves substantially more responsibility and management oversight. In some states, agencies that act as direct providers can also act as fiscal agents so that they are involved in a wider range of cases in their service area.

When Developing a Plan for Delivering Medicaid Home Care Services

Identifying community needs and your institutional capacities are important first steps in developing a home care service program. The following issues need to be considered when developing a plan for Medicaid home care:

Who needs this type of service?

Persons with difficulties in “activities of daily living” (ADLs: dressing, bathing, getting in and out of a chair or bed, eating, toileting, and walking) are most likely to need assistance, and to qualify for Medicaid programs. Persons with difficulties in “instrumental activities of daily living” (IADLs: cooking, shopping, light housework) may also need assistance. Difficulty with these activities is more common among older people, but younger people with disabilities also have these needs. Even when they live with family members, persons with ADL or IADL difficulties can receive additional help to provide a break for family caregivers or to provide help that family caregivers are unable to provide.

How many people are likely to need the service?

A needs assessment survey of the potential service area provides the best information (contact the National Resource Center on Native American Aging for more information; see key contacts at end of this toolkit). A general idea of needs can be obtained from the 2000 Census (see Assessment Tools, page 11).

An even simpler approach is to take the disability rate of AIAN elders from Tribes across the country and apply that to the population age 65 and over in the proposed service area. The National Resource Center on Native American Aging, using data primarily from reservation areas, found about 40% of AIAN elders had one or more ADL difficulties (22% with two or more difficulties out of a list of six). Among all AIAN elders nationally, the 2000 Census found 14% had ADL difficulties. This can be considered the likely range (14-40%) of *potential* home care users. Not all elders with ADL difficulties will need assistance because they may receive all the care they need from family and friends, or they may not want others helping them. On the other hand, there are usually a number of persons under age 65 who are disabled and need similar assistance.

The number of potential users is important because there are fixed costs that have to be paid whether the agency serve three or 30 clients. In addition to standard business costs (phone, electricity, accounting, marketing, etc.), a Medicaid home care agency must also have someone on staff who is able to accurately complete the Medicaid billing forms, and someone who can supervise the caregivers. If an agency has to rely entirely on Medicaid revenues, some states recommended having a minimum of 30-40 clients to generate enough funding to cover fixed costs. Smaller numbers of clients would be feasible if the home care agency was part of a Tribal clinic or aging program that shared some of the administrative and supervision costs.

Where will the funding come from?

The largest public source of funding for non-medical in-home services is Medicaid (which is limited to low-income people age 65 and over), disabled people, pregnant women, children, and families with dependent children). All states have Medicaid programs (except Arizona, which has a similar program), so this is the most likely source of funding for in-home long-term care programs.

The federal Administration on Aging also funds a variety of aging programs, and has a special funding stream for AIAN programs (Title VI of the Older Americans Act). This agency has very limited funds for in-home care for elders age 60 and over. Some states have special programs funded entirely by state dollars which typically cover in-home services or populations not covered by Medicaid. Medicare – the program that pays for hospital and doctor services for most people after age 65 – only pays for relatively short-term recovery or treatment-oriented services in

the home. Some Tribes contribute general funds to help support in-home services as well.

What organizational issues should be considered?

Most states have a number of requirements for agencies that provide Medicaid reimbursable services. You do not need to be a clinic or home health agency to provide personal care services, but you may need to show coverage for liability, some states require an operating reserve, and some states require that supervisors and/or home care workers have specified training (e.g. RN or MSW for the supervisor, 10-40 hours of training for home care workers). The requirements in each state differ. You should check with your state's provider enrollment department to learn about their current requirements.

States also report that in their experiences some providers face problems in billing Medicaid. Some states allow paper billing, but all states prefer electronic billing. The billing information must be accurately completed, meaning that the billing staff in the provider organization must be well trained and consistent. Since Medicaid is a federal program, it is also important to keep good records in case of an audit. Finally, many parts of the country have labor shortages and providers can have trouble hiring and keeping reliable home care workers.

Placing a home care program in an existing aging program or medical program can provide a useful synergy. Many Tribal medical programs are already Medicaid providers and have established billing systems. Existing CHRs might be able to serve as initial home care workers. Existing Tribal aging programs should be able to identify at-risk elders and make referrals that would quickly build program participants. Medicaid home care waiver programs in many states are located in the State Aging Departments.

Some potential Tribal Medicaid providers have been deterred by the nondiscrimination clause in Medicaid that requires providers to offer services to all persons, regardless of race, who request it. In many states, however, it is possible to define your service area in terms of reservation boundaries. When that is not possible, if you market services under the banner of a tribal agency and focus your program on AIAN culturally-competent care, you are unlikely to attract many non-Indians. They would turn to programs that may emphasize cultural competency for other groups (white or Latino, for example).

Potential concerns to prepare for

- ❖ ***Deciding how many hours of service a client needs.*** Each state uses their own standard form to determine if they are disabled enough to qualify for home and community based care under Medicaid Waiver programs (the other Medicaid program, PCS, usually requires a doctor's care plan that includes the service). In most states, county health or aging department's social workers have the

responsibility of completing this assessment. Conflict can occur when there are different views of the level of need between a Tribal provider who makes a referral and a nonTribal county worker who performs the Medicaid assessment. Some Tribes report that they try to send out a CHR or nurse to help the elder when the county's Medicaid worker visits to make an initial assessment. This can ease cultural and bureaucratic barriers, but it is not a reimbursable service. States can allow tribes to conduct these "level of care needs assessments," but it is not common.

- ❖ ***Estate recovery*** is a complex and controversial issue. The value of the elder's home is not counted as an asset when financial need is determined for Medicaid. The federal government, however, requires that after the Medicaid recipient dies the state attempts to recover payment for certain long-term care benefits and medical services that the recipient received through Medicaid. This repayment is called estate recovery and it is taken from the recipient's estate (resources owned at the time of their death). Hardship provisions to protect dependent heirs may apply. Collection only applies to property the Medicaid recipient owned or had an interest in at the time of death. It does not apply to property solely owned by a spouse or child.

However, federal law **exempts** enrolled Tribal members living on (or near) reservations from estate recovery, but not all states follow these rules. See the federal guidelines at <http://cms.hhs.gov/manuals/pub45pdf/sm3800.pdf>, page 3-9-5. In summary, Indian trust property, including real property and improvements, are not subject to the estate recovery program. Similarly, income derived from trust resources or trust property is also exempt. For example, income derived from a timber sale on trust property would be exempt from the estate recovery process. Some non-trust property is also exempt from the estate recovery process. Non-trust property located on a reservation or near a reservation as designated and approved by the BIA, or non-trust property located within the most recent boundaries of a prior Federal reservation, are also not subject to the estate recovery process, as long as the ownership is passed from an Indian to one or more relatives (including non-Indians and Indians not enrolled, so long as the deceased's cultural affiliation would nevertheless protect them as family members), or to a Tribe or Tribal organization, or to one or more Indians. Additionally, income left as a remainder in an estate derived from protected property as described above is exempt so long as the individual can clearly trace it as coming from the protected property. In addition, an exception is laid out for ownership interests or usage rights to items that have unique religious, spiritual, traditional and/or cultural significance, or rights that support subsistence or a traditional life style according to applicable Tribal law or custom. Estates that are handled by tribal courts, rather than state probate courts, are subject to tribal law. In practice, this means that most assets of enrolled Tribal members are probably exempt.

- ❖ ***Some Tribal councils propose nursing homes***, even when the economics and the need do not justify them. Most people know about nursing homes, so they naturally

come to mind when thinking about helping disabled elderly persons. But home care services can make even more sense to policy makers when the effect of home care services are described and the financing model explained. Other Tribes that successfully run home care programs, as well as state home care associations, can provide information and testimonials about the value of home care services.

In some communities snow and ice make consistent home care impractical during the winter. Some of them have constructed small independent-living senior housing in towns where elders who need help can move for the winter. If they need assistance with shopping or cleaning, home care services can be provided in the senior housing. The elders can then return to their more remote homesteads during the summer months, if they are able and interested.

- ❖ ***When there are not enough disabled elders to support a tribal agency*** there are other options. The Tribe can work with other providers in the area to assure that they employ enough Indian home care workers to provide appropriate care for the few Tribal members who need assistance. If a tribal social worker or CHR can assist Tribal members with the eligibility process for Medicaid home care services it is more likely that they will receive the level of care required. And finally, Tribes can encourage members to use the consumer-directed option (see page 5), if it is available in their state. This can increase care for the elders and provide employment for Tribal members, although it does not generate any revenue for the Tribal government.
- ❖ ***States may say they have used up available state funds and can not expand services for American Indians or Alaska Natives.*** The federal government has agreed to pay 100% of the cost of Medicaid services (i.e. no state money is needed) for Medicaid services provided by tribes and tribal organizations operating under PL 638 (Indian Self-Determination Act) compacts. This should give state governments incentives to expand tribally operated Medicaid services, but many states are not aware of this agreement. Minnesota recently expanded Medicaid long-term care programs on the White Earth reservation after the state government and legislature learned that the expansion would not cost the state additional funding. The original federal agreement can be found at <http://www.cms.hhs.gov/aian/oaofinal.pdf>.
- ❖ ***Urban Indian clinics*** can consider developing Medicaid home care programs, too. The issues will be different, since most urban areas (unlike rural areas) already have multiple Medicaid home care providers and competition for new clients may be more difficult.

Assessment Tools

1. The National Resource Center on Native American Aging (see key contacts at end of this toolkit) has a program to assist tribes with conducting needs assessments of older persons. This involves collecting data which requires a modest investment of time and resources.
2. The U.S. Bureau of the Census also has information from the 2000 Census about the number of people who report self-care disabilities. This information will not be as detailed, and possibly not as accurate, as a special needs assessment, but the information is free and immediately available. Using the internet you can get information for persons by different age groups who live on federally recognized reservations or other geographic areas (such as counties or cities). The following provides step-by-step instructions for finding this information.
 - a. Go to <http://factfinder.census.gov>
 - b. In the middle of the page click on “2000 Summary File 3”
 - c. In the blue box towards the right, click on “Enter a table number”
 - i. A new box appears, enter P41 where it says “enter a table number”
 - ii. At the second bullet where it says “select a geographic type”, click on the small down marker (▼) and click on “American Indian Area/Alaska Native Area/Hawaiian Home Land”
 - iii. In the box under the third bullet where it says “Select one or more geographic areas...”, click on the small down marker (▼) until you reach your tribe. Click on the tribe to highlight it then click “add” below.
 - iv. To the right of the next box down, click “show result”
 - v. This table shows data from the 2000 Census for your tribal area for the number of people reporting different disabilities. The self-care disability is the closest to what Medicaid personal care provides, i.e. help with “dressing, bathing, or getting around inside the home.” Some assistance may also be provided to those with a physical disability, defined in the Census as substantial limits in one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. NOTE: A person with both physical and self-care disabilities appears in both categories, so you *cannot* add the two categories together. The best idea is to use the self-care disability number as a low estimate and the physical disability as a high estimate of the number who could use assistance.
3. Note that there are likely to be eligible elders who live nearby but outside the tribal boundaries who would also like to be served by a tribal provider.

More about Medicaid

Medicaid is a cooperative federal-state program that provides health insurance to low-income persons. Medicaid eligibility is limited to individuals who fall into one of over 25 different eligibility categories that fall into five broad coverage groups:

- Children
- Pregnant Women
- Adults in Families with Dependent Children
- Individuals with Disabilities
- Individuals age 65 or over

The federal government sets the overall program requirements and pays for a portion of total Medicaid costs, ranging from 50-77% depending on the per capita income of each state. While this places a disincentive on states to expand their Medicaid programs since they have to devote additional state funds for expansions, there is an exception for services provided by the Indian Health Service and compacting tribes. As of July 11, 1996, the Secretary approved HCFA's proposal to adopt an interpretation that section 1905(b) allows 100-percent FMAP [the amount of Medicaid spending paid by the federal government] for Medicaid services furnished to Medicaid eligible AIANs by any tribal facility operating under a 638 agreement (see p.2 <http://cms.hhs.gov/aian/moafinal.pdf>). While not all states currently take advantage of this complete federal subsidy, expanding Medicaid services for reservation populations served by compacting tribes *does not cost states any additional money*. This should eliminate a significant barrier when tribes want to work with state Medicaid programs to develop in-home Medicaid services.

While not all eligible tribal members are enrolled in Medicaid, there is a substantial base of AIANs in most states who are enrolled and who are currently eligible for needed services. Over one-half million American Indians and Alaska Natives were enrolled in the Medicaid program nationwide in 1998 (the last date that this information was published). The following states have 93% of all AIAN's in the program nationally.

State (1998 data)	Number of AIANs w/Medicaid	As Percent of All Persons w/ Medicaid
Alaska	34,922	39.7%
Arizona	92,322	14.2%
California	27,731	0.4%
Michigan	6,304	0.5%
Minnesota	27,012	4.8%
Montana	20,920	22.4%
Nebraska	8,578	4.1%
New Mexico	54,191	16.0%
New York	8,351	0.2%
North Carolina	20,514	1.7%
North Dakota	14,061	22.6%
Ohio	36,703	2.6%

Oklahoma (1997)	46,710	10.8%
Oregon	10,537	2.0%
South Dakota	30,455	36.6%
Texas	7,477	0.3%
Utah	10,604	5.3%
Washington	25,583	2.8%
Wisconsin	6,608	1.2%
Wyoming	4,273	8.3%
U.S. Total	529,304	1.3%

A long but useful “primer” that goes into detail about Medicaid services and eligibility is available at <http://aspe.hhs.gov/search/daltcp/Reports/primerpt.htm>.

Medicaid Eligibility

Basic Rules

The basic Medicaid eligibility rules are based on both income and assets. Income limits for persons age 65 and over, and blind and disabled people, are tied to the Supplemental Security Income (SSI) program, which is a cash-assistance program for aged, blind, and disabled people. The federal government establishes a minimum payment level for SSI, although many states pay above that line. In most states SSI recipients are automatically eligible for Medicaid, but in some the rules are more restrictive.

The general requirements for Medicaid for persons age 65 and over is that they have an income (in 2003) of no more than \$552 for an individual or \$829 for a couple. This varies somewhat between states and may be different for disabled persons. It is based on the Supplemental Security Income criteria.

Medicaid waiver home and community-based services often have less restrictive income criteria (typically three times the SSI levels noted above), and some states have special programs (outside Medicaid) that provide in-home care for those who are just above the Medicaid criteria in assets or income.

Assets (excluding the home the person lives in, and certain other assets) cannot exceed \$2,000 for a person living alone or \$3,000 for a couple in most states. Some states have higher limits. It is important to note that if the applicant transfers assets within 36 months of applying for Medicaid, those assets are “deemed” or assumed to be available for paying medical expenses.

Detailed eligibility data by state is available from the National Association of State Medicaid Directors at <http://www.nasmd.org/eligibility/default.asp>.

Additional Rules That Make More People Medicaid Eligible - Medically Needy

Over half of all states allow a person to subtract their medical expenses from their income when they are calculating whether their income is low enough to qualify for Medicaid. When their remaining income is below the eligibility line they become eligible for Medicaid. This process is called a “spend down” and the recipient is considered “medically needy.” In effect, it is a deductible that the person has to pay (by paying for a certain amount of medical expenses out of pocket) before Medicaid takes over and pays the rest. This is particularly important for older persons who often have high on-going prescription medication and other medical costs. The income and asset limits can be different for the medically needy than for the “categorically needy” (i.e. those who meet the standard income/asset criteria), so it is important to check the current rules in each state.

The medically needy are covered for state plan personal care services in the following states: DC, KS, ME, MD, MA, MI, MN, MT, NE, NH, NJ, NY, NC, OK, OR, RI, UT, WV, WI (see <http://www.kff.org/medicaidbenefits/personalcare.html>).

In addition, many states use a higher income cut-off (typically 300% of the SSI level) for eligibility for waiver services. This means that even though an older person may not qualify for “regular” Medicaid because of their income, they may still qualify for waiver services such as homemaker or chore care. A summary of this information is available at <http://www.nasmd.org/waivers/waivers.htm> under the 1915(c) Waivers category, financial eligibility.

Selected Long Term Care Resources

Home and Community Based Services (HCBS) Resource Network

The Resource Network on Home and Community-Based Services is a partnership between the U.S. Department of Health and Human Services' Assistant Secretary for Planning and Evaluation ([ASPE](#))*, [CMS](#) - Centers for Medicare & Medicaid Services (formerly HCFA)*, state agencies that purchase and manage HCBS services, and consumers. The mission of the Resource Network is to work with states, the disability and aging communities, and others who are committed to high quality consumer-directed services in integrated settings through cost-effective delivery models.

<http://www.hcbs.org>

Indian Health Service's Elder Care Initiative

The goal of the Elder Care Initiative is to promote the development of high-quality care for American Indian and Alaska Native elders by acting as a consultation and liaison resource for IHS, tribal, and urban Indian health programs.

<http://www.ihs.gov/medicalprograms/eldercare/index.asp>

National Indian Council on Aging (NICOA)

Formed by a group of tribal chairmen in 1976, the National Indian Council on Aging (NICOA) has served as the nation's foremost nonprofit advocate for the nation's (est.) 296,000 American Indian and Alaska Native elders. NICOA strives to better the lives of the nation's indigenous seniors through advocacy, employment training, dissemination of information, and data support. They also offer technical assistance in developing long-term care programs.

www.nicoa.org

National Resource Center on Native American Aging

The National Resource Center on Native American Aging was established in 1994 at the University of North Dakota (UND). The resource center is collaboration between the UND Office of Native American Programs and the UND Center for Rural Health. The resource center's purpose is to work closely with the local service providers throughout the nation to address the needs of American Indian, Alaskan Native and Native Hawaiian elders.

They can provide technical assistance in conducting needs assessments.

<http://www.med.und.nodak.edu/depts/rural/nrcnaa/index.html>

National Home Care Association

NAHC is the nation's largest trade association representing the interests and concerns of home care agencies, hospices, home care aide organizations, and medical equipment suppliers. NAHC is dedicated to making home care and hospice providers lives easier. From professional development to fighting for better regulation, from knowing all angles of federal and state regulations to providing the latest information affecting home care and hospice, NAHC serves the needs of home care provider agencies.

<http://www.nahc.com/home.html>

ALASKA

Contact Person	Odette Jamieson odette_jamieson@health.state.ak.us
Demographics	Number American Indians/Alaska Natives (2000 Census) –119,241 Number American Indians/Alaska Natives 65 and over (2000 Census) – 6,354
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	Spending, Personal Care (2002) - \$19,596,914 Spending, 1915(c) aged/disabled waiver (2002) – \$ 20,154,908 Total number persons enrolled in Medicaid (2001) – 115,996 Number “aged” persons in Medicaid (2001) – 6,403 Number “blind/disabled” persons in Medicaid (2001) – 11,443 Number persons served by 1915(c) aged or aged/disabled waiver (2000) – 961 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –712 Number AIAN persons enrolled in Medicaid (1998) –34,922 Number of AIAN persons receiving waiver services (2000-IHS) –696
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	<p>The following waiver services for adults with physical disabilities (APD) and seniors (OA) are provided solely by agencies: Care coordination, adult day services, chore services, assisted living services, respite (hourly and daily), specialized private duty nursing, environmental modifications, transportation, meal services (in-home and congregate), habilitation services, and specialized equipment and supplies.</p> <p>*Personal care attendant services (PCA) are provided <u>only</u> through the non-waiver, state plan Medicaid service and may be either consumer-directed or agency-based. For more information on this see http://health.hss.state.ak.us/dsds/pca/home.htm.</p>
Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).	<p>All agencies providing services to OA and APD clients are required to be certified by the Senior and Disabilities Services Division. Mandatory requirements for respite and adult care center service providers are CPR and first aid. Care Coordinators are required to have a minimum of one year of health aide experience in the rural areas or a professional degree in health related field. To be a transportation agency, the provider is required to have a current driver's license and have proof of insurance. To be a meal provider, agencies must pass a local food inspection and/or a licensed dietitian must review the meal plan. To provide environmental modification services, a provider must hold a current business and contractor's license and be bonded and insured.</p> <p>To provide personal care, see the agency enrollment document at http://health.hss.state.ak.us/dsds/pca/redesign/documents/CDPCAEnrollmentPacket.pdf.</p> <p>Under the consumer directed model, the agency provides administrative support to the consumer and the personal care attendant (PCA), including payroll and Medicaid billing support for the PCA and training for the consumer in managing their own care.</p> <p>Under the agency model, the agency is responsible for managing and overseeing all the care for the consumer, including hiring, scheduling and dispatching the personal care attendant (PCAs). The agency also provides administrative support to the consumer and the PCA, including payroll, Medicaid billing and ensuring that PCAs have met training requirements and background check requirements. PCAs working in this program must successfully complete the approved PCA training program, have current CPR/FA and pass the criminal history background check. RN supervision of the PCA service plan is</p>

	provided by the agency.		
<i>Eligibility requirements for elders for those programs</i>	Clients must meet nursing facility level of care and be Medicaid eligible. PCA services provided by an agency require an RN assessment. Consumer-directed PCA service requires an approved care plan, but does not require an RN signature.		
<i>Expected length of time from application to initiation of services for elders eligible for services</i>	Approximately two months.		
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	Yukon Kuskokwim Health Corporation (Bethel), Norton Sound Health Corporation (Nome), Tanana Chiefs Conference (Fairbanks), Maniilaq Association (Kotzebue), Bristol Bay Native Association (Dillingham)		
<i>For further information about becoming providers for those programs</i>	Kevin Perron (907) 269-3469 kevin_perron@health.state.ak.us or Gail Clinch at (907) 269-3657 gail_clinch@health.state.ak.us		
<i>State Home Care Association</i>	<table border="0"> <tr> <td>EXECUTIVE DIRECTOR Alaska Home Care Association 4155 Tudor Centre Drive, Suite 103 Anchorage, Alaska 99508</td> <td>PRESIDENT/CHAIRPERSON Diane Anderson Pacific Home Health 4155 Tudor Centre Drive, Suite 103 Anchorage, Alaska 99508 907/729-2492 907/729-2489 fax E-mail: djanderson@anmc.org</td> </tr> </table>	EXECUTIVE DIRECTOR Alaska Home Care Association 4155 Tudor Centre Drive, Suite 103 Anchorage, Alaska 99508	PRESIDENT/CHAIRPERSON Diane Anderson Pacific Home Health 4155 Tudor Centre Drive, Suite 103 Anchorage, Alaska 99508 907/729-2492 907/729-2489 fax E-mail: djanderson@anmc.org
EXECUTIVE DIRECTOR Alaska Home Care Association 4155 Tudor Centre Drive, Suite 103 Anchorage, Alaska 99508	PRESIDENT/CHAIRPERSON Diane Anderson Pacific Home Health 4155 Tudor Centre Drive, Suite 103 Anchorage, Alaska 99508 907/729-2492 907/729-2489 fax E-mail: djanderson@anmc.org		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

COLORADO

Contact Person	Gary Snider 1570 Grant Street Denver, Colorado 80203-1818 303 866-2993 303-866-3163 GARY.SNIDER@STATE.CO.US
Demographics	Number American Indians/Alaska Natives (2000 Census) –79,689 Number American Indians/Alaska Natives 65 and over (2000 Census) –3,646
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	Spending, Personal Care (2002) - \$0 Spending, 1915(c) aged/disabled waiver (2002) – \$89,776,345 Total number persons enrolled in Medicaid (2001) – 410,611 Number “aged” persons in Medicaid (2001) – 46,708 Number “blind/disabled” persons in Medicaid (2001) – 65,407 Number persons served by 1915(c) aged or aged/disabled waiver (2000) – 11,481 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –11,255 Number AIAN enrolled in Medicaid (1998) –2,268 Number of AIAN receiving waiver services (2000-IHS) –12
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	Home modifications (contractor), electronic monitoring (vendor), alternative care facility (agency), personal care/homemaker (agency), case management (agency), respite care (agency), non medical transportation (provider), respite (provider), adult day care (agency)
Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).	Survey by Public Health and certification by Medicaid
Eligibility requirements for elders for those programs	But for receipt of waiver services the client is at risk of institutional placement within 30 days.
Expected length of time from application to initiation of services for elders eligible for services	One to two weeks
Tribal organizations or programs currently serving as providers under those programs.	N/A
For further information about becoming providers	N/A

<i>for those programs</i>		
State Home Care Association	<p>EXECUTIVE DIRECTOR Ellen Caruso Home Care Association of Colorado 7853 East Arapahoe Road Suite 2100 Englewood, Colorado 80112 303/694-4728 303/694-4869 fax E-mail: ecaruso@assnoffice.com Web: www.hcaonline.org Board List</p>	<p>PRESIDENT CHAIRPERSON Erin Denholm Centura Home Care& Hospice/State 2420 West 26th Avenue #200-D Denver, CO 80211 303-561-5000 303-561-5050 fax E-mail: erindenholm@centura.org</p>

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

DELAWARE

Contact Person	Nancy Kling nancy.kling@state.de.us
Demographics	Number American Indians/Alaska Natives (2000 Census) –783,600 Number American Indians/Alaska Natives 65 and over (2000 Census) – 502
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	Spending, Personal Care (2002) - \$0 (some homemaker services provided under home health aide services) Spending, 1915(c) aged/disabled waiver (2002) – \$ 9,314,950 Total number persons enrolled in Medicaid (2001) –133,079 Number “aged” persons enrolled in Medicaid (2001) – 9,613 Number “blind/disabled” persons enrolled in Medicaid (2001) – 16,500 Number persons served by 1915(c) aged or aged/disabled waiver (2000) – 752 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –734 Number AIAN persons enrolled in Medicaid (1998) –257 Number of AIAN receiving waiver services (2000-IHS) –0
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	Delaware has the following 1915 c waivers operating: MR/DD, Elderly & Disabled, Assisted Living and AIDS Waiver. Services available under the Elderly and Disabled waiver are: Personal care services, medical and social daycare, respite, emergency response system, and specialized medical equipment and supplies not covered under State plan services. All services are provided by agencies, none of the waiver services are under a consumer directed model.
Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).	Provider agencies are required to meet service licensure, definition and standards for the services they are providing. Personal care services are through a home health agency.
Eligibility requirements for elders for those programs	The Elderly and Disabled Waiver and the Assisted Living waiver require that individuals need a nursing facility level of care in order to medically qualify for the waiver. Recipients may require personal care services and well as state plan service home health aides for skilled needs. Home health aide services require a prescription from the physician.
Expected length of time from application to initiation of services for elders eligible for services	The expected length of time from application to initiation of services is on average 2 weeks.
Tribal organizations or programs currently serving as providers under those programs.	

<i>For further information about becoming providers for those programs</i>		
<i>State Home Care Association</i>	<i>EXECUTIVE DIRECTOR</i> Delaware Association of Home and Community Care Home Health Corp of America 260 Chapman Rd, #200 Commonwealth Bldg. Newark, DE 19702	<i>PRESIDENT/CHAIRPERSON</i> Joanne DeWeese Home Health Corp of America 260 Chapman Rd, #200 Commonwealth Bldg. Newark, DE 19702 800/333-4208 302/738-9613 fax E-mail: deweelj@hccainc.com

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

FLORIDA

Contact Person	Beth Kidder Agency for Health Care Administration Bureau of Medicaid Services (850) 487-2618 kidderb@fdhc.state.fl.us
Demographics	Number American Indians/Alaska Natives (2000 Census) – 117,880 Number American Indians/Alaska Natives 65 and over (2000 Census) – 9,912
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	Spending, Personal Care (2002) - \$118,415,826 Spending, 1915(c) aged/disabled waiver (2002) – \$ 92,074,553 Total number persons enrolled in Medicaid (2001) – 2,462,171 Number “aged” persons enrolled in Medicaid (2001) – 248,466 Number “blind/disabled” persons enrolled in Medicaid (2001) – 478,847 Number persons served by 1915(c) aged or aged/disabled waiver (2000) – 16,070 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –16,805 Number AIAN persons enrolled in Medicaid (1998) – 1,022 Number of AIAN persons receiving waiver services (2000-IHS) –0
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	Services Provided <ul style="list-style-type: none"> - Adult day health care - Adult companion - Attendant care - Case Aide - Case management - Chore - Consumable medical supplies - Counseling - Environmental accessibility adaptations - Escort - Family training - Financial assessment/risk reduction - Health support - Home delivered meals - Homemaker - Nutritional assessment/ risk reduction - Personal care - Personal emergency response system - Pest Control - Respite care - Skilled Nursing - Specialized Medical Equipment and Supplies - Physical, occupational, and speech therapies - Adult day health care - Companion - Case management - Chore - Consumable medical supplies - In-Home Counseling - Environmental accessibility adaptations

	<ul style="list-style-type: none"> - Home health aide - Family training - Financial Education and Protective - Special home delivered meals - Special drug and nutritional assessment - Personal care - Personal emergency response system - Respite care - Skilled Nursing - Special Medical Equipment - Special Medical Supplies - Physical, occupational, and speech therapies <p>**Please note that some of the services are listed more than once. There are several waivers, all of which are under an agency model.</p> <p>In addition, Florida has an 1115 research and demonstration waiver for Consumer Directed Care (CDC). To participate in the CDC waiver, individuals must first be a participant in one of the following home and community based services waivers: Developmental Services, Traumatic Brain Injury/ Spinal Cord Injury, or Aged/ Disabled Adult.</p>
<p><i>Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).</i></p>	
<p><i>Eligibility requirements for elders for those programs</i></p>	<p>Aged & Disabled Adult Services Waiver</p> <ul style="list-style-type: none"> - Adults ages 60+ or Adults ages 18-59 and disabled; and - Meet nursing home level of care <p>Channeling Waiver for the Frail Elderly</p> <ul style="list-style-type: none"> - Age 65+ - Meet nursing home level of care - Have two or more unmet long term care services needs -Reside in Dade or Broward counties <p>All waivers for elders require that an individual meet nursing home level of care. Level of care is determined by assessors from the Comprehensive Assessment Review and Evaluation for Long Term Care (CARES) unit of the Department of Elder Affairs. Copies of the screening tool and assessment instrument are attached. Nursing home level of care criteria can be found in the Florida Administrative Code at http://fac.dos.state.fl.us. The specific citations are: 59G-4.180 (Intermediate I and II levels of care) and 59G-4.290 (Skilled level of care).</p>
<p><i>Expected length of time from application to</i></p>	<p>Most waivers in Florida have waiting lists for services. Once a program has resources available to serve an individual, the time until services begins can be as little as one to two weeks if the individual’s Medicaid eligibility has already been</p>

<i>initiation of services for elders eligible for services</i>	established. If the individual is not yet Medicaid eligible, the application process for Medicaid can take 45-90 days.		
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	Florida's data systems do not capture information on whether service providers are tribal organizations.		
<i>For further information about becoming providers for those programs</i>	Individuals or organizations that wish to become providers should contact the Agency for Health Care Administration at 850-487-2618 and ask for the program analyst responsible for the program in which you are interested. The analyst will be able to direct you to specific resources in your area.		
<i>State Home Care Association</i>	<table border="0"> <tr> <td data-bbox="472 747 927 1125"> <i>EXECUTIVE DIRECTOR</i> Gene Tischer Associated Home Health Industries of Florida, Inc. 512 North Calhoun Street Tallahassee, Florida 32301-2600 850/222-8967 850/222-9251 fax E-mail: gtischer@ahhif.org Web: www.ahhif.org Board List </td> <td data-bbox="959 747 1349 1020"> <i>PRESIDENT/CHAIRPERSON</i> Jimmie Culpepper Washington County Health Dpt. PO Box 648 -- 1338 South Blvd. Chipley, FL 32428 850/638-6240 850/638-6244 fax E-mail: balddaddy@comcast.net </td> </tr> </table>	<i>EXECUTIVE DIRECTOR</i> Gene Tischer Associated Home Health Industries of Florida, Inc. 512 North Calhoun Street Tallahassee, Florida 32301-2600 850/222-8967 850/222-9251 fax E-mail: gtischer@ahhif.org Web: www.ahhif.org Board List	<i>PRESIDENT/CHAIRPERSON</i> Jimmie Culpepper Washington County Health Dpt. PO Box 648 -- 1338 South Blvd. Chipley, FL 32428 850/638-6240 850/638-6244 fax E-mail: balddaddy@comcast.net
<i>EXECUTIVE DIRECTOR</i> Gene Tischer Associated Home Health Industries of Florida, Inc. 512 North Calhoun Street Tallahassee, Florida 32301-2600 850/222-8967 850/222-9251 fax E-mail: gtischer@ahhif.org Web: www.ahhif.org Board List	<i>PRESIDENT/CHAIRPERSON</i> Jimmie Culpepper Washington County Health Dpt. PO Box 648 -- 1338 South Blvd. Chipley, FL 32428 850/638-6240 850/638-6244 fax E-mail: balddaddy@comcast.net		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

IDAHO

<p>Contact Person</p>	<p>Pamela Mason Idaho Department of Health & Welfare 450 West State Street Boise, Idaho 83720-0036 208-334-5500 MasonP@idhw.state.id.us, http://www.idahoaging.com,</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) –27,237 Number American Indians/Alaska Natives 65 and over (2000 Census) –1,427</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$16,681,628 Spending, 1915(c) aged/disabled waiver (2002) – \$ 45,107,403 Total number persons enrolled in Medicaid (2001) –172,348 Number “aged” persons enrolled in Medicaid (2001) – 11,839 Number “blind/disabled” persons enrolled in Medicaid (2001) –24,701 Number persons served by 1915(c) aged or aged/disabled waiver (2000) – 1,000 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –1,000 Number AIAN persons enrolled in Medicaid (1998) –2,346 Number of AIAN persons receiving waiver services (2000-IHS) –0</p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p><u>Services Through the HCBS Aged and Disabled Waiver</u></p> <p>1. Adult Day Car, 2. Psychiatric Consultation, 3. In-Home Respite, 4. Attendant Care, 5. Chore Services, 6. Companion Services, 7. Consultation, 8. Homemaker, 9. Home Delivered Meals, 10. Nursing Services, 11. Adult Residential Care, 12. Specialized Medical Equipment, 13. Environmental Accessibility Adaptations, 14. Personal Emergency, Response System, 15. Non-medical Transportation, 16. Case Management</p> <p>***#3, #4, #5, #6, and #8 can be provided through a consumer directed model. All services can be through an agency.</p> <p><u>Services Provided Through State Plan PCS</u></p> <ul style="list-style-type: none"> ▪ Medically oriented tasks having to do with a participant’s physical or functional requirements. ▪ Such incidental housekeeping services essential to a participant’s comfort and health ▪ Accompanying the participant to clinics, physician office visits, or other trips which are reasonable for the purpose of obtaining medical diagnosis or treatment <p>All services can be provided through either a consumer directed model or an agency.</p>
<p>Requirements for participation as a providing agency for those in-home</p>	<p>Agencies must sign a provider agreement with the Department.</p>

<i>non-medical services (e.g. homemaker).</i>			
<i>Eligibility requirements for elders for those programs</i>	<p>For PCS services, a physician's order is required. Regional Medicaid staff conducts an assessment to determine that services are medically necessary.</p> <p>For the A & D waiver, clients must meet nursing facility level of care as measured by our Uniform Assessment Instrument. Hard copy available upon request.</p>		
<i>Expected length of time from application to initiation of services for elders eligible for services</i>	The length of time varies depending on the individual circumstance. Financial eligibility staff have up to 45 days to process an application. Department staff usually conducts the assessment within two weeks of application. Participants choose their own provider agency so this may take some time to initiate. There is no set length of time.		
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	Idaho does not currently have any of the Tribes serving as providers of State Plan Personal Care services or A&D Waiver services. The agency has presented information and training to them at quarterly meetings regarding the service including, description, provider qualifications and application process. Several of the Tribes have expressed interest but have not applied for provider status at this time.		
<i>For further information about becoming providers for those programs</i>	<p>Tribes interested in becoming providers of A&D waiver services would contact the Regional Medicaid Services Unit in the Region they will be providing services in. The phone numbers are:</p> <p>Region I - (208) 769-1567, Region II - (208) 799-4430, Region III - (208) 455-7150, Region IV - (208) 334-0940, Region V - (208) 736-3024, Region VI - (208) 239-6260, Region VII - (208) 528-5751</p> <p>In addition the Tribes may contact Pam Mason who is the Tribal Liaison for <u>Medicaid</u> Services to the Tribes in Idaho.</p>		
<i>State Home Care Association</i>	<table border="0"> <tr> <td><i>EXECUTIVE DIRECTOR</i> Liz Barnett Idaho Association of Home Health Agencies PO Box 6508 Boise, Idaho 83707 208/362-8190 208/562-1366 fax E-mail: homecare@iahha.org Board List</td> <td><i>PRESIDENT/CHAIRPERSON</i> Shane Loar Guardian Home Care 119 South Valley Drive Suite C Nampa, Idaho 83686 208/461-1600 E-mail: guardian@micron.net</td> </tr> </table>	<i>EXECUTIVE DIRECTOR</i> Liz Barnett Idaho Association of Home Health Agencies PO Box 6508 Boise, Idaho 83707 208/362-8190 208/562-1366 fax E-mail: homecare@iahha.org Board List	<i>PRESIDENT/CHAIRPERSON</i> Shane Loar Guardian Home Care 119 South Valley Drive Suite C Nampa, Idaho 83686 208/461-1600 E-mail: guardian@micron.net
<i>EXECUTIVE DIRECTOR</i> Liz Barnett Idaho Association of Home Health Agencies PO Box 6508 Boise, Idaho 83707 208/362-8190 208/562-1366 fax E-mail: homecare@iahha.org Board List	<i>PRESIDENT/CHAIRPERSON</i> Shane Loar Guardian Home Care 119 South Valley Drive Suite C Nampa, Idaho 83686 208/461-1600 E-mail: guardian@micron.net		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

KANSAS

Contact Person	<p>Krista Rose HCBS/FE Provider Manager Kansas Department on Aging (785) 296-0385 fax: (785) 296-0256 KristaRose@aging.state.ks.us http://www.agingkansas.org/kdoa/</p>
Demographics	<p>Number American Indians/Alaska Natives (2000 Census) –47,363 Number American Indians/Alaska Natives 65 and over (2000 Census) –2,822</p>
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	<p>Spending, Personal Care (2002) - \$13,767,757 Spending, 1915(c) aged/disabled waiver (2002) – \$ 57,725,333 Total number persons enrolled in Medicaid (2001) – 291,837 Number “aged” persons enrolled in Medicaid (2001) – 31,659 Number “blind/disabled” persons enrolled in Medicaid (2001) – 52,513 Number persons served by 1915(c) aged or aged/disabled waiver (2000) – 6,701 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –6,701 Number AIAN persons enrolled in Medicaid (1998) –3,330 Number of AIAN persons receiving waiver services (2000-IHS) –94</p>
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	<p>Adult Day Care - agencies Attendant Care - agencies and self-directed Personal Emergency Response - agencies Respite Care - agencies Sleep Cycle Support - agencies Wellness Monitoring - agencies Assistive Technology - agencies Nursing Evaluation Visit - agencies</p>
Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).	<p>Attendant Care, Service A – The entity shall provide (1) a certified copy of its Articles of Incorporation or Articles of Organization. If a Corporation or LLC is organized in a jurisdiction outside the state of Kansas, the entity shall provide written proof that it is authorized to do business in the state of Kansas. The entity must also provide (2) written proof of bonding issued by a bonding company licensed to provide bonds in the state of Kansas.</p> <p>Attendant Care, Service A or B – County Health Departments and the following entities licensed by KDHE: Medicare Certified Home Health Agencies, State Licensed Home Health Agencies, Home Plus, Assisted Living Facilities, Residential Health Care Facilities, or Boarding Care Homes.</p> <p>Attendant Care, Service C or D – County Health Departments and the following entities licensed by KDHE: Medicare Certified Home Health Agencies, State Licensed Home Health Agencies, Home Plus, Assisted Living Facilities, or Residential Health Care Facilities.</p>
Eligibility requirements for	<p>For frail elderly, the customer must be 65 years or older and have a Long Term Threshold score of 26, consisting of an impairment in at least 2 ADLs and 3 IADLs. Assessment is the responsibility of Kansas Area Agencies on Aging.</p>

<i>elders for those programs</i>			
<i>Expected length of time from application to initiation of services for elders eligible for services</i>	The customer's Medicaid financial eligibility must be determined within 45 days of application. The customers HCBS/FE services must begin being provided within 7 days of both the functional and financial eligibility determination.		
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	None		
<i>For further information about becoming providers for those programs</i>	Provider Enrollment, EDS, 785-274-5914. Krista Rose, KS Dept on Aging, 785-296-0385, KristaRose@aging.state.ks.us .		
<i>State Home Care Association</i>	<table border="0"> <tr> <td style="vertical-align: top;"> <p>EXECUTIVE DIRECTOR Linda Lubensky Kansas Home Care Association 1512 B Legend Trail Drive Lawrence, Kansas 66047 785/841-8611 785/749-5414 fax E-mail: khca@kshomecare.org Web: www.kshomecare.org Board List</p> </td> <td style="vertical-align: top;"> <p>PRESIDENT/CHAIRPERSON Wanda Koerner Hays Home Health and Hospice Center 2501 East 13, Building #4 Hays, Kansas 67601 785/623-6200 785/623-6241 fax E-mail: wkoerner@haysmed.com</p> </td> </tr> </table>	<p>EXECUTIVE DIRECTOR Linda Lubensky Kansas Home Care Association 1512 B Legend Trail Drive Lawrence, Kansas 66047 785/841-8611 785/749-5414 fax E-mail: khca@kshomecare.org Web: www.kshomecare.org Board List</p>	<p>PRESIDENT/CHAIRPERSON Wanda Koerner Hays Home Health and Hospice Center 2501 East 13, Building #4 Hays, Kansas 67601 785/623-6200 785/623-6241 fax E-mail: wkoerner@haysmed.com</p>
<p>EXECUTIVE DIRECTOR Linda Lubensky Kansas Home Care Association 1512 B Legend Trail Drive Lawrence, Kansas 66047 785/841-8611 785/749-5414 fax E-mail: khca@kshomecare.org Web: www.kshomecare.org Board List</p>	<p>PRESIDENT/CHAIRPERSON Wanda Koerner Hays Home Health and Hospice Center 2501 East 13, Building #4 Hays, Kansas 67601 785/623-6200 785/623-6241 fax E-mail: wkoerner@haysmed.com</p>		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

MAINE

Contact Person	Robert Gross Robert.E.Gross@maine.gov
Demographics	Number American Indians/Alaska Natives (2000 Census) –13,156 Number American Indians/Alaska Natives 65 and over (2000 Census) –794
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	Spending, Personal Care (2002) - \$5,770,962 Spending, 1915(c) aged/disabled waiver (2002) – \$ 13,802,964 Total number persons enrolled in Medicaid (2000) – 214,093 Number “aged” persons enrolled in Medicaid (2000) – 24,532 Number “blind/disabled” persons enrolled in Medicaid (2000) – 48,780 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –0 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –1,395 Number AIAN persons enrolled in Medicaid (1998) –0 Number of AIAN persons receiving waiver services (2000-IHS) –17
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	Elderly and Adults with Disabilities (single agency with Statewide responsibility for offering this service) Adults with Physical Disabilities (consumer-directed model overseen by a single agency with Statewide responsibility for offering this service)
Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).	Elderly and Adults with Disabilities, a single nonprofit agency has a Statewide contract for providing this service. Adults with Physical Disabilities, a single nonprofit agency has a Statewide contract for providing this service.
Eligibility requirements for elders for those programs	1. Elderly and Adults with Disabilities, nursing home level of disability 2. Adults with Physical Disabilities, nursing home level of disability
Expected length of time from application to initiation of services for elders eligible for services	Financial eligibility is determined within 45 days.
Tribal organizations or programs currently serving as providers under those programs.	<u>N/A</u>
For further information about becoming providers for those programs	MaineCare, Provider File, (207) 287-4082

<p><i>State Home Care Association</i></p>	<p><i>EXECUTIVE DIRECTOR</i> Vicki Purgavie Home Care Alliance of Maine 20 Middle Street Augusta, Maine 04330 207/623-0345 207/623-7141 fax Email: vicki@homecarealliance.org Web: www.homecarealliance.org</p>	<p><i>PRESIDENT/CHAIRPERSON</i> Donna DeBlois Kno-Wal-Lin Home Care and Hospice 170 Pleasant Street Rockland, Maine 04841 207/594-9561 207/594-2527 fax</p>
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NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

MICHIGAN

<p>Contact Person</p>	<p>Deanna Mitchell Michigan Department of Community Health Long-Term Care Services P.O. Box 30479, 400 S. Pine Street Lansing, MI 48909-7979 voice: (517) 241-8265 fax: (517) 241-8995 MitchellDeanna@Michigan.gov</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) –124,412 Number American Indians/Alaska Natives 65 and over (2000 Census) – 7,113</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$177,415,203 Spending, 1915(c) aged/disabled waiver (2002) – \$124.7M* Total number persons enrolled in Medicaid (2001) – 1,430,246 Number “aged” persons enrolled in Medicaid (2001) –100,156 Number “blind/disabled” persons enrolled in Medicaid (2001) –288,790 Number persons served by 1915(c) aged or aged/disabled waiver (2000)–12,469* Number persons served by 1915(c) aged or aged/disabled waiver (1999)—7,007* Number AIAN persons enrolled in Medicaid (1998) –6,304 Number of AIAN persons receiving waiver services (2000-IHS) –36 *As reported by Michigan Dept. of Community Health, Long Term Care Services</p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p>The MI Choice waiver provides the following services, with qualified providers cited in parentheses: homemaker (agency), personal care supervision (agency), respite care (AFC home or agency), adult day health (agency), environmental accessibility adaptations (agency, contractor), transportation (centrally-organized transportation company, agency), specialized medical equipment and supplies (DME providers, pharmacies, etc.), chore services (agency, private contractors), Personal Emergency Response Systems (hospital, PERS agency), private duty nursing (agency, licensed individuals), counseling (agency, licensed individuals), home delivered meals (agency, contractor), and training (agency, individual).</p> <p>Personal care services are provided as a State Plan service by the Family Independence Agency. This is a consumer-directed model in which the consumer recruits, selects, supervises and terminates personal care workers.</p>
<p>Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).</p>	<p>Provider requirements include: contractual agreements, eligibility definitions, compliance with service definitions, confidentiality policies, referral and coordination procedures, insurance coverage, volunteer procedures, staffing requirements, staff identification requirement, staff training, complaint resolution procedures, civil rights compliance, compliance with equal employment opportunity principles, consumer assessments, written service plans, in-home supervision of aides, consumer record maintenance, written service termination policy, complaint policy, required linkages and working relationships with agencies providing services and referrals, and staff reference checks.</p>
<p>Eligibility requirements for</p>	<p>The waiver program uses the MDS-Home Care for assessments and reassessments. 20 items from the MDS-HC are cross-walked to the MDS-NF and allow the nurse</p>

<i>elders for those programs</i>	to determine whether the person meets the standard for nursing facility level of care. Physicians affirm the level of care determination based on the nurse's assessment.		
<i>Expected length of time from application to initiation of services for elders eligible for services</i>	Waiver agents are required to conduct an assessment within two weeks of an application for services. There is not a requirement for the initiation of services, as that is dependent on numerous factors.		
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	None at this time.		
<i>For further information about becoming providers for those programs</i>	James Schwartz, Contract Manager (517) 335-5322 schwartz@michigan.gov		
<i>State Home Care Association</i>	<table border="0"> <tr> <td>EXECUTIVE DIRECTOR Harvey Zuckerberg Michigan Home Health Association 2140 University Park Drive Suite 220 Okemos, Michigan 48864 517/349-8089 517/349-8090 fax E-mail: zuckerberg.harvey@mhha.org Web: www.mhha.org Board List</td> <td>PRESIDENT/CHAIRPERSON Chris Conklin Visiting Nurses Services of Western Michigan 1401 Cedar NE Grand Rapids, MI 49503 616/235-5337 616/774-7017 fax E-mail: Chris.Conklin@spectrum-health.org</td> </tr> </table>	EXECUTIVE DIRECTOR Harvey Zuckerberg Michigan Home Health Association 2140 University Park Drive Suite 220 Okemos, Michigan 48864 517/349-8089 517/349-8090 fax E-mail: zuckerberg.harvey@mhha.org Web: www.mhha.org Board List	PRESIDENT/CHAIRPERSON Chris Conklin Visiting Nurses Services of Western Michigan 1401 Cedar NE Grand Rapids, MI 49503 616/235-5337 616/774-7017 fax E-mail: Chris.Conklin@spectrum-health.org
EXECUTIVE DIRECTOR Harvey Zuckerberg Michigan Home Health Association 2140 University Park Drive Suite 220 Okemos, Michigan 48864 517/349-8089 517/349-8090 fax E-mail: zuckerberg.harvey@mhha.org Web: www.mhha.org Board List	PRESIDENT/CHAIRPERSON Chris Conklin Visiting Nurses Services of Western Michigan 1401 Cedar NE Grand Rapids, MI 49503 616/235-5337 616/774-7017 fax E-mail: Chris.Conklin@spectrum-health.org		

MINNESOTA

<p>Contact Person</p>	<p>Michelle Long Minnesota Department of Human Services Federal Relations ph: 651-296-5867 fax: 651-215-9435 Michelle.Long@state.mn.us</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) – 81,074 Number American Indians/Alaska Natives 65 and over (2000 Census) – 3,304</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$136,513,324 Spending, 1915(c) aged/disabled waiver (2002) – \$ 69,600,794 Total number persons enrolled in Medicaid (2001) – 609,856 Number “aged” persons enrolled in Medicaid (2001) – 64,108 Number “blind/disabled” persons enrolled in Medicaid (2001) – 83,579 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –7,833 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –7,838 Number AIAN persons enrolled in Medicaid (1998) –27,012 Number of AIAN persons receiving waiver services (2000-IHS) –400</p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p>The following web link provides information on Minnesota's State plan Personal Care Assistance (PCA) program. http://www.dhs.state.mn.us/Contcare/disability/PCA.htm</p> <p>Under the Consumer Support Grant, home care recipients may receive cash grants to purchase more flexible supports. The amount of the grant is based on the state-funded portion of the person’s home care benefit. http://www.dhs.state.mn.us/Contcare/disability/consupportgrant.htm</p> <p>Minnesota has five home- and community-based, 1915(c) waivers. The following web links provide information on each, including what services each cover. The waivers provide “extended” benefits (beyond the PCA above), as well as a menu of other supportive services including homemaker, chore, and transportation services. http://www.dhs.state.mn.us/Contcare/disability/hcbwaiver.htm http://www.dhs.state.mn.us/Agingint/ltc/ewfacts.htm</p> <p>Minnesota also has a program for people over age 65 who are expected to be eligible for Medical Assistance within six months. The program, Alternative Care, is entirely state funded and provides services similar to those available under the Elderly Waiver. http://www.dhs.state.mn.us/newsroom/Facts/AltCareProgram.htm</p> <p>There is a consumer-directed model available under the PCA State plan service, PCA Choice, and in the waiver for Persons with Mental Retardation or Related Conditions (MR/RC waiver), Consumer Directed Community Supports. The state is planning to add a consumer-directed option to all 1915(c) waivers.</p>
<p>Requirements for participation as a providing agency for</p>	<p>Information concerning general provider enrollment in Minnesota Health Care Programs may be accessed via the following web link. 1915(c) waiver providers must be directly enrolled or contract with an enrolled provider. In addition to the</p>

<p><i>those in-home non-medical services (e.g. homemaker).</i></p>	<p>general provider enrollment criteria, each waiver has provider standards for each waiver service. Waiver providers must also contract with local counties. http://www.dhs.state.mn.us/Provider/default.htm</p>
<p><i>Eligibility requirements for elders for those programs</i></p>	<p>For Minnesota’s PCA (state plan) program, physician orders are required and the service must be supervised by an appropriately credentialed professional* (e.g., a nurse, psychologist, etc.). County Public Health Nurses complete an assessment to determine the maximum number of hours of care that can be provided to a recipient. Depending upon the recipients' care and support needs, up to 24-hours per day of service may be authorized. Additional information about this service is available on the Minnesota Department of Human Services' (DHS) web site.</p> <p>This link is to the DHS home page: http://www.dhs.state.mn.us/</p> <p>(* There are some exceptions to this requirement.)</p> <p>Eligibility for nursing facility level waiver services are determined by a social worker or public health nurse, but does not require a physician’s order. To access these waivers the person must require the level of care provided in a nursing facility.</p> <p>The following links provide information about our level of care determination process for people over 65 and for those under 65.</p> <p>http://www.dhs.state.mn.us/Agingint/ltc/consult.htm http://www.dhs.state.mn.us/Contcare/disability/ltec.htm</p>
<p><i>Expected length of time from application to initiation of services for elders eligible for services</i></p>	<p>Counties are expected to complete a long-term care (LTC) consultation within ten working days of a request. The LTC consultation includes pre-admission screening, level of care determination, and general assessment components. For individuals who are eligible for and choose waiver services, the waiver service plan is developed following the LTC consultation.</p>
<p><i>Tribal organizations or programs currently serving as providers under those programs.</i></p>	<p>DHS is working with tribal governments who are interested in becoming waiver service providers. State law passed in the summer of 2003 allows DHS to contract with a tribal government to provide LTC consultation. It is expected that this will increase interest and access to waiver services by tribal members.</p> <p>One example is the White Earth Band of Chippewa, 218-983-3258</p>
<p><i>Other information</i></p>	<p>Tribal Health Directors Work Group meets quarterly at the state level. There is a subcommittee on long-term care that includes Area Agency on Aging staff who could provide useful contacts.</p> <p>Most counties have mandatory managed care, called Prepaid Medical Assistance (PMAP), for some Medicaid recipients. Most waiver recipients are not enrolled in PMAP. If a waiver recipient is enrolled in a PMAP health plan and is also eligible for waiver services, the waiver services are provided in addition to the recipient’s benefits covered by the health plan.</p> <p>The maximum payment under the Elderly Waiver for homemaker is \$16.20/hour; \$13.30 for chore services</p>

	http://www.dhs.state.mn.us/fmo/legalmgt/bulletins/pdf/2003/03-25-03.pdf	
<i>For further information about becoming providers for those programs</i>	Kathleen M. Vanderwall, Tribal and Waiver Relations, Minnesota Department of Human Services. ph: 651-282-3720. e-mail: kathleen.vanderwall@state.mn.us	
<i>State Home Care Association</i>	<i>EXECUTIVE DIRECTOR</i> Steven Lund Minnesota HomeCare Association 1711 West County Road B, # 211S St. Paul, Minnesota 55113-4036 651/635-0607 651/635-0043 fax E-mail: slund@mnhomecare.org Web: www.mnhomecare.org	<i>PRESIDENT/CHAIRPERSON</i> Chris Broeker St. Joseph's Area Health Services 600 Pleasant Avenue Park Rapids, MN 56470 218/732-4552 218/732-1273 fax E-mail: chrisbroeker@chi-midwest.org

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

MONTANA

Contact Person	Joyce De Cunzo, Bureau Chief Community Services Bureau Senior & Long Term Care Division Department of Public Health & Human Services PO Box 4210 St. Helena, MT 59604 406-444-4544 jdecunzo@state.mt.us
Demographics	Number American Indians/Alaska Natives (2000 Census) –66,320 Number American Indians/Alaska Natives 65 and over (2000 Census) – 3,256
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	Spending, Personal Care (2002) - \$28,295,804 Spending, 1915(c) aged/disabled waiver (2002) – \$ 20,896,909 Total number persons enrolled in Medicaid (2001) –101,966 Number “aged” persons enrolled in Medicaid (2001) – 9,952 Number “blind/disabled” persons enrolled in Medicaid (2001) –17,757 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –15,899 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –13,900 Number of AIAN persons receiving waiver services (2000-IHS) –97
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	Personal Care Services – 40 hours per week maximum (exceptions possible), no socialization or supervision included. Waiver services – Includes companion, homemaker, personal assistance provider, personal care attendant. No cost or total number of hour caps. Also covers transportation. <i>Waiver wait list</i> – About 500 persons statewide, people move off wait list in order of need so the wait can range from one day to months. State-only funded services – Some services provided through senior centers. Agencies provide just over half of the personal assistance under Medicaid. Consumer-directed services account for just under half of the personal assistance provided. Under this model, the recipient hires, fires, trains, and otherwise supervises the care provider. A fiscal agent provides payroll support only.
Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).	
Eligibility requirements for elders for those programs	Personal Care Services – Maximum income of 100% SSI level; can spend down Waiver Services – Maximum income of 100% SSI level; can spend down 2003 SSI payment amount for individual=\$552/month, couple=\$829 Maximum assets= \$3000 individual, \$3000 couple <i>Need Eligibility</i> assessed by Mountain-Pacific Quality Health Foundation, 3404 Cooney Drive, Helena, MT 59602. (406) 443-4020 Assessment tool includes functional capacity and available caregiving resources.



<i>Expected length of time from application to initiation of services for elders eligible for services</i>	10 days maximum.
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	Blackfeet, Rocky Boy, Fort Belknap
<i>Other Information</i>	<p><u>Reimbursement</u></p> <p>\$13.50/hour for personal assistance paid to agencies. No mandatory wage level; average wage to personal care assistant is \$7.20/hour.</p> <p><u>Provider Issues</u></p> <ul style="list-style-type: none"> • The Montana Department of Public Health and Human Services has an excellent web site that is full of information for existing and potential providers. See http://www.dphhs.state.mt.us/hpsd/medicaid/medpi/medpi.htm • You can search for existing personal care providers (there are 36) by county at http://oraweb.hhs.state.mt.us:9999/sltc/plsql/SLTC\$.Startup • IHS provider agencies do not have to be licensed by the state to be a Medicaid provider, but the application to be a Medicaid provider must still approved by the state. • Provider agencies must have \$1 million liability insurance and worker’s compensation coverage. • Personal assistance agencies must have an RN supervisor and the infrastructure for billing. • Electronic billing is encouraged but not required. Payment takes about 30 days for “clean” bills. • Agencies must have a four-month financial reserve for projected salaries at startup. • Agency service area can be a single county or a reservation. <p>Personal assistance providers must have 16 hours of training using state provided curriculum, plus 8 hours annual continuing education training. No training requirements for homemaker or respite provider.</p>
<i>For further information about becoming providers for those programs</i>	<p><u>Important Contact Information</u></p> <ul style="list-style-type: none"> • State provider association – none • To enroll as a Montana Medicaid provider contact: Provider Enrollment Unit, P.O. Box 4936, Helena, MT 59604. (406) 442-1837. • Key state contact for waiver program: Cecilia Cowie, Senior and Long Term

	<p>Care Division, P.O. Box 4210, Helena, MT 59604. (406) 444-4150. ccowie@state.mt.us</p> <ul style="list-style-type: none"> • Key state contact for personal care program: Barbara Smith, Senior and Long Term Care Division, P.O. Box 4210, Helena, MT 59604. (406) 444-4064. basmith@state.mt.us 		
<p><i>State Home Care Association</i></p>	<table border="0"> <tr> <td data-bbox="475 443 919 772"> <p><i>EXECUTIVE DIRECTOR</i> Casey Blumenthal Montana Hospital Association: An Association of Health Care Providers PO Box 5119 Helena, Montana 59604 406/442-1911 406/443-3894 fax E-mail: casey@mtha.org Web: www.mtha.org</p> </td> <td data-bbox="959 443 1349 741"> <p><i>PRESIDENT/CHAIRPERSON</i> Brad Garpestad Benefis Home Health Care 2526 12th Avenue South Great Falls, MT 59405 406/453-0360 406/455-4760 fax E-mail: bradg@spectrummedicalinc.com</p> </td> </tr> </table>	<p><i>EXECUTIVE DIRECTOR</i> Casey Blumenthal Montana Hospital Association: An Association of Health Care Providers PO Box 5119 Helena, Montana 59604 406/442-1911 406/443-3894 fax E-mail: casey@mtha.org Web: www.mtha.org</p>	<p><i>PRESIDENT/CHAIRPERSON</i> Brad Garpestad Benefis Home Health Care 2526 12th Avenue South Great Falls, MT 59405 406/453-0360 406/455-4760 fax E-mail: bradg@spectrummedicalinc.com</p>
<p><i>EXECUTIVE DIRECTOR</i> Casey Blumenthal Montana Hospital Association: An Association of Health Care Providers PO Box 5119 Helena, Montana 59604 406/442-1911 406/443-3894 fax E-mail: casey@mtha.org Web: www.mtha.org</p>	<p><i>PRESIDENT/CHAIRPERSON</i> Brad Garpestad Benefis Home Health Care 2526 12th Avenue South Great Falls, MT 59405 406/453-0360 406/455-4760 fax E-mail: bradg@spectrummedicalinc.com</p>		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

NEVADA

Contact Person	Betsy Aiello, SWPS III DHCFP Waiver Unit eaiello@dhcfp.state.nv.us
Demographics	Number American Indians/Alaska Natives (2000 Census) – 42,222 Number American Indians/Alaska Natives 65 and over (2000 Census) – 2,616
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	Spending, Personal Care (2002) - \$13,427,607 Spending, 1915(c) aged/disabled waiver (2002) – \$10,034,207 Total number persons enrolled in Medicaid (2001) – 167,247 Number “aged” persons enrolled in Medicaid (2001) – 17,920 Number “blind/disabled” persons enrolled in Medicaid (2001) –29,993 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –1,191 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –1,235 Number AIAN persons enrolled in Medicaid (1998) –2,818 Number of AIAN persons receiving waiver services (2000-IHS) –19
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	<p>The State Plan has a personal care attendant (PCA) program. This operates with an agency-based system and a consumer directed care option. The consumer directed option is served by an intermediary service organization (ISO) system.</p> <p>The agency has a waiver for persons with physical disabilities. This waiver has attendant care services that allow for skilled services to be completed by an unskilled individual when the conditions of NRS 629.091 are met. This is provided by agencies, ISOs or individual providers directed by the recipient. This waiver also has case management, homemaker, chore, personal emergency response system, home delivered meals, assisted living, extended state plan medical equipment, environmental accessibility adaptations, independent living skills training, and extended state plan dental (preventative dental), respite, transportation.</p> <p>The agency also has a waiver for the elderly at home. This waiver has case management, homemaker, chore, personal emergency response system, adult companion, social adult day care, and respite. Homemaker, chore and respite are provided both by agency and individual providers.</p> <p>In addition, the agency has a waiver for the elderly in group care. This waiver provides case management and personal care.</p> <p>There is also a waiver for persons with mental retardation and related conditions. This waiver provides supported living arrangements, family support arrangements, day habilitation, prevocational habilitation, educational habilitation, supported employment, and counseling.</p> <p>None of the waivers currently have the individual budget that some self directed programs have.</p>
Requirements for participation as a providing agency for those in-home non-	The requirements are different for all the services. Program requirements can be found in the Medicaid Service Manuals on the Nevada Medicaid at, www.dhcfp.state.nv.us .

medical services (e.g. homemaker).	To find the following information scroll through compliance, policy, Nevada Medicaid Service Manuals and click on this area. This will bring you to the manuals where you can find the different programs and find their service provider requirements in the specific program manual. The PCA chapter is 3500, physical disability waiver is 2300, elderly in group care is 2700, elderly at home waiver is 2200, the persons with MR or related conditions waiver is 2100.	
Eligibility requirements for elders for those programs	Nevada uses a functional assessment to identify the service need/level for the state plan PCA program. This is available with the chapters on the Web. The PCA chapter is chapter 3500. The phys disability waiver, elderly at home and elderly in group care use a nursing facility level of care and the MR and related conditions waiver uses and ICF/MR level of care. When there is a waiting list for waiver services the following priorities are applied: a. Applicants currently in an acute care or nursing facility; b. Applicants who are 85 years or older; c. Applicants who have recently been discharged from a hospital; d. Applicants who have active cases with Elder Protective Services; and, e. Applicants already on the waiting list for the waiver for the frail elderly. Elderly waiver recipients are allowed to have incomes up to 300% of the SSI level though there is some patient liability for waiver services when the income is over 200% of SSI.	
Expected length of time from application to initiation of services for elders eligible for services	For the State Plan PCA program there is no wait if the potential recipient is on full Medicaid in Nevada. For the waiver programs there are wait lists. This varies on location in the state. They range from a couple weeks to approximately a year.	
Tribal organizations or programs currently serving as providers under those programs.	There are Indian Health Services that provide hospital, clinic and, transportation services. No AIAN home and community based care providers were reported.	
For further information about becoming providers for those programs	Provider Enrollment Unit First Health Services Corporation PO Box 30026 Reno Nevada 89520-3026 (877) 638-3472	
State Home Care Association	EXECUTIVE DIRECTOR Home Health Care Assn of Nevada Washoe Home Care 780 Kuenzli Suite 200 Reno, Nevada 89502 Board List	PRESIDENT/CHAIRPERSON Mike Girard Washoe Home Care 780 Kuenzli Suite 200 Reno, Nevada 89502 775/982-5877 775/982-57955 fax E-mail: mgirard@washoehealth.com

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

NEW YORK

<p>Contact Person</p>	<p>Lisa Henrikson Baum NYS Department of Health Office of Medicaid Management, Bureau of Long Term Care One Commerce Plaza, Room 724 Albany, NY 12260 518.474.6580/ 518.474.7067 (fax) lkh01@health.state.ny.us</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) –171,581 Number American Indians/Alaska Natives 65 and over (2000 Census) – 11,342</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$1,940,028,905 Spending, 1915(c) aged/disabled waiver (2002) – \$ 29,012,534 Total number persons enrolled in Medicaid (2001) – 3,548,630 Number “aged” persons enrolled in Medicaid (2001) – 385,586 Number “blind/disabled” persons enrolled in Medicaid (2001) –684,658 Number persons served by 1915(c) aged or aged/disabled waiver (2001) –27,193* Number AIAN persons enrolled in Medicaid (1998) –8,351 Number of AIAN persons receiving waiver services (2000-IHS) –69 <i>*Data provided by Office of Medicaid Management, Bureau of Long Term Care</i></p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p>State Plan services include, physician services, nursing services, home health aide, physical therapy, occupational therapy, speech therapy, audiology, pharmaceuticals, personal care services, homemaker services, housekeeper services, medical transportation, durable medical equipment.</p> <p>1915(c) Waiver services under the Long Term Home Health Care Program (LTHHCP) include, respiratory therapy, medical social work, home maintenance services, home improvement service, nutritional counseling and education, respite care, social day care, social transportation, home delivered or congregate meals, moving assistance, personal emergency response system.</p> <p>Waiver services are provided by entities that contract with LTHHCP agencies. LTHHCP agencies must be authorized by the Department of Health to provide these services. State Plan personal care services for LTHHCP participants can be provided through the Consumer Directed Personal Care Program (CDPAP).</p> <p>The state also has a Traumatic Brain Injury Waiver (TBI) that provides additional Medicaid funded services to this group.</p>
<p>Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).</p>	<p>Homemaker services are provided as a State Plan service through the personal care program. Certified Home Health Agencies (CHHA) and Licensed Home Care Service Agencies (LHCSA) are authorized by the Department to provide homemaker services</p> <p>It is the provider of the LTHHCP -- not the provider of each individual waiver service -- that must be approved by the Health Department. As part of this application, the LTHHCP program provider must tell the state which waiver services they are going to provide, but they then independently contract with the providers of the actual services.</p>

<p><i>Eligibility requirements for elders for those programs</i></p>	<p>For State Plan personal care, the elder's doctor must send a completed Physician's Order to the local social services district, which then arranges a social and nursing assessment. A nurse assessor uses the results of the assessments, together with the physician's order, to recommend an appropriate amount, frequency and duration of services.</p> <p>LTHHCP eligibility requires nursing home level of care. The MD must determine that the individual is appropriate for home care and they must define the types of services needed in a written order. Individuals and their residences are assessed using the DMS-1 (medical assessment) and the Home Assessment Abstract (HAA). Eligible individuals must be able to be served within a budget cap of 75% of the cost of nursing home care in their county.</p>	
<p><i>Expected length of time from application to initiation of services for elders eligible for services</i></p>	<p>Services can be provided as soon as the assessments are completed, and the LTHHCP agency has arranged for the provision of service. The LTHHCP may initiate service in anticipation of the completion of the required assessments.</p>	
<p><i>Tribal organizations or programs currently serving as providers under those programs.</i></p>	<p>Currently there are no tribal organizations or programs reportedly serving as LTHHCP providers</p>	
<p><i>For further information about becoming providers for those programs</i></p>	<p>New York State Department of Health Division of Health Facility Planning Hedley Park Place, 6th floor 433 River Street Troy, NY 12180 518-402-0967</p>	
<p><i>State Home Care Association</i></p>	<p><i>EXECUTIVE DIRECTOR</i></p> <p>Carol Rodat Home Care Association of New York State, Inc. 194 Washington Avenue Suite 400 Albany, New York 12210 518/426-8764 518/426-8788 fax E-mail: crodat@earthlink.net Web: www.hcanys.org Board List</p>	<p><i>PRESIDENT/CHAIRPERSON</i></p> <p>Rick Surpin Independence Care Systems, Inc. 257 Park Avenue South New York, New York 10010 212/584-2580 212/584-2555 fax</p>

	<p>EXECUTIVE DIRECTOR Phyllis Wang New York State Association of Health Care Providers, Inc. 90 State Street, Suite 200 Albany, New York 12207 518/463-1118 518/463-1606 fax E-mail: hcp@nyshep.org Web: www.nyshcp.org Board List</p> <p>PRESIDENT/CHAIRPERSON Robert Callaghan New York Nursing Care 527 Townline Road Suite 302 Hauppauge, New York 11788 631/979-2200 631/979-2265 fax</p> <p>EXECUTIVE DIRECTOR Laura Leeds Health Care Association of New York State One Empire Drive Rensselaer, New York 12144 518/431-7600 518/431-7915 fax E-mail: lleeds@hanys.org Web: www.hanys.org Board List</p> <p>PRESIDENT/CHAIRPERSON Mr. John R. Spicer President and Chief Executive Officer Sound Shore Health System, Inc. 16 Guion Place New Rochelle, NY 10802 914/632-5000 Ext. 3700 914/637-1516 fax</p>	<p>EXECUTIVE DIRECTOR Kathy McMahon Hospice and Palliative Care Assn of New York State 21 Aviation Road, Suite 9 Albany, New York 12205 518/446-1483 518/446-1484 fax E-mail: kmcmahon@hpcanys.org Web: www.hpcanys.org Board List</p> <p>PRESIDENT/CHAIRPERSON Mary Lerner Hospice of Central New York 990 Seventh North Street Liverpool, New York 13088-6148 315/634-2181 315/634-1111 E-mail: mlerner@hospicecny.org</p> <p>EXECUTIVE DIRECTOR Joe Campanella Home Care Council of New York City 25 West 43rd Street, 3rd Fl New York, New York 10036-7406 646/366-0860 646/366-0864 fax E-mail: hccnyc@earthlink.net Board List</p> <p>PRESIDENT/CHAIRPERSON George Cortes Union Settlement Home Care 219 East 115 Street New York, New York 10029 212/828-6182 x204 212/828-6190 fax</p>
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NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

NORTH DAKOTA

<p>Contact Person</p>	<p>Robin A. Schumacher HCBS Program Administrator ND DHS/Aging Services Division PH: 701-328-8905 soschr@state.nd.us</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) – 35,228 Number American Indians/Alaska Natives 65 and over (2000 Census) –1,495</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$0 Spending, 1915(c) aged/disabled waiver (2002) – \$ 4,977,329 Total number persons enrolled in Medicaid (2001) – 62,280 Number “aged” persons enrolled in Medicaid (2001) – 10,376 Number “blind/disabled” persons enrolled in Medicaid (2001) –8,953 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –381 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –347 Number AIAN persons enrolled in Medicaid (1998) –14,061 Number of AIAN persons receiving waiver services (2000-IHS) –27* <i>*Data reported by North Dakota Medicaid</i></p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p>Case Management, Homemaker Services, Personal Care Services, Non-Medical Transportation, Training for Family Caregivers, Respite Care, Chore Services, Emergency Response Service, Adult Day Care, Adult Family Foster Care, Specialized Equipment, Environmental Modification, and Adult Residential. Currently there are no HCBS services under the Medicaid State Plan.</p> <p>Agencies or Individuals may provide these services (with the exceptions of Adult Residential, Adult Day Care, ERS, Environmental Modifications, Special Equipment, Case Management -- are agency only). The choice of the service provider is with the consumer. They choose the provider, which is available through an enrolled provider list.</p> <p>Personal Care Services – Waiver Services – case management, homemaker, respite, personal care, transportation, chore. No specific hour or dollar caps on services.</p>
<p>Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).</p>	<p>Must meet and demonstrate competency standards or can be a current CNA if requesting PC, Respite Care, or Escort. AFFC must be licensure standards. Service providers for Chore & Homemaker do not require any special certification. All providers must go through enrollment documentation.</p>
<p>Eligibility requirements for elders for those programs</p>	<p>Must be screened skilled nursing facility level of care for waiver services and be a Medicaid recipient.</p> <p> Maximum income for Medicaid – 100% of the SSI level (2003 SSI payment amount for individual=\$552/month, couple=\$829). Those with incomes above this level, but who have medical expenses that bring their remaining income below \$500 per month for an individual, \$516 for a couple,</p>

	<p>qualify as “medically needy.”</p> <p>Maximum assets= \$3000 individual, \$6000 couple; not included as assets include home, one automobile, burial plans (with limits), self-employment property, tools, equipment and livestock, non-saleable property, personal effects and clothing, household goods and furniture, Indian trust and restricted lands, and per capita and judgment funds.</p>		
<p><i>Expected length of time from application to initiation of services for elders eligible for services</i></p>	<p>A reasonable amount of time -- usually within a couple of weeks from the time of the assessment, screening, and services begin.</p> 		
<p><i>Tribal organizations or programs currently serving as providers under those programs.</i></p>	<p>None are currently enrolled providers.</p>		
<p><i>Other information</i></p>			
<p><i>For further information about becoming providers for those programs</i></p>	<p>Robin A. Schumacher HCBS Program Administrator ND DHS/Aging Services Division PH: 701-328-8905</p>		
<p><i>State Home Care Association</i></p>	<table border="0"> <tr> <td style="vertical-align: top;"> <p><i>EXECUTIVE DIRECTOR</i> Ken Tupa North Dakota Association for Home Care c/o APT, Inc. PO Box 2175 Bismarck, North Dakota 58502-2175 701/224-1815 701/224-9824 fax E-mail: ktupa@aptnd.com Web: www.aptnd.com/nda/c Board List</p> </td> <td style="vertical-align: top;"> <p><i>PRESIDENT CHAIRPERSON</i> Bruce Davidson SMP Prairieland HH Agency 1202 Page Drive SW Fargo, ND 58106 701/235-5750 701/235-0906 fax E-mail: bruce.davidson@smphs.org</p> </td> </tr> </table>	<p><i>EXECUTIVE DIRECTOR</i> Ken Tupa North Dakota Association for Home Care c/o APT, Inc. PO Box 2175 Bismarck, North Dakota 58502-2175 701/224-1815 701/224-9824 fax E-mail: ktupa@aptnd.com Web: www.aptnd.com/nda/c Board List</p>	<p><i>PRESIDENT CHAIRPERSON</i> Bruce Davidson SMP Prairieland HH Agency 1202 Page Drive SW Fargo, ND 58106 701/235-5750 701/235-0906 fax E-mail: bruce.davidson@smphs.org</p>
<p><i>EXECUTIVE DIRECTOR</i> Ken Tupa North Dakota Association for Home Care c/o APT, Inc. PO Box 2175 Bismarck, North Dakota 58502-2175 701/224-1815 701/224-9824 fax E-mail: ktupa@aptnd.com Web: www.aptnd.com/nda/c Board List</p>	<p><i>PRESIDENT CHAIRPERSON</i> Bruce Davidson SMP Prairieland HH Agency 1202 Page Drive SW Fargo, ND 58106 701/235-5750 701/235-0906 fax E-mail: bruce.davidson@smphs.org</p>		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

OKLAHOMA

Contact Person	Darren Crauthers Research/Policy Analyst Long Term Care Authority of Tulsa 130 N. Greenwood Tulsa, Oklahoma 74120 918-583-3336 918-879-5360 dcrauthers@ltca.org
Demographics	Number American Indians/Alaska Natives (2000 Census) –391,949 Number American Indians/Alaska Natives 65 and over (2000 Census) – 28,961
State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)	Spending, Personal Care (2002) - \$43,777,203 Spending, 1915(c) aged/disabled waiver (2002) – \$ 49,368,982 Total number persons enrolled in Medicaid (2001) – 631,996 Number “aged” persons enrolled in Medicaid (2001) –62,350 Number “blind/disabled” persons enrolled in Medicaid (2001) – 76,638 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –9,304 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –9,042 Number AIAN persons enrolled in Medicaid (1998) –0 Number of AIAN persons receiving waiver services (2000-IHS) –835
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	Services provided by Agencies in the 1915(c) Waiver are: Case Management, Advanced Supportive Restorative (Advanced Personal Care), Skilled Nursing, Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech/Language Therapy, Adult Day Health, Home Delivered Meals, Nursing Facility Respite, In-home Respite, Hospice, Environmental modifications, Specialized Medical Equipment and supplies, 2 prescriptions (beyond 3 from State Plan), Comprehensive home Care (a bundled set of services from one provider consisting of personal care, case management, skilled nursing and therapies)
Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).	The Administrative Agent of the Program certifies all providers. As a part of certification, all providers agree to Conditions of Provider Participation. Only case management and home care agencies are required to have comprehensive financial and programmatic certification to participate. All providers are required to have applicable state licenses and must have a Medicaid contract with The Oklahoma Health Care Authority.
Eligibility requirements for elders for those programs	For waiver services: A physician’s order is required in addition to meeting Nursing Facility Level of Care based on the Uniform Comprehensive Assessment Tool (UCAT) assessing. ADLs, IADLs, Consumer Support, Social resources, cognitive status, Health Assessment, Nutrition, subjective evaluation of health, and environment. For State Plan Personal Care: The UCAT is used to determine Personal Care Level of Care and a Physician’s order is not required for State Plan Personal Care only.
Expected length of time from application to	Approximately 60 Days

<i>initiation of services for elders eligible for services</i>			
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	Cherokee Nation Home Health		
<i>For further information about becoming providers for those programs</i>	Mary Helen Freter (918) 879-5200		
<i>State Home Care Association</i>	<table> <tr> <td>EXECUTIVE DIRECTOR Stan Sweeney Oklahoma Association for Home Care 8108 NW Tenth Suite C3 Oklahoma City, Oklahoma 73127 405/495-5995 405/495-5993 fax E-mail: sweeneyok@aol.com Web: www.oahc.com Board List</td> <td>PRESIDENT/CHAIRPERSON Flo Stuckert, RN, BSN Director Duncan Regional Hospital Home Care Services 2000 W. Elk Street Duncan, OK 73533 580/ 251-8735 580/ 251-8740 fax E-mail: flo.stuckert@duncanregional</td> </tr> </table>	EXECUTIVE DIRECTOR Stan Sweeney Oklahoma Association for Home Care 8108 NW Tenth Suite C3 Oklahoma City, Oklahoma 73127 405/495-5995 405/495-5993 fax E-mail: sweeneyok@aol.com Web: www.oahc.com Board List	PRESIDENT/CHAIRPERSON Flo Stuckert, RN, BSN Director Duncan Regional Hospital Home Care Services 2000 W. Elk Street Duncan, OK 73533 580/ 251-8735 580/ 251-8740 fax E-mail: flo.stuckert@duncanregional
EXECUTIVE DIRECTOR Stan Sweeney Oklahoma Association for Home Care 8108 NW Tenth Suite C3 Oklahoma City, Oklahoma 73127 405/495-5995 405/495-5993 fax E-mail: sweeneyok@aol.com Web: www.oahc.com Board List	PRESIDENT/CHAIRPERSON Flo Stuckert, RN, BSN Director Duncan Regional Hospital Home Care Services 2000 W. Elk Street Duncan, OK 73533 580/ 251-8735 580/ 251-8740 fax E-mail: flo.stuckert@duncanregional		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

OREGON

<p>Contact Person</p>	<p>Don Fries Oregon Department of Human Services Seniors and People With Disabilities Office of Federal Resource Reporting and Financial Eligibility 500 Summer Street NE, E-09 Salem, Or 97301-1075 503-945-6455 Don.H.Fries@state.or.us</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) –85,667 Number American Indians/Alaska Natives 65 and over (2000 Census) –4,829</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$34,844,958 Spending, 1915(c) aged/disabled waiver (2002) – \$253,081,798 Total number persons enrolled in Medicaid (2000) – 560,734 Number “aged” persons enrolled in Medicaid (2000) – 41,711 Number “blind/disabled” persons enrolled in Medicaid (2000) – 61,569 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –0 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –26,410 Number AIAN persons enrolled in Medicaid (1998) –10,537 Number of AIAN persons receiving waiver services (2000-IHS) –361</p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p>Under the aged and (physically) disabled waiver, Oregon provides the following services to persons aged 18 or older:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Respite <input type="checkbox"/> Adult day health <input type="checkbox"/> Environmental accessibility adaptations <input type="checkbox"/> Transportation (non-medical) <input type="checkbox"/> Adult foster care <input type="checkbox"/> Assisted living <input type="checkbox"/> Home-delivered meals <input type="checkbox"/> Specialized living services <input type="checkbox"/> In-home services (some agency, mostly non-agency consumer-directed, however) <input type="checkbox"/> Residential care facilities <input type="checkbox"/> Community transition services <input type="checkbox"/> Community resource development services. <p>Oregon offers Seniors a State plan personal care service that is limited to 20 hours per month (essentially ADL care).</p> <p>Maximum reimbursement for homemaker services is \$13.88 an hour.</p>
<p>Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).</p>	<p>Please see the administrative rules at the following site: http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_536.html</p>

<i>Eligibility requirements for elders for those programs</i>	See http://arcweb.sos.state.or.us/rules/OARS_400/OAR_411/411_030.html and other rules that apply (link above to 030). Usually, a case manager fills out the assessment form – sometimes using input from a nurse or doctor.		
<i>Expected length of time from application to initiation of services for elders eligible for services</i>	Can be just a couple of days where speed is paramount, but normal time is 2-3 weeks.		
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	Confederated Tribes of the Warm Springs Reservation - Assisted Living Facility Coquille Indian Tribe - Assisted Living Facility Confederated Tribes of the Siletz Indians - applied for a grant to develop an Elders Foster Care Home		
<i>For further information about becoming providers for those programs</i>	Mary Lang, In-Home Services Coordinator (503)945-5799		
<i>State Home Care Association</i>	<table border="0"> <tr> <td data-bbox="548 869 1019 1192"> <i>EXECUTIVE DIRECTOR</i> Sarah Reeder Oregon Association for Home Care 1249 Commercial Street SE Salem, Oregon 97302 503/364-2733 503/399-1029 fax E-mail: sarah@oahc.org Web: www.oahc.org Board List </td> <td data-bbox="1027 869 1520 1125"> <i>PRESIDENT/CHAIRPERSON</i> Annie Soper, RN Visiting Health Services 318 W. Second Street The Dalles, OR 97058 541/296-7280 541/296-7631 fax E-mail: annies@mcmc.net </td> </tr> </table>	<i>EXECUTIVE DIRECTOR</i> Sarah Reeder Oregon Association for Home Care 1249 Commercial Street SE Salem, Oregon 97302 503/364-2733 503/399-1029 fax E-mail: sarah@oahc.org Web: www.oahc.org Board List	<i>PRESIDENT/CHAIRPERSON</i> Annie Soper, RN Visiting Health Services 318 W. Second Street The Dalles, OR 97058 541/296-7280 541/296-7631 fax E-mail: annies@mcmc.net
<i>EXECUTIVE DIRECTOR</i> Sarah Reeder Oregon Association for Home Care 1249 Commercial Street SE Salem, Oregon 97302 503/364-2733 503/399-1029 fax E-mail: sarah@oahc.org Web: www.oahc.org Board List	<i>PRESIDENT/CHAIRPERSON</i> Annie Soper, RN Visiting Health Services 318 W. Second Street The Dalles, OR 97058 541/296-7280 541/296-7631 fax E-mail: annies@mcmc.net		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

SOUTH DAKOTA

Contact Person	Jaci Casanova-Keller Adult Services and Aging 700 Governors Drive Pierre, SD 57501 Jaci.Casanova-Keller@state.sd.us
Demographics	Number American Indians/Alaska Natives (2000 Census) – 68,281 Number American Indians/Alaska Natives 65 and over (2000 Census) – 3,053
State Medicaid Spending & Eligibles (persons enrolled in Medicaid program)	Spending, Personal Care (2002) - \$1,342,6000 Spending, 1915(c) aged/disabled waiver (2002) – \$ 2,896,081 Total number persons enrolled in Medicaid (2001) – 106,154 Number “aged” persons enrolled in Medicaid (2001) – 9,894 Number “blind/disabled” persons enrolled in Medicaid (2001) – 16,042 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –522 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –522 Number AIAN persons enrolled in Medicaid (1998) –30,455 Number of AIAN persons receiving waiver services (2000-IHS) –182
Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)	State Plan personal care services up to 120 hours per quarter. Waiver services include: Homemaker Services: Teaching and providing home management skills, promoting self-care, making beds, changing linens, washing dishes, laundry work, floor care and housecleaning. Providing meal preparation and shopping. Providing non-medical assistance in mobility, personal comfort and grooming of the individual. Private Duty Nursing: Nursing services provided by a licensed nursing professional for recipients with chronic and stable conditions who require more individual and continuous care than is available from a part-time or intermittent nursing service. Adult Day Care: Services that provide out-of-home structured health and social services on a regularly scheduled basis and in daytime settings. Emergency Response Systems: An emergency response system is an electronic device that enables individuals to alert neighbors or family and summon assistance in the event of an emergency. Meals-Nutritional Supplements: Meals may be arranged in those areas where no home delivered meals program is available. The service may include a prepared meal, a frozen entrée or a nutritional supplement.
Requirements for participation as a providing agency for those in-home	

<i>non-medical services (e.g. homemaker).</i>			
<i>Eligibility requirements for elders for those programs</i>	<p>A person must be 65 years or older and in need of nursing facility care.</p> <p>A person must not be a resident of a hospital, nursing facility or an intermediate care facility for the mentally retarded, but must have a level of disability that would make them eligible for nursing home care.</p> <p>The monthly income limit is 300 percent of the SSI Standard Benefit Amount. (\$1,656 during 2003)</p> <p>The resource limit is \$2,000. Resources include items such as checking or savings accounts and certificates of deposit (higher if married).</p> <p>A department social worker together with the client must develop, approve, and sign the individual's care plan. See http://legis.state.sd.us/rules/rules/6744.htm</p>		
<i>Expected length of time from application to initiation of services for elders eligible for services</i>			
<i>Tribal organizations or programs currently serving as providers under those programs.</i>			
<i>For further information about becoming providers for those programs</i>	Homemaker services reimbursement maximum - \$13.88 an hour		
<i>State Home Care Association</i>	<table border="0"> <tr> <td data-bbox="548 1493 1024 1822"> <p>EXECUTIVE DIRECTOR Ken Senger South Dakota Association of Healthcare Organizations 3708 Brooks Place Sioux Falls, South Dakota 57106 605/361-2281 605/361-5175 fax E-mail: ksenger@sdaho.org Web: www.sdaho.org</p> </td> <td data-bbox="1024 1493 1520 1822"> <p>PRESIDENT/CHAIRPERSON Jean Hunhoff Avera Scared Heart Health Care Services 501 Summit Yankton, SD 57078 605/668-8312 605/665-0170 fax E-mail: jhunhoff@shhservices</p> </td> </tr> </table>	<p>EXECUTIVE DIRECTOR Ken Senger South Dakota Association of Healthcare Organizations 3708 Brooks Place Sioux Falls, South Dakota 57106 605/361-2281 605/361-5175 fax E-mail: ksenger@sdaho.org Web: www.sdaho.org</p>	<p>PRESIDENT/CHAIRPERSON Jean Hunhoff Avera Scared Heart Health Care Services 501 Summit Yankton, SD 57078 605/668-8312 605/665-0170 fax E-mail: jhunhoff@shhservices</p>
<p>EXECUTIVE DIRECTOR Ken Senger South Dakota Association of Healthcare Organizations 3708 Brooks Place Sioux Falls, South Dakota 57106 605/361-2281 605/361-5175 fax E-mail: ksenger@sdaho.org Web: www.sdaho.org</p>	<p>PRESIDENT/CHAIRPERSON Jean Hunhoff Avera Scared Heart Health Care Services 501 Summit Yankton, SD 57078 605/668-8312 605/665-0170 fax E-mail: jhunhoff@shhservices</p>		

NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

UTAH

<p>Contact Person</p>	<p>Tonya Keller Health Program Manager Division of Health Care Financing Utah Department of Health P.O. Box 143108 288 North 1460 West Salt Lake City, UT 84114-3108 801-538-9136 Fax: 801-538-6412 tkeller@utah.gov</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) –40,445 Number American Indians/Alaska Natives 65 and over (2000 Census) –1,423</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$ 693,520 Spending, 1915(c) aged/disabled waiver (2002) – \$ 2,542,843 Total number persons enrolled in Medicaid (2001) – 214,597 Number “aged” persons enrolled in Medicaid (2001) – 11,855 Number “blind/disabled” persons enrolled in Medicaid (2001) – 26,386 Number persons, “aged” persons served by personal care program (2001) – 228 Number “blind/disabled” persons served by personal care program (2001) – 68 Number persons served by 1915(c) aged waiver (2001) –809 Number persons served by 1915(c) disabled waiver (2001) – 81 Number AIAN persons enrolled in Medicaid (1998) –10,604 Number of AIAN persons receiving waiver services(2000-IHS) –61</p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p><u>Aging waiver:</u> Supportive maintenance (CNA home health aide, agency based); Personal Care Attendant (both agency & independent contractor), agency only chore, housekeeping, companion, respite, non-medical transportation, extra home delivered meals, case management, and other supplemental services.</p> <p><u>Disabled waiver:</u> Personal care attendant (no supportive maintenance), consumer directed personal care (no agency care) Also Local Area Support Coordination Liaison, provided by independent living centers, (this service assists waiver clients to identify local area waiver service providers, community based resources, and natural supports) and emergency response systems.</p> <p><u>Home-Base Personal Care Services</u> (personal care state plan – only provided through agencies) include assistance: (a) to self-administer medications; (b) with housekeeping; (c) with personal grooming and dressing; (d) with eating and meal preparation; (e) with oral hygiene and denture care; (f) with toileting and toilet hygiene; (g) with arranging for medical and dental care including transportation to and from the appointment; (h) taking and recording oral temperatures; (i) administering emergency first aid; (j) providing or arranging for social interaction; (k) proving transportation; (l) documenting services in the individual record.</p> <p><u>Employment Related Personal Care Services</u> (personal care state plan, for those with disabilities – both agency and consumer directed care available) include assistance with daily living activities and instrumental daily living activities, including assistance with cognitive tasks, to support the individual’s ability to</p>

	<p>work and transportation to and from the work site. Assistance may be in the form of hands-on assistance or cuing so that the person performs the task by him/herself.</p>
<p><i>State-only funded programs that provide in-home services</i></p>	<p><u>The Alternative to Nursing Home Program (TAP)</u> is administered through local Area Agencies on Aging (AAAs) and provides services for adults who have health, mobility or functional limitations and who are at risk for nursing facility placement. The majority of those served are aged 60 and above. Services provided are homemaker, personal care, home health aide, nursing, respite, home delivered meals, adult day care and transportation.</p> <p><u>Caregiver Respite Program</u> provides intermittent and short-term services to allow caregivers a short break from the day-to-day demands of providing care to an elder person. Services include adult day care, homemaker, home health aid, short-term institutional placement, and the use of medical equipment and supplies.</p> <p><u>Division of Services for People with Disabilities (DSPD) Personal Assistance Support Program</u> is a State funded program for individuals not meeting the eligibility criteria of the Physical Disabilities Waiver, providing personal attendant services, consumer preparation, and personal emergency response systems.</p> <p>Coordination with Medicaid services: The local (AAAs) who administer the Alternatives and Caregiver Respite programs are also the contracted case management agencies for the 1915(c) Aging Waiver statewide.</p> <p>The Division of Services for People with Disabilities is the case management agency for both the Physical Disabilities Waiver and the Personal Assistance Support Program.</p>
<p><i>Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).</i></p>	<p>Organizations that want to provide personal care under Utah’s waiver and state-plan programs must be capable of performing activities as both a business agent and fiscal/employer agent. A business agent processes claims and receives reimbursement for provider agencies or individual waiver service providers. A fiscal agent assists personal care recipients in the “consumer directed” model by performing employer-related tasks, without being considered the employer. These tasks include (but are not limited to) all payroll functions (withholding taxes, paying wages, etc.), conduct background checks as required, and maintain employees records.</p> <p>From application to provider enrollment takes 14 days for state plan PCS, 30 days for waiver provider. Waiver providers need to work through the local Area Agency on Aging and the State’s Division of Aging and Adult Services.</p> <p>The state reports shortages in personal care workers in both the agency and independent contractor models.</p> <p>Personal care services (state plan) have to be provided under the supervision of a RN. See Medicaid provider manual web page for more information http://health.utah.gov/medicaid/pdfs/SECTION1.pdf</p>

<p><i>Eligibility requirements for elders for those programs</i></p>	<p>Financial eligibility: Income (less allowable expenses) under 100% of the federal poverty line, under \$2000 in assets (for a single person, \$3000 for a couple)</p> <p>Need eligibility: Must meet 2 of the following 3 for aging waiver (equivalent to nursing home eligibility): - More than only supervision in ADLs needed - Not cognitively oriented - High intensity of service need</p> <p>For disability: functional loss of 2 limbs, MD certified ability to manage own attendant & financial affairs, 14 hours/week of personal care need, and have potential attendant trained <u>before</u> certified for eligibility.</p> <p>The need evaluation is conducted by:</p> <ul style="list-style-type: none"> * Aging Waiver – Registered nurses from the case management agency make the medical eligibility determination. * Physical Disabilities Waiver – Registered nurses from the Utah Department of Health make the medical eligibility determination. * State Plan Personal Care Services do <u>not</u> require a physician’s order. They are prior authorized based on a personal care assessment and a plan of care prepared by a licensed health care professional. <p>Re-determination of Eligibility: <u>Waivers</u> - Annual reassessment at a minimum or when a significant change occurs <u>PCS</u> – home based PCS – every 6 months or with significant change, employment related PCS – annually or with significant change.</p>
<p><i>Expected length of time from application to initiation of services for elders eligible for services</i></p>	<p><u>Aging Waiver</u> - This waiver currently has no waiting list. Each AAA keeps a waiting list for the Aging Waiver; The State Division of Aging and Adult Services shifts slots between AAAs as needed.</p> <p><u>Physical Disabilities Waiver</u> – currently there are approximately 85 individuals on the waiting list. The ability to move individuals from the waiting list is directly related to legislative budget appropriations allowing for the Medicaid Federal Funding to be matched by State funding. Waiting times vary according to priority status. Persons with highest degree of need spend less time on the waiting list.</p>
<p><i>Tribal organizations or programs currently serving as providers under those programs.</i></p>	<p>None in Utah reported.</p> <p>Tribal health or aging programs could case manage elders or disabled persons for Aging Waiver or PCS services if the program meets the requirements for and becomes an enrolled Medicaid Provider. These entities could not be case managers for the Physical Disabilities Waiver as it is currently written. At this time, neither tribal health nor aging programs are waiver services providers. However, individual tribal members who qualify for either waiver or PCS services can access services through an authorized Medicaid provider.</p>
<p><i>Other information</i></p>	<p><u>Rates & Reimbursements</u></p> <ol style="list-style-type: none"> 1. Reimbursement rate for agency-provided personal care services

	<ul style="list-style-type: none"> • Waiver Services - \$14.00 per hour (agency); \$9.61 per hour (direct to caregiver in consumer directed model; state also pays employment taxes in addition) • State Plan Personal Care - \$ 14.00 per hour <p>2. Electronic claims are preferred, but Medicaid will accept paper claims.</p> <p>3. A provider can expect to wait 5 days on average (30 days maximum) between claims submissions and receipt of payment for “clean” submissions?</p> <p>4. The most common errors or problems in claims submitted for HCBS/PCS are:</p> <ul style="list-style-type: none"> • Provider number is wrong for the program the client is in • No prior authorization number or wrong units of service. <p><u>Service Maximums</u></p> <ul style="list-style-type: none"> * Aging Waiver – attendant services are limited to a minimum of 2 hours at a time and may not exceed 5 hours per day. * Physical Disabilities Waiver – individual must require a minimum of 14 hours per week to be eligible for the waiver. There are no other caps or restrictions on the number of hours. FY2001 average was 25.4 hours of care per week. * State Plan Personal Care Services - limited to 60 hours per month; FY2001 average was 2.24 hours of service per week. 		
<p><i>For further information about becoming providers for those programs</i></p>	<ul style="list-style-type: none"> * Aging Waiver – Division of Aging and Adult Services: Karla Corbridge 801-538-4645, KCORBRID@utah.gov * Area Agencies on Aging Directors – see http://www.hsdaas.state.ut.us/area_agencies.htm * Physical Disabilities Waiver – Division of Services for People with Disabilities: Tammy Wood 801-538-9864, TWOOD@utah.gov * State Plan PCS – Bureau of Medicaid Operations: Deanna Lopez 801-538-6957, DLOPEZ@utah.gov <p>Also John Williams, johnwilliams@utah.gov , LTC Unit Director, Division of Health Care Financing, Utah Department of Health, P.O. Box 3108, 288 North 1460 West, Salt Lake City, UT 84114-3108 801-538-6021, Fax: 801-536-0469</p>		
<p><i>State Home Care Association</i></p>	<table border="0"> <tr> <td style="vertical-align: top;"> <p><i>EXECUTIVE DIRECTOR</i> Dan Hull Utah Association for Home Care 1327 South 900 East Salt Lake City, Utah 84105 801/466-7210 E-mail: homecareconnection@msn.com</p> </td> <td style="vertical-align: top;"> <p><i>PRESIDENT/CHAIRPERSON</i> Rocke Hendry First Choice Home Care 1365 West 1250 South Orem, Utah 84058 Phone: 801-377-4100 Fax: 801-434-8899 E-mail: rocke@utahhomecare.com</p> </td> </tr> </table>	<p><i>EXECUTIVE DIRECTOR</i> Dan Hull Utah Association for Home Care 1327 South 900 East Salt Lake City, Utah 84105 801/466-7210 E-mail: homecareconnection@msn.com</p>	<p><i>PRESIDENT/CHAIRPERSON</i> Rocke Hendry First Choice Home Care 1365 West 1250 South Orem, Utah 84058 Phone: 801-377-4100 Fax: 801-434-8899 E-mail: rocke@utahhomecare.com</p>
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NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

WASHINGTON

<p>Contact Person</p>	<p>Marrienne Backous Program Manager, Aging and Disability Services Administration PO Box 45600 Olympia, WA 98504-5600 360-725-2535 phone 360-438-8633 fax 1-800-422-3263 backomr@dshs.wa.gov</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) – 158,940 Number American Indians/Alaska Natives 65 and over (2000 Census) – 8,020</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$203,784,210 Spending, 1915(c) aged/disabled waiver (2002) – \$ 293,544,866 Total number persons enrolled in Medicaid (2000) – 916,838 Number “aged” persons enrolled in Medicaid (2000) – 69,054 Number “blind/disabled” persons enrolled in Medicaid (2000) – 121,662 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –25,713 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –25,718 Number AIAN persons enrolled in Medicaid (1998) –25,583 Number of AIAN persons receiving waiver services (2000-IHS) –0</p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p>Washington State has two home and community based waivers: COPES and Medically Needy Residential Waiver (MNRW). The COPES waiver covers personal care services in home and in residential settings (adult family homes and boarding homes). COPES also covers 9 other services if eligible: home delivered meals, PERS (personal emergency response system), skilled nursing, environmental modifications, home health aide, specialized medical equipment, client training, adult day care, transportation. MNRW covers personal care in boarding homes and adult family homes. Other MNRW services include skilled nursing, client training, specialized medical equipment and transportation. DSHS provides these services.</p> <p>State Plan services offer personal care services in your own home, adult family homes or boarding homes.</p>
<p>Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).</p>	<p>Personal care can be provided by individual providers or home care agencies. Home care agencies have contracts that are monitored by the Area Agency on Aging. Individual providers are contracted and have to pass the training requirements and background checks. These requirements can be found in WAC 388-71-0500 through 388-71-05952 http://www.aasa.dshs.wa.gov/professional/default.htm#hc</p>
<p>Eligibility requirements for elders for those programs</p>	<p>Personal care services will require one substantial need or three minimal for direct personal care tasks as defined in WAC 388-71-0440 as of September 1, 2003. http://www.aasa.dshs.wa.gov/professional/default.htm#hc</p> <p>The state has filed an emergency rule to increase this eligibility due to funding deficits.</p> <p>There is no requirement for MD to order these services. Medicaid state plan</p>

	<p>services for home health requires a MD order.</p> <p>Waiver services are available to aged, blind and disabled adults 18+. Eligibility can be found in WAC 388-71-0435 for COPES and 388-71-0442 for MNRW.</p> <p>http://www.aasa.dshs.wa.gov/professional/default.htm#hc</p>		
<i>Expected length of time from application to initiation of services for elders eligible for services</i>	<p>State plan personal care services (MPC) and waiver services can occur simultaneously. Both programs require a financial and functional eligibility. Washington has a response time of 24 hrs to 5 days to contact clients upon request for services. If clients are at risk of institutional placement, they must be seen within 2 working days. After a comprehensive assessment, it is expected that services begin within a short period of time. Washington has initiated a fast track process for both programs that will begin the personal care services up to 90 days before financial eligibility can be established.</p>		
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	<p>Dan Dowler has provided the following information. He can be reached at the State Unit on Aging for ADSA at 360-725-2554 or email at dowledm@dshs.wa.gov.</p> <p>Area Agency on Aging contracts with tribes for home care agencies. ADSA has direct contracts with the Lummi Tribe and SPIPA who provide home care services for their tribal elders through a direct contract with the State Unit on Aging. In addition, both the Colville Nation and Yakima Nation are recognized AAA's and provide a variety of waiver services directly.</p> <p>Any other tribes providing home care services or other waiver services would be known to the remaining AAA network (11 other agencies). The latest directory for the AAA network is attached and it is recommended to make direct contact with the AAA's for specific contractors that are American Indian and providing services for these AAA's. http://www.dhfs.state.wi.us/lte_cop/CONTACTS.HTM.</p> <p>The Washington State Plan on Aging contains a specific plan for outreach to American Indians. See p. 90 at: http://www.aasa.dshs.wa.gov/professional/documents/state_plan_on_aging.pdf.</p>		
<i>Other information</i>	<p>A good brochure on long term care services and Medicaid eligibility in Washington is available at http://www.aasa.dshs.wa.gov/Library/medicaid.pdf. Note: Washington lists personal care services as a service subject to estate recovery.</p> <p>Chore and Personal Care worker (independent plan/consumer directed) payment per hour \$8.43 as of Oct 1, 2003(2003); agency rate \$14.27</p>		
<i>For further information about becoming providers for those programs</i>			
<i>State Home Care Association</i>	<table> <tr> <td><i>EXECUTIVE DIRECTOR</i> Donna Cameron Home Care Association of Washington P.O. Box 2016</td> <td><i>PRESIDENT/CHAIRPERSON</i> Jay Crosby Professional Registry of Nursing 310 N. Meridan, Suite 200</td> </tr> </table>	<i>EXECUTIVE DIRECTOR</i> Donna Cameron Home Care Association of Washington P.O. Box 2016	<i>PRESIDENT/CHAIRPERSON</i> Jay Crosby Professional Registry of Nursing 310 N. Meridan, Suite 200
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	Edmonds, Washington 98020 425/775-8120 425/771-9588 fax E-mail: HomeCareWA@aol.com Web: www.hcaw.org Board List	Puyallup, WA 98371 253-840-1909 253-840-1939 fax E-mail: jlcrosby@prninc.net
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NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

WYOMING

<p>Contact Person</p>	<p>Vareen Bebo Home Care Services Program Manager, Aging Division 6101 Yellowstone Rd., Rm. 259B Cheyenne, WY 82002 Phone:(307)777-7366 Email: vbebo@state.wy.us</p>
<p>Demographics</p>	<p>Number American Indians/Alaska Natives (2000 Census) –15,012 Number American Indians/Alaska Natives 65 and over (2000 Census) – 764 Tribes identified as Medicaid personal assistance agencies – none</p>
<p>State Medicaid Spending & Eligibles (persons enrolled in the Medicaid program)</p>	<p>Spending, Personal Care (2002) - \$0 Spending, 1915(c) aged/disabled waiver (2002) – \$ 7,217,564 Total number persons enrolled in Medicaid (2001) – 58,013 Number “aged” persons enrolled in Medicaid (2001) –4,984 Number “blind/disabled” persons enrolled in Medicaid (2001) – 8,476 Number persons served by 1915(c) aged or aged/disabled waiver (2000) –937 Number persons served by 1915(c) aged or aged/disabled waiver (1999) –982 Number AIAN persons enrolled in Medicaid (1998) – 4,273 Number of AIAN persons receiving waiver services (2000-IHS) –59</p>
<p>Services reimbursed by home and community based care programs (1915c waiver and state plan PCS)</p>	<p>Personal Care Services – none, so all personal care provided through waiver program. Waiver Services – Personal care attendant provides light housekeeping and errands incidental to providing personal care services. No cost or total number of hour caps. Also covers respite and transportation. <i>Waiver wait list</i> – about 150 people, people move off the wait list based on length of time on list, wait time reported at about six months. State-only funded services – provided through senior centers, can be coordinated with Medicaid services.</p>
<p>Requirements for participation as a providing agency for those in-home non-medical services (e.g. homemaker).</p>	<p>Agency must be state licensed or a Medicare-certified home health agency. An RN supervisor is required. For financial criteria contact the Department of Health Quality at 307-777-7123. There is no minimum geography that an agency must cover. Claims payments take 30 days if submitted on paper, electronic submissions are encouraged but not required. Provider agencies must provide case management in addition to personal care services; most agencies require 30-40 clients to make this financially feasible.</p>
<p>Eligibility requirements for elders for those programs</p>	<p>Personal Care Services – Maximum income of 100% federal SSI; no spend down Waiver Services —Maximum income of 300% SSI (2003=\$); no spend down program 2003 federal SSI monthly payment amount for individual=\$552, couple=\$829 Maximum assets= \$2000 individual, \$3000 couple <i>Need (level of care) Eligibility</i> determined by public health nurses in local health departments. Assessment tool (called the LT101) is largely based on functional capacity (ADLs).</p>



<i>Expected length of time from application to initiation of services for elders eligible for services</i>	Level of care eligibility assessment within three days of referral. Because of the waiting list for services it can take up to 6 months to receive services.		
<i>Tribal organizations or programs currently serving as providers under those programs.</i>	None reported.		
<i>Other information</i>	<p>* Average hours of personal care services provided = 60/month</p> <p>* Reimbursement for personal care services = \$15/hour plus \$7.87/day for case management</p> <p>* Home care workers in “consumer directed” program can be a family or friend, but not spouse. Their pay is \$7/hour if non-certified, \$8/hour if certified. Independent living centers coordinate consumer directed model workers.</p>		
<i>For further information about becoming providers for those programs</i>	<p>* A list of waiver service providers is available at http://wdh.state.wy.us/aging/Resources/Provider.rtf</p> <p>* A searchable list of all aging services providers is available at http://wind.uwyo.edu/pathways/seniors/</p>		
<i>State Home Care Association</i>	<table border="0"> <tr> <td data-bbox="456 1150 943 1457"> <i>EXECUTIVE DIRECTOR</i> Janace Chapman, RN Home Health Care Alliance of Wyoming 1515 S Spruce St Casper, WY 82601 307/237-7042 (phone and fax) jac@rmisp.com http://www.wyominghomehealth.org </td> <td data-bbox="943 1150 1453 1457"> <i>PRESIDENT/CHAIRPERSON</i> Deborah Kaufman Central Wyoming Home Care 401 East Main Riverton, Wyoming 82501 307/857-0599 307/857-2778 fax E-mail: cwhc@rmisp.com </td> </tr> </table>	<i>EXECUTIVE DIRECTOR</i> Janace Chapman, RN Home Health Care Alliance of Wyoming 1515 S Spruce St Casper, WY 82601 307/237-7042 (phone and fax) jac@rmisp.com http://www.wyominghomehealth.org	<i>PRESIDENT/CHAIRPERSON</i> Deborah Kaufman Central Wyoming Home Care 401 East Main Riverton, Wyoming 82501 307/857-0599 307/857-2778 fax E-mail: cwhc@rmisp.com
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NOTE: Please contact the State Medicaid office for the most recent information available concerning statistics as well as program eligibility and services.

Data Sources

Persons working in each state’s Medicaid office provided most of the narrative data in the state summaries. We obtained most of the statistical data from published sources, as noted below.

Spending, Personal Care (2002)

“Medicaid Long Term Care Expenditures, FY2002” provided by MEDSTAT at http://www.hcbs.org/hcbs_data.htm

Spending, 1915(c) aged/disabled waiver (2002)

“Medicaid HCBS Waiver Expenditures, FY2002” Table 1, provided by MEDSTAT at http://www.hcbs.org/hcbs_data.htm

Total number persons enrolled in Medicaid (2001)

MSIS statistical reports by state, Table 1, from CMS at <http://www.cms.hhs.gov/medicaid/msis/msis99sr.asp>

Number “aged” persons in Medicaid (2001)

MSIS statistical reports by state, Table 1 (basis of eligibility), from CMS at <http://www.cms.hhs.gov/medicaid/msis/msis99sr.asp>

Number “blind/disabled” persons in Medicaid (2001)

MSIS statistical reports by state, Table 1 (basis of eligibility), from CMS at <http://www.cms.hhs.gov/medicaid/msis/msis99sr.asp>

Number persons served by 1915(c) aged or aged/disabled waiver (2000)

National Association of State Medicaid Directors, 1915c Waivers Enrollment and Cost, at <http://www.nasmd.org/waivers/waivers.htm>

Number persons served by 1915(c) aged or aged/disabled waiver (1999)

Kaiser Commission on Medicaid and the Uninsured, Table 1, 1915(c) Medicaid Waiver Program (from HCFA Form 372), at <http://www.hcbs.org/data/kaiser/WaiverTable1.pdf>

Number AIAN persons enrolled in Medicaid (1998)

From 2082 Table 30, Medicaid Eligibles by Race/Ethnicity, from CMS at <http://www.cms.hhs.gov/medicaid/msis/MCD98T30.pdf>

Number of AIAN persons receiving waiver services (2000-IHS)

Special data provided from MSIS by CMS

