

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

NEW JERSEY

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

Background

- New Jersey's 60+ population was 1,591,554 in 2008 (18.3% of the state's total population), with 8% below the federal poverty level.¹
- The 60+ population is projected to be 2,364,545 in 2025 (24.5% of the state's total population).²
- About 25% of all households in 2007 had one or more persons age 65 years and older and 35.4% of persons age 65 years and older had a disability.³
- Of the 949,741 Medicaid beneficiaries in the state in 2003, 9.1% were aged, 17.2% were blind and disabled, 18.6% were Dual Eligible, and 2.0% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 70.4% of total long-term-care expenditures, compared to 29.6% 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:** Department of Health and Senior Services, Division of Aging and Community Services.
www.state.nj.us/health/senior/index.shtml
- **State Medicaid Agency:** Department of Human Services, Division of Medical Assistance and Health Services.
www.state.nj.us/humanservices/dmahs/dhsmed.html
- New Jersey does not have a consolidated agency for long-term-care programs, which are handled by several agencies. Divisions of Senior Affairs (SUA) and Consumer Support (Medicaid Waiver and Long-Term Care Services) were consolidated into the Division of Aging and Community Services in 2002. The other agencies that handle long-term-care policy, services, regulation and quality oversight are: Department of Health and Senior Services and the Department of Human Services as the single state agency for Medicaid.
- The director of New Jersey's SUA reports to the Assistant Commissioner, who reports to the Deputy Commissioner, who reports to the Commissioner, who in turn reports to the Governor.
- New Jersey has 21 Area Agencies on Aging.

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

- New Jersey has an ADRC that is not statewide.
- All ADRC sites have a physical (bricks and mortar) infrastructure; all ADRC sites operate under a virtual model.
- In addition to serving older adults, New Jersey's ADRC serves physically disabled persons.
- Atlantic and Warren counties each have an ADRC. There are five more counties with preliminary set-ups that are awaiting technology to become fully functional. Critical elements include a planning committee of key stakeholders, including Centers for Independent Living, and county investments in management information systems. The state is committed to continuous

quality improvement and performance management, consumer participation and self-direction.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, New Jersey requires an in-person assessment by someone other than nursing home staff. The assessment is conducted by the Department of Health and Senior Services, Division of Aging and Community Services, and by the county. In-person assessment is done by county staff or by state-employed nurses, and approved by state staff at the Department of Health and Senior Services.

Non-Medicaid

- For non-Medicaid applicants in New Jersey, nursing home pre-admission assessment is performed by someone other than nursing home staff. The assessment is conducted by the Department of Health and Senior Services, Division of Aging and Community Services, and by the county. In-person assessment is done by county staff or state-employed nurses, and approved by state staff at the Department of Health and Senior Services. The assessment must be done in-person for all nursing home applicants.

State Medicaid Plan

- New Jersey provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- State plan HCBS can be used by individuals age 21+ with nursing home level-of-care need. The assessment for these services is done at the same time as the assessment for the available Medicaid waivers and OAA services. It is based on the Minimum Data Set (MDS) home care assessment, and then sent to the SUA.
- **PACE:** New Jersey has one PACE site. This site is in the planning stage with four more PACE sites proposed.

Medicaid Waivers*

- New Jersey has three waivers* that provide HCBS to older adults and/or adults with physical disabilities.

These are: Caregiver Assistance Program, Community Care for the Elderly and Disabled, and Enhanced Community Options.

- Caregiver Assistance Program:** The program primarily serves adults 65 years and older and also 21-64-year-old disabled persons (as determined by Supplemental Security Income [SSI] or New Jersey Department of Health Services). The income and asset limits for individuals are \$867 and \$1,911; for a couple, they are \$2,000 and \$4,000, respectively. Cost caps are applied to specific services as well as to the cost per person per month, with a maximum of \$1,000 monthly or \$12,000 annually. The service package is based on the needs of the participants. There is a consumer option to choose services, service providers and aides from providers that best fit participants' needs. All providers must be Medicaid-approved or approved to provide waiver services as a non-traditional (i.e., non-Medicaid) provider. Participants can choose a participant-employed provider, an individual not employed by an agency, for four services: home-based supportive care, transportation, chore services and attendant care.
- Community Care for the Elderly and Disabled:** The program serves persons 21 years and older with a nursing home level-of-care need. The income and asset limits for individuals are \$1,911 and \$2,000, respectively. There is a consumer option to choose services, service providers and aides from providers that best fit participants' needs. All providers must be Medicaid-approved or be approved to provide waiver services as a non-traditional, (i.e., non-Medicaid) provider. Participants can choose a participant-employed provider, an individual not employed by an agency, for four services: home-based supportive care, transportation, chore services and attendant care.
- Enhanced Community Options:** The program primarily serves adults 65 years and older and also those age 21-64 with a disability. The availability of services is determined by the number of vacancies in the provider facilities and Medicaid waiver slots. Assisted living residences and comprehensive personal care homes are licensed by the state and provide the services. There is a consumer option to choose services, service providers and aides from providers that best fit

participants' needs. All providers must be Medicaid-approved or be approved to provide waiver services as a non-traditional (i.e., non-Medicaid) provider. Participants can choose a participant-employed provider, an individual not employed by an agency, for four services: home-based supportive care, transportation, chore services and attendant care.

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

* *Since reporting this information, New Jersey 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

- New Jersey has one CMS-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. The program is: Money Follows the Person.
- Money Follows the Person (MFP):** The program, which serves individuals 21 and over, is being rolled into a Global Options 1115 waiver. Waiver slots are being used by MFP participants. This program is also called GO NHT (Global Options Nursing Home Transition).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- New Jersey has one state-funded program that provides HCBS to older adults and/or adults with physical disabilities. The name of this program is Jersey Assistance for Community Caregiving (JACC).
- Jersey Assistance for Community Caregiving:** This program serves people age 60 and older, clinically eligible for nursing home care, US citizens or qualified aliens ineligible for Medicaid and/or waivers, with income up to 365% of the federal poverty level (FPL) and assets below \$40,000 for an individual or \$60,000 for a couple. Cost caps are applied to specific services under JACC as well as to the cost per person per

month; JACC services are limited to a maximum of \$600 per month or \$7,200 annually. The service package provided is based on an assessment of the individual's needs, unique care plan, and availability of services and funding. Services can be provided by provider agencies or by participant-employed providers. Co-pays for services are based on countable income and a sliding scale. There is a consumer option to choose services, service providers and aides from providers that best fit participants' needs. All providers must be Medicaid-approved or approved to provide waiver services as a non-traditional (i.e., non-Medicaid) provider. Participants can choose a participant-employed provider, an individual not employed by an agency, for four services: home-based supportive care, transportation, chore services and attendant care.

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

Locally Funded HCBS Programs

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

OAA-funded Programs and Grants

- New Jersey does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Refer to Table 1 for services provided through Title III of the OAA.
- New Jersey has three OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Nursing Home Diversion; Empowering – Nutrition; and Alzheimer's Disease Demonstration Grant.

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

- New Jersey uses SSBG to provide HCBS for older adults and/or adults with physical disabilities.

- These funds are combined with local funds and Title III funds at the AAA level.
- New Jersey does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- New Jersey offers consumer-directed options. The HCBS programs in the state that offer consumer direction are: Caregiver Assistance Program, Community Care for the Elderly and Disabled, Enhanced Community Options, Money Follows the Person, and Jersey Assistance for Community Caregiving.
- Models of consumer direction available in the state include: a Cash and Counseling grant in the Department of Human Services and another model that includes Client Employee Provider as an option under the waivers.
- Those permitted to provide services under consumer direction in the New Jersey are: provider agencies, spouses, adult children of the consumer, other family, and friends.
- Currently, New Jersey is rolling out consumer direction state-wide, using the ADRC model for all services in the state, including those using OAA funds. Consumer direction is going to be available in all programs.
- New Jersey uses two fiscal intermediary services in connection with consumer direction.

Managed Care

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

Major Accomplishments and Initiatives

- Effective in January 2009, all waivers will be consolidated into a Global Options 1115c waiver demonstration.

Table 1: Types of Home- and Community-based Services Provided Under New Jersey'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
	Caregiver Assistance Program	Community Care for the Elderly and Disabled	Enhanced Community Options	Money Follows the Person - GO NHT	Jersey Assistance for Community Caregiving (JACC)		
Adult Day Care / Adult Day Health	X	X		X	X	X	X
Assisted Living			X	X			
Caregiver Services / Respite / Education	X	X		X	X		
Case Management / Care Coordination		X			X		X
Chore / Homemaking	X	X	X	X	X		X
Companion Services / Socialization Activities			X				
Employment							
Equipment / Supplies / Modifications / Assistive Technology	X			X	X		
Health Promotion Activities			X				
Home Health / Personal Care	X	X	X	X	X	X	X
Information / Assistance / Referral							X
Legal Assistance / Financial Advice							X
Medical / Dental / Medication Care		X					
Mental and Behavioral Health Services						X	
Nursing			X				
Nutrition / Meals	X	X		X	X		X
Personal Supports for Community Living / Transitioning	X			X	X		
Rehabilitation / Therapy							
Residential Services				X			X
Transportation	X	X	X	X	X	X	X
Other/Unspecified HCBS				X			

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

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	Caregiver Assistance Program	65+ or 21-64 with a disability	Yes	State agency: Department of Health & Senior Services, Division of Aging & Community Services; County	State agency: County welfare agencies of the Department of Human Services	County AAA or subcontracted vendors	No	Yes
	Community Care for the Elderly and Disabled	21+	Yes	State agency: Department of Health & Senior Services, Division of Aging & Community Services; County	State agency: County welfare agencies of the Department of Human Services	Center for Independent Living; County; Non-profit (other than AAA or CIL)	No	Yes
	Enhanced Community Options	65+ or 21-64 with a disability	Yes	State agency: Department of Health & Senior Services, Division of Aging & Community Services; County	State agency: County welfare agencies of the Department of Human Services	County AAA or subcontracted vendors	No	Yes
CMS-funded Programs and Grants	Money Follows the Person - GO NHT	21+	Yes	State agency: Department of Health & Senior Services, Division of Aging & Community Services; County	Center for Independent Living	Area Agency on Aging; CIL; County; Non-profit (not AAA or CIL); Subcontracted vendors	No	Yes
State-funded Programs	Jersey Assistance for Community Caregiving (JACC)	60+	Yes	County/Parish	State Agency: Department of Health & Senior Services, Division of Aging & Community Services	County	Yes (532)	Yes

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

NEW YORK

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

Background

- New York's 60+ population was 3,597,839 in 2008 (18.5% of the state's total population), with 11.3% below the federal poverty level.¹
- The 60+ population is projected to be 4,805,846 in 2025 (24.6% 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 39.2% of persons age 65 years and older had a disability.³
- Of the 4,449,939 Medicaid beneficiaries in the state in 2003, 7.9% were aged, 14.7% were blind and disabled, 14.4% were Dual Eligible, and 1.1% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 52.6% of total long-term-care expenditures, compared to 47.4% for HCBS in fiscal year 2007.⁵

NOTE: Data do not include managed long-term-care expenditures. New York's reported expenditures will likely increase as the state submits prior period adjustments. For FY2002 through FY2004, adjustments increased community-services spending by \$60 - \$120 million and ICF/MR spending by \$140 - \$270 million.

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:** New York State Office for the Aging (NYSOFA).
www.aging.ny.gov/
- **State Medicaid Agency:** New York State (NYS) Department of Health.
www.health.state.ny.us/health_care/medicaid/index.htm
- New York does not have a consolidated agency for long-term-care programs.
- The director of New York’s SUA reports to the Governor’s office.
- New York has 59 Area Agencies on Aging

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

- New York has an ADRC called NY Connects: Choices for Long Term Care; it is not statewide but covers 54 counties (out of 59 AAAs) and one American Indian Reservation.

Note: New York City currently is not part of the ADRC but negotiations to include New York City are underway.

- All ADRC sites have a physical (bricks and mortar) infrastructure.
- In addition to serving older adults, New York’s ADRC serves children and adults who are disabled as well as those who are cognitively impaired (e.g., diagnosed with Alzheimer’s or related diseases).
- Utilizing a Memorandum of Understanding (MOU), ADRCs have a formal relationship with the AAA and the Local Department of Social Service (LDSS). In five ADRCs, the LDSS is the lead agency; in 37, the AAA is the lead agency; in six there is joint lead and six ADRCs are in other agencies. The lead agency is responsible for fiscal reporting.
- There are three ways in which ADRCs operate: (a) staff may be co-located to provide core functions; (b)

technology may link services together; and/or (c) AAA or LDSS provides the service.

Assessment Process

Medicaid

- *Information not reported.*

Non-Medicaid

- For non-Medicaid applicants in New York, nursing home pre-admission assessment is performed by someone other than nursing home staff. The assessment is done in-person by trained health care professionals from a variety of entities/organizations for all consumers.
- The pre-admission assessment completed is the Patient Review Instrument (PRI).

State Medicaid Plan

- New York provides HCBS under the state’s Medicaid Plan.
- Refer to Table 1 for specific services provided.

Medicaid Waivers

- New York has one waiver that provides HCBS to older adults and/or adults with physical disabilities. This is: Home and Community Based Care for Elderly and Disabled (1915c).
- **Home and Community Based Care for Elderly and Disabled (1915c):** *Further information not reported.*
- Refer to Table 2 for an overview of selected HCBS programs.

CMS-funded Programs and Grants

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

State-funded HCBS Programs

- New York has three state-funded HCBS programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Community Services for the Elderly (CSE) Program, Expanded In-Home Services for the Elderly Program (EISEP), Naturally Occurring Retirement Communities (NORCs) and Neighborhood Naturally Occurring Retirement Communities (NNORCs).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.
- **Community Services for the Elderly (CSE) Program:** This program was established in 1979 to provide community support services, authorize funding for planning and coordination, create new and/or expanded services and develop new mechanisms to improve service delivery. CSE is targeted to serve frail, low-income older persons who need assistance to maintain their independence at home and in the community. Income and assets are not considered for program eligibility for EISEP or CSE for EISEP-like services. However, income is considered for determining a client's cost share. The income thresholds above which a client is required to cost share based on a fee rate are \$1,375 and \$1,862 for an individual and couple, respectively. This is approximately 150% of the 2009 federal poverty guidelines. In this program, there may be waiting lists in various counties for certain services. The lists are maintained at the local level at the AAA's discretion.
- **Expanded In-Home Services for the Elderly Program (EISEP):** This program was established in 1986 as a uniform statewide program of non-medical in-home services. To receive services under EISEP, the applicant must meet the following eligibility criteria: At least 60 years old, functional impairment in at least one ADL or two IADLs, and not eligible for similar services under other government programs including Medicaid. In addition, participants must be able to live safely in the community. Income and assets are not considered for program eligibility for EISEP or CSE for EISEP-like services. However, income is consid-

ered for determining a client's cost share. The income thresholds above which a client is required to cost share based on a fee rate are \$1,375 and \$1,862 for an individual and couple, respectively. This is approximately 150% of the 2009 federal poverty guidelines.

- **NORCs and NNORCs:** NORC is an aging in place concept established in 1994. This program provides services to older people living in a building complex or to those living in residential areas where aging in place has occurred. In order to qualify for services under this program, at least 50% of NORC and 40% of NNORC housing units have to have an occupant who is elderly (age 60 and over). Functional assessments are not required and there are no income/asset limits for this program. There is no waiting list for this program.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- New York uses local funds for HCBS for older adults and/or adults with physical disabilities.
- On average, counties provide a 16% match for Medicaid services. Local match is also used for OAA programs as well as for EISEP and CSE programs (25% local match). Property and sales taxes are also used to fund some services. New York has no specific levies to provide funds for services for older adults.

OAA-funded Programs and Grants

- New York does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III programs.
- New York has two OAA-funded programs and grants that provide HCBS to older adults and/or adults with physical disabilities. These are: Empowering Older Adults to Take More Control of Their Personal Health Through Evidence-Based Prevention Programs (currently in the third year of a three-year grant); and Coordinated Care Alzheimer's Disease Demonstration Project (now ended).
- Refer to Table 1 for services provided through Title III of the OAA.

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

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

Consumer Direction

- New York offers consumer-directed options under its Medicaid program. The Medicaid program in the state that offers consumer direction is the Consumer Directed Personal Assistance Program.

Managed Care

- New York's Medicaid program is run by managed care health plans.

Major Accomplishments and Initiatives

- Restructuring within the State Office for the Aging and the Health Department has resulted in restructuring across the state, with the ADRC being the first step. New York State has a Caregiver Council that has worked to increase caregiver services, surveyed caregivers' needs and service gaps, and developed recommendation for caregivers. Within the state, an Alzheimer's Council sponsored a series of forums to identify problems and ways to support caregivers and those diagnosed with the disease. The council will help to shape the direction New York takes in helping these residents.

- Each county has a Long Term Care Council as part of NY Connects to identify gaps in services, determine how people navigate to those services, and develop solutions.
- There are upstate and downstate Long Term Care Councils that advise the New York State Office for Aging (NYSOFA) on long-term-care reform issues.
- New York has an array of state-funded single-service programs like the Supplemental Nutrition Assistance Program (SNAP).
- Creation of an ADRC, NY Connect: Choices for Long Term Care, is a major investment in restructuring in New York. It started in 2006, has changed the system, and will continue to do so. NY Connects provides information and assistance, screening and public education. Some counties are fully functional points of entry. For fiscal year 2008-09, \$7.3 million in state funds supported NY Connects.

Table 1: Types of Home- and Community-based Services Provided Under New York'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
		Home and Community Based Care for Elderly and Disabled (1915c)	Community Services for the Elderly (CSE) Program	Expanded In-home Services for the Elderly Program (EISEP)		
Adult Day Care / Adult Day Health		X	X			X
Assisted Living						
Caregiver Services / Respite / Education		X	X	X		X
Case Management / Care Coordination		X	X	X		X
Chore / Homemaking		X	X	X		X
Companion Services / Socialization Activities		X	X	X		X
Employment						
Equipment / Supplies / Modifications / Assistive Technology		X	X	X	X	X
Health Promotion Activities		X		X		X
Home Health / Personal Care		X	X	X	X	X
Information / Assistance / Referral		X		X		X
Legal Assistance / Financial Advice		X				X
Medical / Dental / Medication Care				X		X
Mental and Behavioral Health Services				X		X
Nursing					X	
Nutrition / Meals		X		X		X
Personal Supports for Community Living / Transitioning		X		X		X
Rehabilitation / Therapy					X	
Residential Services						
Transportation		X		X	X	X
Other/Unspecified HCBS			X			X

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

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	Home and Community Based Care for Elderly and Disabled (1915c)	Information not reported	No	Information not reported	Information not reported	Information not reported	Information not reported	Information not reported
State-funded Programs	Community Services for the Elderly (CSE) Program	60+	No	Provider	No financial assessment	Provider	Waiting lists are kept at the discretion of the AAA and vary by county	No
	Expanded In-home Services for the Elderly Program (EISEP)	60+	No	Area Agency on Aging or subcontracted with a Community Based Agency	Area Agency on Aging or subcontracted with a Community Based Agency	Area Agency on Aging or subcontracted with a Community Based Agency	Yes (Varies from county to county)	No
	Naturally Occurring Retirement Communities (NORCs & NNORCs)	60+	No	No functional assessment	No financial assessment	Varies - sometimes subcontracted or a partner organization	No	No