

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

CONNECTICUT

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Connecticut's 60+ population was 663,606 in 2008 (19.0% of the state's total population), with 6.1% below the federal poverty level.¹
- The 60+ population is projected to be 956,513 in 2025 (25.9% of the state's total population).²
- About 24.8% of all households in 2007 had one or more persons age 65 years and older, and 35.9% of persons age 65 years and older had a disability.³
- Of the 496,680 Medicaid beneficiaries in the state in 2003, 10.5% were aged, 11.5% were blind and disabled, 18.7% were Dual Eligible, and 3.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 64.5% of total long-term-care expenditures, compared to 35.5% for HCBS in fiscal year 2007.⁵

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken. S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Department of Social Services, Bureau of Aging, Community and Social Work Services. www.ct.gov/agingservices/site/default.asp
- **State Medicaid Agency:** Department of Social Services. www.ct.gov/dss/site/default.asp
- Connecticut has consolidated its SUA and Medicaid agencies under the Department of Social Services. The following agencies are not included but provide long-term-care services: Mental Health, Children and Families, and the Department of Developmental Services.
- The director of the SUA reports to the Deputy Commissioner of the Department of Social Services, who reports to the Commissioner. The Commissioner reports directly to the Governor.
- Connecticut has five Area Agencies on Aging.

Single Point of Entry (SPE)/Aging Disability and Resource Center (ADRC)

- Connecticut has an SPE but it is not statewide.
- Connecticut uses a virtual model or “no wrong door” with telephone linkages between information and referral providers.
- In addition to serving older adults, the SPE serves physically disabled older adults, those with developmental disabilities, and persons with cognitive impairments, including Alzheimer’s disease.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Connecticut requires an in-person assessment by someone other than nursing home staff. The first step in the assessment is the MIMR ([Mental Illness – Mental Retardation]) or Preadmission Screening and Resident Review [PASRR]) and health screen. These assessments are generally done by hospital staff or a physician or home health agency.

- There is an in-person screening and assessment required for all nursing home applicants when there is evidence of mental retardation or mental illness regardless of payment source.

Non-Medicaid

- For non-Medicaid applicants in Connecticut, nursing home pre-admission assessment is not performed by someone other than nursing home staff. The assessment is called the W-10, an interagency referral that examines whether the applicant has an uncontrolled or unstable or chronic condition that requires continuous skilled nursing and/or substantial assistance with personal care on a daily basis.
- There is an in-person screening and assessment required for all nursing home applicants when there is evidence of mental retardation or mental illness regardless of payment source.

State Medicaid Plan

- Connecticut provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- Connecticut does not have PACE programs.

Medicaid Waivers

- Connecticut has two waivers that provide HCBS to older adults and/or adults with physical disabilities. These are: Connecticut Home Care Program for Elders and Personal Care Assistance (PCA) for adults with disabilities.
- **Connecticut Home Care Program for Elders:** This program has both a Medicaid component and a state-funded component; there are differences between the eligibility levels but all services available are identical. The income limit for this program is 300% of Supplemental Security Income (SSI) or \$2,022 per month, and the asset limit is \$1,600; all persons are assessed as individuals. After applicants enroll in Medicaid, level of care applications are processed in 13 Medicaid district offices. The financial assessment is confirmed by

provider agencies and care management companies doing the in-person care management assessment. There is a self-directed option limited to choice of licensed provider agencies without case management.

- **Personal Care Assistance:** This program targets those with two or more ADL needs who have applied first for Medicaid. The income limit for this program is 300% of SSI or \$2,022 per month, and the asset limit is \$1,600; all persons are assessed as individuals. Consumer-directed options are the backbone of this program. The applicant must be able to be the employer of the personal care assistant, and is responsible for hiring, training, supervising, paying, and if necessary, firing the personal care assistants. The applicant is the essential participant in developing the PCA plan. Functional eligibility criteria require that the applicant must have a physical disability that requires hands-on help with at least two ADLs. A social worker meets with the applicant to assess needs and establish that the person cannot perform these functions. Medical verification is also required, as is annual redetermination of eligibility.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Connecticut has one CMS-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is Money Follows the Person.
- **Money Follows the Person:** This program includes a 24-hour care component and backup services for workers who fail to show up as scheduled. Applicants must be in a nursing home for six months and want to return to the community. The income and asset levels are the same as for Medicaid (income is 300% of federal poverty level [FPL] and \$1,600 in assets). Functional eligibility is assessed under contract with the AAAs and Independent Living Centers. The program goal is to transition 700 residents back to the community over five years.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Connecticut has three state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Connecticut Home Care (Pilot) Program for Adults with Disabilities, Connecticut Home Care Program for Elders, and Personal Care Assistance (PCA Pilot Program) for Elders.
- **Connecticut Home Care (Pilot) Program for Adults with Disabilities:** This is a pilot program targeting those with degenerative neurological conditions who need the assistance of a case manager to coordinate their care. This program is, as the name indicates, part of the Connecticut Home Care Program, and therefore all income, asset, and contribution requirements are the same as stated below. Consumer-directed options are available but unlikely to be utilized due to the population served. This program has a \$720,000 allocation for up to 50 participants.
- **Connecticut Home Care Program for Elders:** Applicants must be at risk of placement or have a nursing home level of care need. This program has both a Medicaid component and a state-funded component; there are differences between the eligibility levels but all services available are identical. This program is for older adults and not specific to a diagnostic group. Persons who are not Medicaid-eligible may receive services through this portion of the Home Care program. There is no income limit but participants are asked to contribute based on a sliding fee scale. The asset limits for this program are \$32,868 for an individual and \$43,824 for a couple. Although the number of program slots was increased, the funds were not appropriated.
- **Personal Care Assistance (PCA Pilot Program) for Elders:** Eligibility is restricted to persons qualified for the Home Care Program for Elders. An individual's specific personal care needs determine level of service. Consumer directed services are provided by qualified family members or other informal helpers. There is no individual income limit; asset limits are \$32,868. This program is limited to 250 participants.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Connecticut uses local funds for HCBS for older adults and/or adults with physical disabilities.
- Some municipalities fund senior centers and other HCBS or provide matching funds for certain services such as Dial a Ride.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Connecticut has one other OAA-funded grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Nursing Home Diversion.
- **Nursing Home Diversion:** This program has been piloted in one area of the state (New Haven region). Caregivers are being targeted as well those at risk of placement and spend down to Medicaid.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Connecticut uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG monies are used to fund a community-based services program for disabled individuals ages 18-65 in order to keep them out of institutions. Subsidies of up to \$650 per month are used to fund services including home-delivered meals, homemaking services, companion services, adult day care, and emergency response systems. Applicants must have medical documentation of need as well as a social work assessment; need is reviewed annually.
- Connecticut does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Connecticut offers consumer-directed options in all its HCBS programs (see Table 2).
- Models of consumer direction available in the state include: Cash and Counseling.
- Those permitted to provide services under consumer direction in Connecticut are: licensed provider agencies, adult children of the consumer, other family members and friends.
- Background checks are conducted on all persons the consumer selects.
- Spouses, parents and legally liable persons cannot provide assistance.
- Connecticut uses fiscal intermediary services in connection with consumer direction. There is one fiscal intermediary for the state.

Managed Care

- Connecticut does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- In the past two years, Connecticut's focus has been on waiver programs for the mentally ill to keep such individuals in independent housing and employed.
- A statewide needs assessment of more than 7,000 people indicated that unmet needs for information are widespread, hence the need to establish Single Points of Entry in the state.
- Challenges that Connecticut faces are to get the Money Follows the Person program and SPEs implemented, as well as transportation services due to the lack of public transportation in the state.

Table 1: Types of Home- and Community-based Services Provided Under Connecticut's Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source							
	Medicaid Waivers		CMS-funded Programs and Grants	State-funded Programs			State Medicaid Plan	OAA Title III
	Connecticut Home Care Program for Elders	Personal Care Assistance	Money Follows the Person Grant	PCA Pilot Program for Elders	Home Care Pilot Program for Persons with Disabilities	State funded Connecticut Home Care Program		
Adult Day Care / Adult Day Health	X		X			X		X
Assisted Living	X					X		
Caregiver Services / Respite / Education								X
Case Management / Care Coordination	X	X	X		X	X		
Chore / Homemaking	X		X		X	X		X
Companion Services / Socialization Activities	X					X		X
Employment								
Equipment / Supplies / Modifications / Assistive Technology	X	X				X	X	X
Health Promotion Activities								X
Home Health / Personal Care		X	X	X	X	X		
Information / Assistance / Referral	X	X	X		X	X		X
Legal Assistance / Financial Advice								X
Medical / Dental / Medication Care								X
Mental and Behavioral Health Services							X	X
Nursing						X	X	
Nutrition / Meals	X		X		X	X		X
Personal Supports for Community Living / Transitioning								
Rehabilitation / Therapy							X	
Residential Services								
Transportation	X	X	X		X	X	X	X
Other/Unspecified HCBS								X

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Connecticut Home Care Program for Elders	65+	Yes	State care management agency, care management companies, provider agencies	State agency: District Medicaid offices of Department of Social Services	Access agencies under contract with the Department of Social Services, which are AAAs, providers and care management companies	No	Yes
	Personal Care Assistance	18+	Yes	State agency: Regional Offices of the Department of Social Services	State agency: Department of Social Services	State agency: Department of Social Services	Yes (65)	Yes
CMS-funded Programs and Grants	Money Follows the Person	18+	Yes	Area Agency on Aging; Independent Living Centers	State agency: Department of Social Services	Information Not Reported	No	Yes
	Nursing Home Diversion Demonstration	18+ with disabilities and 60+	No	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	No	Yes
State-funded Programs	Personal Care Assistance Program for Elders	65+	No	State care management agency; provider agencies, care management companies	State care management agency, provider agencies, care management companies	Provider agencies, care management companies	Yes (60)	Yes
	Connecticut Home Care (Pilot) Program for Adults with Disabilities	18+	Information Not Reported	Information Not Reported	Information Not Reported	Information Not Reported	Yes (24)	Information not reported
	State funded Connecticut Home Care Program	65+	No	State care management agency, provider agencies, care management companies	State agency: District Medicaid offices of the Department of Social Services	Area Agency on Aging; Access agencies	No	Yes

State Profile for

MAINE

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Maine's 60+ population was 279,707 in 2008 (21.2% of the state's total population), with 8.5% below the federal poverty level.¹
- The 60+ population is projected to be 443,694 in 2025 (31.4% of the state's total population).²
- About 25.3% of all households in 2007 had one or more persons age 65 years and older and 42.6% of persons age 65 years and older had a disability.³
- Of the 307,279 Medicaid beneficiaries in the state in 2003, 17.8% were aged, 17.4% were blind and disabled, 31.5% were Dual Eligible, and 1.8% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 48.6% of total long-term-care expenditures, compared to 51.4% for HCBS in fiscal year 2007.⁵

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *Aging statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken. S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Office of Elder Services, Maine Department of Health and Human Services.
www.maine.gov/dhhs/oes
- **State Medicaid Agency:** Office of MaineCare Services, Maine DHHS.
www.maine.gov/dhhs/bms
- Maine has a consolidated agency for long-term-care programs. The following agencies are consolidated and handle long-term care: Department of Human Services and Departments of Behavioral Services were merged to become the Department of Health and Human Services (DHHS). Several offices and divisions within Maine DHHS administer various aspects of long-term-care programs, such as the Office of Elder Services (SUA), Office of MaineCare Services, Division of Licensing and Certification Office of Integrated Access and Support, and the Office of Adults with Cognitive and Physical Disabilities Services.
- The director of Maine's SUA reports to the deputy director, Integrated Services, Commissioner's Office. The deputy director reports to the commissioner of the Department of Health and Human Services, who reports to the Governor.
- Maine has five Area Agencies on Aging. These are not directly involved in providing HCBS. Three of the five perform ADRC functions.

Single Point of Entry (SPE)/Aging and Disabilities Resource Center (ADRC)

- Maine has an SPE to perform level-of-care determination for publicly funded programs.
- All SPE sites have a physical (bricks and mortar) infrastructure; no SPE operates under a virtual model.
- In addition to serving older adults, Maine's SPEs serve those who are physically disabled, cognitively impaired, including those with Alzheimer's and related disorders, and veterans.

- Maine no longer has funding for ADRCs, though three of the five AAAs are maintaining an ADRC function as an information portal for referrals and services. The five AAAs collectively cover the entire state.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission and to determine eligibility for HCBS, Maine requires an in-person assessment by someone other than nursing home or home care staff. The assessment is conducted by Goold Health Systems under contract with the Office of Elder Services, Maine Department of Health and Human Services.

Non-Medicaid

- For non-Medicaid applicants in Maine, nursing home pre-admission assessment and assessment for community-based services are performed by an independent assessor. The assessment is conducted in-person for all consumers by Goold Health Systems under contract with the Office of Elder Services, Maine Department of Health and Human Services.
- Pre-admission assessment/screening is not mandatory for Medicare skilled nursing facility (SNF) stays.

State Medicaid Plan

- Maine provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Maine does not have a PACE program.

Medicaid Waivers

- Maine has two waivers that provide HCBS to older adults and adults with physical disabilities. These are: Home and Community Based Benefits for the Elderly and Adults with Disabilities and Home and Community Benefits for the Physically Disabled.

- **Home and Community Based Benefits for the Elderly and Adults with Disabilities:** This program provides an opportunity for consumers who are eligible for a nursing facility level of care to choose and receive services in their home. Functional eligibility assessments are completed in-person by a registered nurse (RN) using a standard medical eligibility determination tool. Care managers are RNs and social workers, and are responsible for formulating case management interventions, implementing the service plan as authorized by the assessing agency, providing consumers with a choice of service providers, and maintaining regular in-person and telephone contact with participants and families. They also evaluate and monitor the plan's effectiveness and address issues as they arise. The financial eligibility assessment process includes an application completed in person or via mail. Local DHHS offices located throughout the state accept and process these applications. Eligibility income is set at 300% of Supplemental Security Income (SSI)/ 224% of federal poverty level (FPL) for both single and married couples. Assets exclude savings of \$8,000 for an individual and \$12,000 for couples. Countable assets can be no greater than \$2,000 for an individual and \$3,000 for a couple. Consumer-directed options for this program are provided under Family Provider Service Option Section 19.01-18. Family Provider Service Option is a service provision option that allows an adult, age 21 years or older, to register as a personal support services agency solely for the purpose of managing the adult's own services or solely for managing the services of no more than two of the adult's family members.
 - **Home and Community Benefits for the Physically Disabled:** Participants in this program must be cognitively capable of self-directing their plan of care. Functional eligibility assessments are completed in person by an RN using a standard medical eligibility determination tool. Case management, provided under contract with Alpha One, focuses on skills training and assisting consumers who are self-directing. The financial eligibility assessment process includes an application completed in-person or via mail. Local DHHS offices located throughout the state accept and process these applications. Eligibility income is set at 300% of SSI/224% of FPL for both single and married couples. Countable assets can be no greater than \$2,000 for an individual and \$3,000 for a couple. This is a consumer-directed program.
 - Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.
- ## CMS-funded Programs and Grants
- Maine does not have CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities.
- ## State-funded HCBS Programs
- Maine has four state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's Respite Program; Consumer Directed Personal Assistance Services; In-Home and Community Support Services for Elderly and Other Adults; and Independent Support Services.
 - **Alzheimer's Respite Program:** This program provides services to those individuals diagnosed with dementia and related conditions. The program further targets those applicants who require "Well Respite," which is defined as needing in-home respite services or adult day services. Other targeted groups include care recipients whose caregivers are requesting up to two weeks of overnight respite in a residential care facility. Acting as a surrogate for the participant, the caregiver requests all program services. While the program is not restricted by income guidelines, asset limits are set at \$50,000 for individuals and \$75,000 for married couples. To be eligible, there must be a physician statement that the individual has a form of dementia. The five AAAs administer this program.
 - **Consumer Directed Personal Assistance Services:** This program is managed by the Office of Adults with Cognitive and Physical Disabilities Services within the Department of Health and Human Services. Functional eligibility assessments are completed in person by an RN from a state contracting agency using a standard medical eligibility determination tool. Applicants must require limited assistance and one-person physical sup-

port in two of seven ADLs, and must be cognitively capable of self-directing the plan of care. There is no income or asset limit for this program; however, a formula is used to calculate the co-payment for services based on the applicant's income and assets. Consumer-directed options for this program are the same as described in the Home and Community Based Benefits for the Elderly and Adults with Disabilities Program.

- **In-Home and Community Support Services for Elderly and Other Adults:** This program serves individuals who are not eligible for MaineCare. Functional eligibility assessments are completed in-person by an RN from a state contracting agency using a standard medical eligibility determination tool. There are four functional levels that are used to establish the program cap, ranging from limited assistance with personal care to nursing home level of care. The assessing agency does a preliminary financial screening, but the actual financial co-payment determination is made by the Home Care Coordination Agency. Care managers, RNs and social workers are responsible for formulating case management, interventions, implementing the service plan as authorized by the assessing agency, providing consumers with a choice of service providers, and maintaining regular in-person and telephone contact with participants and families. They also evaluate and monitor the plan's effectiveness and address issues as they arise. There is no income limit for this program; however, the asset threshold is \$50,000 for an individual and \$75,000 for a couple. Consumer-directed options for this program are outlined in state-funded HBC Section 63 - (R) Family Provider Service Option - a service provision option that allows an adult, age 21 years or older, to register as a Personal Care Agency solely for the purpose of managing his or her own services or solely for managing the services of no more than two of his or her family members. For purposes of this definition only, family members include individuals related by blood, marriage or adoption, as well as two unmarried adults who are domiciled together under a long-term arrangement that evidences a commitment to remain responsible indefinitely for each other's welfare.

- **Independent Support Services:** The asset limit for this program is \$50,000 for an individual and \$75,000 for a couple. There are no income limitations. The initial assessment is done by Goold Health Systems and the reassessment is the responsibility of the provider.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Maine does not use local funds for HCBS for older adults and/or adults with physical disabilities.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Maine does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services; donations are collected.
- Maine has three OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer's disease Demonstration Grants to States (ADDGS); Healthy IDEAS Innovation grant and SAVVY Caregiver; and an ADDGS evidence-based grant.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Maine uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG are used to provide nutrition services (congregate and home-delivered meals).
- Maine does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Maine offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Home and Community Benefits for the Physically

Disabled; Home and Community Based Benefits for the Elderly and Adults with Disabilities; Consumer Directed Personal Assistance Services; In-Home and Community Support Services for Elderly and Other Adults; and Independent Support Services.

- Models of consumer direction available in the state include: Modified Cash and Counseling.
- Those permitted to provide services under consumer direction in Maine are: provider agencies, adult children of consumer, other family members and friends.
- Maine uses two fiscal intermediary services in connection with consumer direction.

Managed Care

- Maine does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- Maine recently completed a long-term care needs assessment with the Muskie School of Public Service (University of Southern Maine) and the Lewin Group, which has documented (2006) baseline data as to where people receive services and their level of disability.

- Maine has worked with the Lewin Group to develop a projection model to anticipate what its needs will be in 2010 and 2015. Using this model, Maine formulated assumptions and projected what services are expected to be needed at different levels of care, including home care, residential and nursing home facility care. Maine will develop a plan based on available services and service needs, and rebalance services as needed.
- Being the recipient of two ADRC grants has enabled Maine to build capacity in three AAAs, with successful collaboration throughout the planning and service areas.
- Maine was awarded a CMS grant to develop a state profile tool, which will document long-term-care resources, assess usage and determine the state's rebalancing needs. Areas being examined include residential care, nursing facilities, and community services.

AGING STRATEGIC ALIGNMENT PROJECT

Types of Services	Program Type / Funding Source							
	Medicaid Waivers		State-funded Programs				State Medicaid Plan	OAA Title III
	Home and Community Benefits for the Physically Disabled	Home and Community-Based Benefits for the Elderly and Adults with Disabilities	Alzheimer's Respite Program	Consumer Directed Personal Assistance Services	In-Home and Community Support Services for Elderly and Other Adults	Independent Support Services		
Adult Day Care / Adult Day Health			X		X			
Assisted Living								
Caregiver Services / Respite / Education		X	X		X			
Case Management / Care Coordination	X	X	X		X		X	
Chore / Homemaking		X		X	X	X		
Companion Services / Socialization Activities			X					
Employment								
Equipment/Supplies/ Modifications/Assistive Technology			X		X		X	
Health Promotion Activities								
Home Health / Personal Care	X	X		X	X		X	
Information / Assistance / Referral								X
Legal Assistance / Financial Advice								X
Medical / Dental / Medication Care								
Mental and Behavioral Health Services								
Nursing		X			X		X	
Nutrition / Meals								X
Personal Supports for Community Living / Transitioning								
Rehabilitation / Therapy		X			X		X	
Residential Services								
Transportation		X			X	X	X	X
Other/Unspecified HCBS								

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Maine

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional As-	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Home and Community Benefits for the Physically Disabled	18+	Yes	Goold Health Systems under contract with a State agency	State agency: Office of Integrated Access and Support in the Department of Health and Human Services	Alpha One under contract with the Office of Adults with Cognitive and Physical Disabilities within the Department of Health and Human Services	114	Yes
	Home and Community-Based Benefits for the Elderly and Adults with Disabilities	18+	Yes	Goold Health Systems under contract with the Office of Elder Services, Department of Health and Human Services	State agency: Office of Integrated Access and Support in the Department of Health and Human Services	Elder Independence of Maine under contract with the State agency	No	Yes
State-funded Programs	Alzheimer's Respite Program	18+	No	Physician	Area Agency on Aging	No case management	Yes (75)	No
	Consumer Directed Personal Assistance Services	18+	No	Goold Health Systems under contract with the State agency	Alpha One under contract with the DHHS	Alpha One under contract with the Office of Adults with Cognitive and Physical Disabilities within DHHS	No	Yes
	In-Home and Community Support Services for Elderly and Other Adults	18+	No	Goold Health Systems under contract with the State agency	The contracted Assessing Services Agency determines financial eligibility	The State office contracts with a home care coordination agency to provide case management	Yes (30)	Yes
	Independent Support Services	21+	No	Goold Health Systems under contract with the State agency	Non-profit (other than AAA or CIL)	Non-profit (other than AAA or CIL)	Yes (700)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

MASSACHUSETTS

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Massachusetts' 60+ population was 1,207,231 in 2008 (18.6% of the state's total population), with 8.9% below the federal poverty level.¹
- The 60+ population is projected to be 1,763,694 in 2025 (25.4% of the state's total population).²
- About 24.3% of all households in 2007 had one or more persons age 65 years and over, and 36.7% of persons age 65 years and older had a disability.³
- Of the 1,042,103 Medicaid beneficiaries in the state in 2003, 8.7% were aged, 23.1% were blind and disabled, 22.0% were Dual Eligible, and 2.1% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 61.3% of total long-term-care expenditures, compared to 38.7% for HCBS in fiscal year 2007.⁵ *Note: Data do not include managed long-term-care expenditures.*

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken. S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Executive Office of Elder Affairs.
www.mass.gov/?pageID=eldershomepage&L=1&L0=Home&sid=Eelders
- **State Medicaid Agency:** Office of MassHealth.
www.mass.gov
- Massachusetts has a consolidated agency for long-term-care programs. Under the Executive Office of Elder Affairs, there is the Office of Long Term Care, which controls the state-funded programs for the elderly and the Medicaid long-term-care community-based programs.
- The Secretary of Massachusetts's SUA is a cabinet-level position, appointed by the Governor, who reports to the Secretary of Health and Human Services.
- Massachusetts has 23 Area Agencies on Aging.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- Massachusetts has a network of Aging Services Access Points (ASAPs). The 27 ASAPs are private, non-profit agencies that contract with the Executive Office of Elder Affairs to provide case management and coordination of services for elders in every geographic region of the state. Twenty of the 27 ASAPs are also AAAs and are SPEs in the state. The ASAPs participate as an equal partner in 11 ADRCs with 11 Independent Living Centers throughout the state.
- All ADRCs operate under a virtual model as a partnership between geographically specific ASAPs and Independent Living Centers.
- In addition to serving older adults, Massachusetts' ADRCs serve adults with physical disabilities, MRDD, cognitive impairment, Alzheimer's disease and related conditions; and veterans.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Massachusetts requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the ASAPs.

Non-Medicaid

- The ASAPs determine functional eligibility for non-Medicaid applicants under the authority of the Executive Office of Elder Affairs.

State Medicaid Plan

- Massachusetts provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Massachusetts has six PACE programs with 18 sites.

Medicaid Waivers

- Massachusetts has one waiver that provides HCBS to older adults and/or adults with physical disabilities. This is: Frail Elderly Waiver.
- **Frail Elderly Waiver:** This program serves those age 60 and older. The program's goals are to maintain elders in their own homes, delay or shorten nursing facility stays, meet the preferences of elders regarding their living arrangements, and provide cost-effective alternatives to support elders' care needs. Participants in the program have a range of needs from basic to intensive level of care. Income limits are 300% of federal poverty level with a \$2,000 asset limit for individuals (all applicants are considered individuals).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Massachusetts does not have CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities.

State-funded HCBS Programs

- Massachusetts has numerous state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. One of them is: Home Care Program.
- **Home Care Program:** This program serves those age 60 and older. The program requires participants to have six to 10 IADL or ADL impairments. Within this program, there is a sub-program called Enhanced Community Options Program, which targets elders at nursing facility level of care. The income limit for individuals is a little more than 300% of federal poverty level with no asset limit. There is one program that has a consumer employer model option that allows participants to choose to be the employer of record and hire, train and fire workers using a fiscal intermediary. The goal of the program is to provide in-home support to help individuals remain in their homes and communities with dignity and independence.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Massachusetts uses local funds for HCBS for older adults and/or adults with physical disabilities.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Massachusetts uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Massachusetts has four other OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Nursing Home Diversion Modernization Grant – Veterans

Component; Senior Medicare Patrol (SMP) Integration Grant; Empowering Older People to Take More Control of Their Health; and Community-based Alzheimer's grant.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Massachusetts does not use SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Massachusetts does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Massachusetts offers consumer-directed options. The Home Care Program offers consumer direction in one service option.
- The model of consumer direction available in the state is the consumer employer model, similar to the state's personal care attendant program in which the participant is the employer of record.
- Those permitted to provide services under consumer direction in Massachusetts are different in each program. The vast majority of providers, however, are agencies. Spouses can provide services under state-funded programs, but not under programs for non-elders.
- Massachusetts uses fiscal intermediary services in connection with consumer direction. There are 3 fiscal agents/intermediaries in the state.
- Massachusetts anticipates receiving grant funds for a Cash and Counseling program, which will be part of a new combined waiver program that serves both elders and adults with disabilities.

Managed Care

- Massachusetts has a HCBS program run by a managed care health plan.

- The Senior Care Options Program targets those age 65 and older and combines Medicare and Medicaid funding.

Major Accomplishments and Initiatives

- In recent years, Massachusetts has worked to broaden the types and availability of consumer direction programs, incorporated person-centered principles into its existing programs, and put a greater focus on family and other caregivers.
- The state continues to rebalance its long-term-care programs by pushing its resource allocation away from more restrictive settings toward HCBS programs.
- In the next two years, the economic downturn will affect the state's ability to move more aggressively on rebalancing by limiting its ability to build the infrastructure for HCBS.
- Plans to implement a new 1115 demonstration waiver are underway. It will combine the Elderly Waiver with the Traumatic Brain Injury Waiver, and include another target population, adults with disabilities. The state is also attempting to raise the asset level to \$10,000 and targeting those who are not nursing-home eligible but may become so within a year.

Types of Services	Program Type / Funding Source			
	Medicaid Waivers	State-funded Programs	State Medicaid Plan	OAA Title III
	Frail Elder Waiver (1915c)	Home Care Program		
Adult Day Care / Adult Day Health	X	X	X	X
Assisted Living				
Caregiver Services / Respite / Education	X	X		
Case Management / Care Coordination	X	X		
Chore / Homemaking	X	X		
Companion Services / Socialization Activities	X	X		X
Employment				
Equipment / Supplies / Modifications / Assistive Technology	X	X	X	
Health Promotion Activities				X
Home Health / Personal Care	X	X	X	
Information / Assistance / Referral		X		X
Legal Assistance / Financial Advice		X		X
Medical / Dental / Medication Care				
Mental and Behavioral Health Services		X		
Nursing	X	X	X	
Nutrition / Meals	X	X		X
Personal Supports for Community Living / Transitioning	X	X		X
Rehabilitation / Therapy			X	
Residential Services		X	X	
Transportation	X	X	X	X
Other/Unspecified HCBS		X		X

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Massachusetts

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Frail Elder Waiver (1915c)	60+	Yes	State agency: Executive Office of Elder Affairs, Office of Long Term Care; Aging Services Access Points (ASAPs)	State agency: Office of MassHealth	State agency: Executive Office of Elder Affairs; Aging Services Access Points (ASAPs)	No	No
State-funded Programs	Home Care Program	60+	No	State agency: Executive Office of Elder Affairs, Office of Long Term Care; Aging Services Access Points (ASAPs)	State agency: Office of MassHealth	State agency: Executive Office of Elder Affairs; Aging Services Access Points (ASAPs)	No	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

NEW HAMPSHIRE

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- New Hampshire's 60+ population was 243,936 in 2008 (18.5% of the state's total population), with 6.2% below the federal poverty level.¹
- The 60+ population is projected to be 417,715 in 2025 (26.3% of the state's total population).²
- About 22.1% of all households in 2007 had one or more persons age 65 years and older, and 35.8% of persons age 65 years and older had a disability.³
- Of the 112,044 Medicaid beneficiaries in the state in 2003, 10.6% were aged, 13.4% were blind and disabled, 21.6% were Dual Eligible, and 7.3% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 60.4% of total long-term-care expenditures, compared to 39.6% for HCBS in fiscal year 2007.⁵

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken, S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Bureau of Elderly and Adult Services, Department of Health and Human Services. www.dhhs.state.nh.us/DHHS/BEAS/default.htm
- **State Medicaid Agency:** Office of Medicaid Business & Policy, Department of Health and Human Services. www.dhhs.state.nh.us/DHHS/OMBP/default.htm
- New Hampshire has a consolidated agency for long-term-care programs, the Department of Health and Human Services. The following three agencies are consolidated within this department and handle long-term-care policy, services, regulation and quality oversight: Bureau of Elderly and Adult Services, Bureau of Behavioral Health, and Bureau of Developmental Services.
- The director of New Hampshire's SUA reports to the Associate Commissioner of Community Based Care Services, who reports to the Commissioner of the Department of Health and Human Services, who reports to the Governor.
- New Hampshire is a designated Single Planning and Service Area State and as such does not have Area Agencies on Aging.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- New Hampshire has an ADRC that is statewide.
- All ADRC sites have a physical (bricks and mortar) infrastructure; none of the ADRC sites operate under a virtual model.
- In addition to serving older adults, New Hampshire's ADRC serves those with MRDD or physical disabilities and cognitively impaired individuals, persons with Alzheimer's disease, families, children, and anyone who wants information on accessing long-term support services.
- The ServiceLink Resource Center Network contracts with private agencies that provide a site and staff, as well as office space for state employees who are part

of the Resource Center team and are involved with clients, including state nurses, the Division of Family Assistance, and relocation case managers.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, New Hampshire requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by a state agency (Bureau of Elderly and Adult Services) at the ADRC sites.

Non-Medicaid

- For non-Medicaid applicants in New Hampshire, nursing home pre-admission assessment is not performed except at the applicant's request.

State Medicaid Plan

- New Hampshire provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** New Hampshire has no PACE sites.

Medicaid Waivers

- New Hampshire has one waiver that provides HCBS to older adults and/or adults with physical disabilities. It is: Choices for Independence.
- **Choices for Independence:** This program serves frail elderly participants and persons with chronic conditions who meet clinical criteria, including needing help with two or more ADLs, help with medication management, and 24-hour supervision or nursing care. The functional assessment is performed by Bureau of Elderly and Adult Services registered nurses employed by the state or county and assigned to ADRCs in various communities. The income limit for a single person to qualify for this program is \$651 per month, and the asset limit is \$2,500. The income limit for a couple to qualify for this program is \$951 per month, and the asset limit is \$4,000. Participants can choose their case manager.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- New Hampshire has one CMS-funded program that provides HCBS to older adults and/or adults with physical disabilities. It is: New Hampshire Community Passport (Money Follows the Person).
- **New Hampshire Community Passport (Money Follows the Person):** This program offers a set of supplemental services delivered via flexible funding; for example, cash can be given to participants to make purchases. It is part of the Choices for Independence program described above. Relocation coordinators visit nursing homes, home health agencies and hospitals to promote the program in an intensive outreach campaign to encourage applicants to call the ADRC. The ADRC connects applicants to a relocation coordinator, who arranges for an assessment by a Bureau of Elderly and Adult Services state nurse at the ADRC and works with a case manager to set up a transition plan and a community care plan. Participants can choose a case management agency, and the case manager has ongoing responsibilities. The relocation coordinator, who follows the participant for a year, is also part of an independent case management system through the ADRC. The income limit for a single person to qualify for this program is \$651 per month, and the asset limit is \$2,500. The income limit for a couple to qualify for this program is \$951 per month, and the asset limit is \$4,000.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- New Hampshire does not have state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities.

Locally Funded HCBS Programs

- New Hampshire uses local funds for HCBS for older adults and/or adults with physical disabilities.

- Counties provide 50% of the state matching funds for Medicaid long-term-care services for the elderly and chronically ill, including nursing home care and home- and community-based care. Some municipalities contribute to Visiting Nurse Associations, nutrition programs and other contracted community providers serving this population. Additional local funds may supplement OAA and Community Service Block Grant services.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- New Hampshire does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- New Hampshire has one OAA-funded grant that provides HCBS to older adults and/or adults with physical disabilities. It is the Nursing Home Diversion Demonstration.
- **Nursing Home Diversion Demonstration:** This program targets pre-Medicaid-eligible adults who are at risk of spend down in 6-12 months. The state is contracting with two ADRC sites to serve as pilots; they will be the entry points for accessing services, which include intensive caregiver support services such as flexible funding for respite.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- New Hampshire uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds are used to provide energy assistance for this population.
- New Hampshire uses CSBG to provide HCBS for older adults and/or adults with physical disabilities.
- CSBG funds are used to provide energy assistance for this population.

Consumer Direction

- New Hampshire offers consumer-directed options. The HCBS programs in the state that offer consumer direction are those providing personal assistance and transitional services, and the Title III Family Caregiver Support Program.
- Models of consumer direction available in the state include an agency of choice model by which an agency acts as the fiscal intermediary.
- Those permitted to provide services under consumer direction in New Hampshire are: provider agencies, spouses, adult children of the consumer, other family, friends, and anyone who is financially liable for the consumer's support.
- New Hampshire is working to make consumer direction more widely available through a Systems Transformation Grant. These funds are used to support services that directly contribute to enabling consumers to remain at home rather than be admitted to a nursing home. While consumers can not be the direct employer, they may choose their providers, who are hired through provider agencies.
- New Hampshire uses fiscal intermediary services in connection with consumer direction. The Bureau of Elderly and Adult Services uses one fiscal intermediary at this time; information on the total number used in the state was not reported.

Managed Care

- New Hampshire does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- New Hampshire has undergone a deliberate policy shift away from nursing home care and towards home- and community-based care; the split was 90/10 in 1999 compared to about 60/40 now for Medicaid long-term-care funds.
- The direct care workforce faces challenges due to the difficulty of finding affordable housing in New England. New Hampshire plans to deal with this by increasing reliance on consumer-directed models that allow greater flexibility in who can provide services.

Table 1: Types of Home- and Community-based Services Provided Under New Hampshire's Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source			
	Medicaid Waivers	CMS-funded Programs and Grants	State Medicaid Plan	OAA Title III
	Choices for Independence	NH Community Passport (Money Follows the Person)		
Adult Day Care / Adult Day Health			X	X
Assisted Living				
Caregiver Services / Respite / Education	X	X		X
Case Management / Care Coordination	X	X		
Chore / Homemaking	X	X		X
Companion Services / Socialization Activities				
Employment				
Equipment / Supplies / Modifications / Assistive Technology		X	X	X
Health Promotion Activities				
Home Health / Personal Care	X	X	X	X
Information / Assistance / Referral	X	X		X
Legal Assistance / Financial Advice				X
Medical / Dental / Medication Care				
Mental and Behavioral Health Services		X		
Nursing			X	X
Nutrition / Meals	X	X		X
Personal Supports for Community Living / Transitioning		X		
Rehabilitation / Therapy			X	
Residential Services	X	X		
Transportation		X	X	X
Other/Unspecified HCBS				X

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in New Hampshire

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Choices for Independence	18+	Yes	State agency: Bureau of Elderly and Adult Services	State agency: Division of Family Assistance, Department of Health and Human Services	Independent case management agencies	No	Yes
CMS-funded Programs and Grants	NH Community Passport (Money Follows the Person)	All Medicaid-eligible individuals receiving institutional care	Yes	State agency: Bureau of Elderly and Adult Services	State agency: Division of Family Assistance, Department of Health and Human Services	ADRC/SPE Relocation coordinator establishes linkage with case management agency	No	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

RHODE ISLAND

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Rhode Island's 60+ population was 202,028 in 2008 (19.2% of the state's total population), with 8.5% below the federal poverty level.¹
- The 60+ population is projected to be 297,478 in 2025 (25.7% of the state's total population).²
- About 24.9% of all households in 2007 had one or more persons age 65 years and older, and 38.1% of persons age 65 years and older had a disability.³
- Of the 201,875 Medicaid beneficiaries in the state in 2003, 8.1% were aged, 18.0% were blind and disabled, 18.9% were Dual Eligible, and 2.1% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 54.4% of total long-term-care expenditures, compared to 45.6% for HCBS in fiscal year 2007.⁵

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken. S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Rhode Island Department of Elderly Affairs. www.dea.ri.gov/
- **State Medicaid Agency:** Rhode Island Department of Human Services. www.dhs.state.ri.us/dhs/dheacre.htm
- Rhode Island has a consolidated agency for long-term-care programs. The consolidated agency includes five departments within the Department of Health and Human Services.
- The director of Rhode Island's SUA has dual reporting responsibilities. The director reports to the Governor and to the Deputy Secretary of the Office of Health and Human Services, who also reports directly to the Governor.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- Rhode Island has an ADRC that is statewide.
- All ADRC sites have a physical (bricks and mortar) infrastructure; none of the ADRC sites operate under a virtual model.
- In addition to serving older adults, Rhode Island's ADRC serves those with physical disabilities, cognitive impairments, MRDD, Alzheimer's disease or a related condition, and veterans.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Rhode Island requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the Department of Human Services if the individual is coming from the community; if the individual is being discharged from the hospital, then the hospital discharge planners conduct the level of care assessment, which must be approved by the Office of Medical Review.

Non-Medicaid

- For non-Medicaid applicants in Rhode Island, nursing home pre-admission assessment is not performed by someone other than nursing home staff.

State Medicaid Plan

- Rhode Island provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Rhode Island has one PACE site located in Providence.

Medicaid Waivers*

- Rhode Island has four waivers* that provide HCBS to older adults and/or adults with physical disabilities. These are: Aging and Disabled Waiver, Home and Community Based Services for the Elderly Waiver, Personal Choices Waiver, and Rhode Island Assisted Living Waiver.
- **Aging and Disabled Waiver:** This program serves those age 18 and older including those with MRDD, physical disabilities, and Alzheimer's disease and related conditions. All applicants are assessed as individuals; the income limit is \$2,000 and the asset limit is \$1,500 plus \$15,000 of life insurance. Consumer-directed options are not available in this program.
- **Home and Community Based Services for the Elderly Waiver:** This program serves older adults age 65 and older. The income and asset limits for an individual to qualify for this program are \$1,911 and \$4,000, respectively, plus \$4,000 of life insurance.
- **Personal Choices Wavier:** This program is for those age 65 and older and adults who have a physical disability. This is a consumer-directed program in which participants use a fiscal intermediary to develop a budget and direct their own care.
- **Assisted Living Waiver:** This program serves those aged 18 and older. The income and asset limits for an

individual to qualify for this program are \$1,911 and \$4,000, respectively.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

**Since reporting the information above, Rhode Island has obtained a Global 1115 Waiver that eliminates all the above-mentioned Medicaid waivers and combines them into one program.*

CMS-funded Programs and Grants

- Rhode Island does not have CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities

State-funded HCBS Programs

- Rhode Island has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is the DEA Co-pay Program.
- **DEA Co-pay Program:** To qualify for this program an applicant must be homebound, age 65 or older and a resident of Rhode Island. Income for this program cannot exceed \$19,341 for an individual or \$24,179 for a couple. Participants in this program are expected to contribute to the cost of services; participants pay \$7.00-\$11.50 per day for day care services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- *Information not reported.*

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Rhode Island uses cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Rhode Island has five other OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: National

Family Caregiver Support Program; Alzheimer's Disease Demonstration Grant; Ombudsman; Nutrition; and Preventive Health.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Rhode Island uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Rhode Island does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Rhode Island offers consumer-directed options. The HCBS programs in the state that offer consumer direction are the Personal Choices Waiver and the DEA Co-pay Program.
- Models of consumer direction available in the state include a Cash and Counseling grant.
- Those permitted to provide services under consumer direction in Rhode Island are: provider agencies and family members.
- Rhode Island uses fiscal intermediary services in connection with consumer direction; there are two in the state.

Managed Care

- Rhode Island has HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- Rhode Island is planning to obtain a Global Waiver*.

**Since reporting the information above, Rhode Island has obtained a Global 1115 Waiver that eliminates all the above-mentioned Medicaid waivers and combines them into one program.*

AGING STRATEGIC ALIGNMENT PROJECT

Table 1: Types of Home- and Community-based Services Provided Under Rhode Island’s Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source						
	Medicaid Waivers				State-funded Programs	State Medicaid Plan	OAA Title III
	Aging and Disabled Waiver	Home and Community Based Services for the Elderly Waiver	Personal Choices	RI Assisted Living Waiver	DEA Co-pay Program		
Adult Day Care / Adult Day Health					X	X	
Assisted Living		X		X			
Caregiver Services / Respite / Education	X	X			X		
Case Management / Care Coordination	X	X		X	X		X
Chore / Homemaking	X	X			X		X
Companion Services / Socialization Activities		X					
Employment							
Equipment / Supplies / Modifications / Assistive Technology	X	X		X			
Health Promotion Activities							
Home Health / Personal Care	X	X			X	X	X
Information / Assistance / Referral	X	X					X
Legal Assistance / Financial Advice							X
Medical / Dental / Medication Care	X						
Mental and Behavioral Health Services							
Nursing	X						
Nutrition / Meals	X	X				X	X
Personal Supports for Community Living / Transitioning							
Rehabilitation / Therapy	X						
Residential Services							
Transportation	X	X		X		X	
Other/ Unspecified HCBS							

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Rhode Island

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Aging and Disabled Waiver	18+	Yes	State agency: Office of Medical Review and the Long-Term Care Field Offices of the Department of Human Services	State agency: Long-Term Care Field Offices of the Department of Human Services	State agency: Long-Term Care Office of the Department of Human Services	No	No
	Home and Community Based Services for the Elderly Waiver	65+	Yes	State agency: Department of Human Services Office of Medical Review; Regional Case Management Network	State agency: Department of Human Services; Non-profit (not AAA or CIL)	Regional Case Management Network	No	No
	Personal Choices Waiver	18+ for disabled, 65+ for aged	Yes	Non-profit (other than AAA or CIL)	State agency: Long-Term Care Field Offices of Department of Human Services	Non-profit (other than AAA or CIL)	Yes	Yes
	RI Assisted Living Waiver	18+	Yes	State agency: Department of Elderly Affairs	State agency: Department of Human Services; Non-profit (not AAA or CIL)	State agency: DHS; Non-profit (other than AAA or CIL)	No	No
State-funded Programs	DEA Co-pay Program	65+	No	Non-profit (other than AAA or CIL)	Non-profit (other than AAA or CIL); Regional Case management network	Non-profit (other than AAA or CIL)	No	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

VERMONT

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Vermont's 60+ population was 124,102 in 2008 (20.0% of the state's total population), with 7.9% below the federal poverty level.¹
- The 60+ population is projected to be 205,996 in 2025 (29.3% of the state's total population).²
- About 23.2% of all households in 2007 had one or more persons age 65 years and older, and 37.4% of persons age 65 years and older had a disability.^{3s}
- Of the 154,664 Medicaid beneficiaries in the state in 2003, 11.5% were aged, 12.2% were blind and disabled, 19.1% were Dual Eligible, and 2.6% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 71.5% of total long-term-care expenditures, compared to 28.5% for HCBS in fiscal year 2007.⁵*Note: Data do not include a program that covers both long-term and acute care because long-term-care spending data are not available.*

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *AGing statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken, S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Vermont Department of Disabilities, Aging and Independent Living (DAIL).
www.dail.vermont.gov/
- **State Medicaid Agency:** Office of Vermont Health Access (OVHA).
www.ovha.vermont.gov
- Vermont has a consolidated agency for long-term-care programs, the Vermont Department of Disabilities, Aging and Independent Living. This department includes the Division of Licensing and Protection, which is responsible for the survey and certification of nursing homes, hospitals, home health agencies, residential care homes, assisted living residences, and other state-licensed entities. In addition, DAIL's Division of Disability and Aging Services (DDAS) houses the SUA and is responsible for the administration and oversight of the Choices for Care Program (1115 Long Term Care Medicaid Waiver; see details below) and a range of other HCBS for older adults, people with physical disabilities, people with traumatic brain injury, and people with developmental disabilities. DAIL plays a lead role in handling long-term-care policies, services, regulation, and quality oversight, working closely with the Office of Vermont Health Access (OVHA) and the Department for Children and Families, which manages financial eligibility for long-term-care services.
- The director of Vermont's SUA reports to the director of the Division of Disability and Aging Services, who in turn reports to the commissioner of DAIL. The commissioner of DAIL reports to the Secretary of the Agency of Human Services, who reports to the Governor.
- Vermont has five Area Agencies on Aging.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- Vermont has an ADRC that is not statewide. Currently there are two pilots operating in eight counties, and there are plans to expand to a statewide system.

- None of the ADRC sites has a physical (bricks and mortar) infrastructure; all ADRC sites operate under a virtual model.
- In addition to serving older adults, Vermont's pilot ADRC serves those with MRDD, physical disabilities, and traumatic brain injury.
- Vermont is in the third year of a three-year ADRC grant. The AAAs are an integral part of the ADRC concept. Vermont has enhanced the information and referral capacity of all five AAAs in the state through the use of software and agency coordination. The model is based on the "no wrong door" philosophy. Cross-training is taking place among both providers and consumers.

Assessment Process

Medicaid

- For Medicaid applicants, in determining clinical eligibility for admission to the Choices for Care LTC waiver program (discussed below), Vermont requires an in-person assessment by the Vermont Department of Disabilities, Aging and Independent Living.
- There are 14 registered nurses throughout the state working for the Department of Disabilities, Aging and Independent Living who conduct the clinical assessment for the Choices for Care 1115 Demonstration Waiver, which includes care in nursing homes.

Non-Medicaid

- For non-Medicaid applicants in Vermont, nursing home pre-admission assessment is not performed by someone other than nursing home staff.

State Medicaid Plan

- Vermont provides HCBS through the state Medicaid plan. State Medicaid plan HCBS are now being offered through the Global Commitment Demonstration Waiver (discussed below).
- Personal care services are available to individuals with disabilities from birth to age 22; a small number of adults with disabilities may be capable of directing their own care under this service option.

- Refer to Table 1 for specific services provided.
- **PACE:** Vermont has two PACE sites; one is located in Chittenden County and the other in Rutland County. Vermont's PACE program is implemented through Choices for Care 1115 LTC (long-term care) Demonstration Waiver (discussed below).

Medicaid Waivers

- Vermont's Choices for Care 1115 Medicaid Demonstration Waiver (discussed below) replaced the former 1915(c) Aged and Disabled Medicaid Waiver in October, 2005.
- **Choices for Care 1115 LTC Demonstration Waiver:** This program is a combined program for all long-term-care needs of participants age 18 and older, targeting those with physical disabilities and the frail elderly. This program enables the monies for nursing home and HCBS to be combined under one budget. Applicants are first approved for clinical and financial eligibility, and then can receive care in a nursing facility, enhanced residential care home, or in their home through HCBS. There is a pilot program operating under this waiver for a moderate-needs group who are neither financially nor clinically eligible for Medicaid long-term care. The pilot provides adult day, case management and home-maker services in an effort to provide support for individuals so they do not require more expensive services in the future. There are approximately 1,000 participants in the pilot. Participants in the Choices program can opt to direct their own care or have a surrogate direct for them. Under the consumer-directed option, the consumer (or surrogate) is the employer of record and is responsible for recruiting, training and supervising the personal care provider.
- **Global Commitment 1115 Demonstration Waiver:** This program is "all other things Medicaid." It is a combination of all Medicaid State Plan services and remaining waivers in the state, with added general funds for programs that will prevent individuals from becoming Medicaid eligible. Age qualifications for this program vary depending on what population is being served: age 16 and over for traumatic brain injury; age 18 and over for developmental disabilities. Assessment

processes also vary depending on what group is being served. Persons with traumatic brain injury are assessed for functional qualifications by providers. Developmental disabilities are assessed by a designated agency.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

CMS-funded Programs and Grants

- Vermont has two CMS-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Choices for Care 1115 LTC Demonstration Waiver and Global Commitment 1115 Demonstration Waiver.

State-funded HCBS Programs

- Vermont has one state-funded HCBS program that provides HCBS to older adults and/or adults with physical disabilities. This is: Attendant Services Program.
- **Attendant Services Program:** This program serves individuals who have severe and permanent disabilities. The services available under this program are limited to assistance with ADLs and IADLs. Home health agency nurses conduct the functional assessment. (Updated information indicates that assessments will now be completed by DAIL nurses as of April, 2009.) The assessment is then reviewed by a panel of program participants, which approves the number of care hours a person can receive under this program. The program serves approximately 270 participants. All services are provided by individuals hired and supervised by the participant. For the state-funded portion of the program (some funds are from Medicaid), there are no income requirements. This program was established in the 1980s by individuals who had disabilities and were able to work, but needed assistance with certain activities. Spouses are permitted to be providers in this program. Although this program has a waiting list, since the establishment of the Choices for Care program, the Attendant Services program has shrunk as individuals opt for services under Choices rather than wait for services under Attendant Services.

This program is completely consumer-directed. Participants have the responsibility of hiring, firing and supervising, without the assistance of a case manager.

- Vermont also provides other state-funded HCBS services, which are shown in Table 1.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Vermont provides local funds for HCBS for older adults and/or adults with physical disabilities.
- These monies are used for (and not limited to) the following:
 - AAAs receive a small amount (\$96,000 statewide) of Long Term Care Flexible Funding to fill gaps for which there are no other resources to help people avoid nursing home placement and remain in their home;
 - AAAs also administer a state-funded dementia respite program for caregivers of people with Alzheimer's disease and related disorders;
 - The Vermont Center on Independent Living administers a home-delivered meals program for younger individuals with disabilities; and,
 - The Housing and Supportive Services Program provides services (primarily supporting service coordination) for residents of housing for older adults and people with disabilities.
- AAAs, adult day providers and home health agencies supplement their funds with town donations, United Way funds, private foundation support and individual donations.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Vermont does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.

- Vermont has four other AoA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Nursing Home Diversion; Alzheimer's Disease Demonstration Grant (updated information indicates this grant ended 12/31/08); Nutrition; and Health Promotion and Disease Prevention.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Vermont uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- SSBG funds go to the Office of Public Guardian and to the Attendant Services Program.
- Vermont does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Vermont offers consumer-directed options. The HCBS programs in the state that offer consumer direction are Choices for Care 1115 LTC Demonstration Waiver, Global Commitment 1115 Demonstration Waiver (in Developmental Disability Program) and Attendant Services Program.
- Models of consumer direction available in the state include: an option in the Choices for Care program modeled after Cash and Counseling as well as consumer- and surrogate-directed personal care services.
- Those permitted to provide services under consumer direction in Vermont are: provider agencies, spouses, adult children of the consumer, other family members, and friends.
- Vermont uses fiscal intermediary services in connection with consumer/surrogate direction.

Managed Care

- Vermont does not have HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- A major initiative for Vermont has been incorporating different service options into the Choices for Care program. These are options such as: Flexible Choices (Cash and Counseling) and PACE.
- The ADRC initiative has brought service agencies together that previously had not coordinated their work. Agencies include the AAAs, Vermont Center for Independent Living, Vermont 211, Designated Agencies (developmental services providers), the Vermont Federation for Children and Families, and local state staff involved with Medicaid eligibility determination (both the DAIL Long Term Care Clinical Coordinators and Department for Children and Families staff responsible for determining Medicaid financial eligibility).
- Vermont is developing a special needs option for nursing home-eligible individuals that would use a capitated rate for Medicaid and Medicare to provide integrated services with a care team that will include the consumer. (Updated information indicates that the grant that supported this work has ended and the state was not able to identify an organization to provide the integrated health service. However, the state is still exploring the feasibility of implementing a case rate reimbursement system, Choices for Care.)

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Table 1: Types of Home- and Community-based Services Provided Under Vermont’s Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source				
	Medicaid Waivers		State-funded Programs	State Medicaid Plan	OAA Title III
	Choices for Care 1115 LTC Demonstration Waiver	Global Commitment 1115 Demonstration Waiver	Attendant Services Program and other State Funded Services		
Adult Day Care / Adult Day Health	X	X	X		
Assisted Living	X	X			
Caregiver Services / Respite / Education	X				X
Case Management / Care Coordination	X	X			X
Chore / Homemaking	X				X
Companion Services / Socialization Activities	X				
Employment					X
Equipment / Supplies / Modifications / Assistive Technology	X			X	X
Health Promotion Activities					X
Home Health / Personal Care	X	X		X	X
Information / Assistance / Referral	X	X			X
Legal Assistance / Financial Advice					X
Medical / Dental / Medication Care		X			
Mental and Behavioral Health Services		X			
Nursing		X		X	
Nutrition / Meals			X		X
Personal Supports for Community Living / Transitioning					
Rehabilitation / Therapy		X		X	
Residential Services	X	X			
Transportation		X		X	X
Other/ Unspecified HCBS	X		X		X

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Vermont

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Choices for Care 1115 LTC Demonstration Waiver	18+	No	State agency: Department of Disabilities, Aging and Independent Living	State agency: Department for Children and Families	Area Agency on Aging Home Health Agency	Yes (19)	Yes
	Global Commitment 1115 Demonstration Waiver	The Global Commitment waiver in total serves all age groups.	Varies	Varies	State agency: Department for Children and Families	Provider entity	Yes	Yes
State-funded Programs	Attendant Services	18+	No	Home Health Agency (This is changing to Department of Disabilities, Aging and Independent Living staff)	No financial assessment	No case management	Yes (43)	Yes

